Summary of Mandell Case #2

This 5'2", 165-pound, 32-year-old female worked as a grocery checker. Prior to about August of 2001 she had absolutely no problems with her lower back. In the summer of 2001 she did develop pain in the low back area. Her job involved standing pretty much all shift long with a lot of lifting and bagging. She worked 20-24 hours a week. She saw her doctors. Physical therapy was provided. That gave her some relief. She never recovered but continued to work with symptoms. On 6/4/02 she had a flare-up of symptoms. She went back to her family physician, who then referred her for orthopedic consultation.

The orthopedist noted that she had constant RIGHT lower back pain which woke her up just about every night. The pain was worse in the morning and got better by midday. It would get worse in the evening again. Intermittently there was pain going down the RIGHT lower extremity. Sometimes the RIGHT lower back pain would radiate across the lower back. There was a bruised and tender feeling in the RIGHT sacroiliac joint area. Sometimes she had LEFT mid thigh pain and sometimes RIGHT mid thigh pain. There were "weird feelings" in her legs. Her legs did feel weak. She noted no bowel or bladder problems.

She noted that when sitting her pain would increase. She could continue to sit; it was just uncomfortable. Standing bothered her back. She couldn't do that for more than 30-60 minutes before she had to sit down. She could stoop but it hurt. She had to avoid lifting heavy things and couldn't pick up her five-year-old, 45-pound daughter. Past medical history was unremarkable.

On physical examination, she had full but painful forward flexion. Extension of the lumbar spine was 50% of normal. Lateral flexion to the RIGHT and LEFT were 90% of normal. Straight-leg raising was 90/90 degrees. Gait was normal. Neurologic examination was normal.

X-rays taken at the time of the examination showed an area in the RIGHT iliac bone adjacent to the SI joint suggestive of an osteoid osteoma. A subsequent CT scan confirmed that diagnosis.

Surgery was recommended for her osteoid osteoma. There were insurance difficulties. Eventually she was taken to surgery, where the osteoid osteoma was excised. Unfortunately, there were some complications. An infection ensued. She was hospitalized for a time. Eventually the infection cleared up and she was able to get back to work.

Case #2

Ladies and Gentlemen:

Ms. Joan L was interviewed and examined in my office today.

In conjunction with this examination I did reviewed a medical file.

HISTORY OF INJURY:

Ms. L indicates that she worked as a retail grocery cashier at A's Grocery Store. For most of that time, she had absolutely no problems with her lower back. Unfortunately, in about August of 2001 she developed pain in the lower back area. Her job involves standing pretty much all shift long. There is a lot of lifting and bagging. She is not sure how much the maximum lifting is. She works 20-24 hours a week.

When the back pain started, she went to see Dr. Y. Dr. Y checked her out. She was sent for some physical therapy. She got about 18 visits or so. The treatments did help. She continued to work during that time. She also had an X-ray taken.

She never got all better. She was able to continue working. She stopped treatment. Unfortunately, on or about 6/4/02 she had a

HISTORY OF INJURY (Cont'd):

flare-up of symptoms. She went back to see Dr. Y, who then referred her for an orthopedic consultation. The consultant took x-rays and noted an osteoid osteoma in the right iliac bone. The diagnosis was confirmed by CT scan.

Subsequently she was sent to Z University for consultation. They recommended surgery to remove the osteoid osteoma. That surgery was carried out in about January 2003. The surgery did help some. Unfortunately, there were complications. She tells me there was a third degree burn on her buttock around the wound. At one point she tells me it was 8 cm. wide. She was in the hospital for about a night after the surgery. Then when she went home she was still in pain. She developed a fever. She went back to Z University. She was seen by a plastic surgeon. A second surgery was recommended. That was carried out about a month later. Apparently they scooped out some dead tissue. Eventually she healed. Subsequently she got some physical therapy. That's all the treatment that she can recall.

CURRENT COMPLAINTS:

Before her surgery she has constant RIGHT lower back pain. The pain woke her up just about every night. The pain was worse in the morning, got better in the middle of the day, and then got worse again in the evening. At times she had pain going down the RIGHT lower extremity. Sometimes it went all the way across the lower back. There was a consistent bruising feeling - mostly in the RIGHT SI joint area. Sometimes she had pain in the LEFT mid thigh and sometimes the RIGHT mid thigh. She had weird feelings in the legs. It was not really numbness or tingling. There was some weakness in the legs. She noted no bowel or bladder control problems.

When she sat for a while, the pain increased. She could continue to sit, it was just uncomfortable. Standing bothered her back. She couldn't stand for more than about 30-60 minutes before she had to sit down. If she walked around, it was okay. She was able to stoop over, although she felt pain. She avoided lifting heavy things. For example, she couldn't pick up her 45 pound, five-year-old daughter.

Since she recovered from her surgery, she really doesn't have much pain in her lower back. There is some stiffness in the lower back. The pain no longer wakes her up at night. There is no pain going down the leg. That stiffness is in the RIGHT lower back area. There is no numbness, weakness, or tingling in either lower extremity.

Sitting no longer bothers her back. Standing really doesn't bother her back. Stooping doesn't bother her back. She is careful about lifting heavy things, but she can do it if she has to. She no longer lifts her seven-year-old, 50-pound daughter. She is able to swim but she doesn't do any other sports.

She was asked multiple times. She recalls no other symptoms except as listed above.

INTERVAL PAST AND OTHER MEDICAL HISTORY:

She is in "very good" health otherwise. She is not allergic to any medicines. She takes no medicines now.

There is a family history of diabetes and ovarian cancer.

She recalls no other difficulties with the above complained-of areas except as listed above.

INTERVAL PAST AND OTHER MEDICAL HISTORY (Cont'd):

Previous surgeries include:

- the initial removal of the osteoid osteoma
- the "scooping out" of burned tissue
- what sounds like a delayed closure of the wound
- A Caesarian section

WORK HISTORY:

Ms. L went off work on 6/8/02 because of this problem. She was off work for about a year. She then went back to work in about June 2003 doing the same job working about 24 hours a week. She worked until August of 2003. At that point she went off for her third surgery. She was off until September 2003. She then resumed work 24 hours a week as a grocery checker.

Unfortunately, towards the end of 2003 she had a flare-up of back pain. She was off work for a couple of months or so. She saw Dr. Taraoka (?spelling). He prescribed physical therapy. Basically, she fully recovered from that injury without any lingering problems, she tells me.

She has been working between 24 and 38 hours a week ever since and the back is doing well, except for the stiffness.

LUMBAR SPINE:

Stated ht: 5'2-1/2" Stated wt: 168 lbs. Stated Age: 35

The patient states she is RIGHT-handed.

The patient stands in good posture without trunk list. The physiologic lumbar lordosis is well preserved.

LUMBAR SPINE (Cont'd):

The patient wears no brace, corset or collar. There is a scar on the RIGHT buttock.

There is no paravertebral muscle spasm and no local tenderness over the spines, paraspinal muscles, sacroiliac joints, or sacrosciatic notches. The following ranges of active lumbar spinal motion are demonstrated by the patient:

Forward flexion:	Fingertips touch toes. The lumbar curve reverses.
Hyperextension:	100% of normal.
Lateral flexion to the right:	100% of normal.
Lateral flexion to the left:	100% of normal.

When the patient is asked to cough, no increased pain is noted. The percussion and jarring tests are negative. Straight-leg raising is 90/90 degrees bilaterally. The Lasegue and Bowstring tests are negative.

LOWER EXTREMITY EXAMINATION:

The patient walks with a normal gait. Heel and toe walking are well performed. The Patrick and Trendelenburg tests are negative. The patient demonstrates a symmetrical range of active hip motion. The lower extremities are unremarkable. Pedal pulsations are intact.

The comparative circumferential measurements of the lower extremities are as follows:

	RIGHT	LEFT
Thighs, 6" above patella:	25-1/2	25-1/2 inches
Calves, maximum girth:	17-3/8	17 inches

NEUROLOGICAL EXAMINATION:

Reflexes:

The reflexes of the quadriceps (knees) are trace bilaterally (reinforced).

Reflexes (Cont'd):

The reflexes of the gastrosoleus (ankles) muscle are symmetrical and active bilaterally at 1 (reinforced).

Motor Power:

There are no fasciculations or atrophy and no motor weakness of the toe dorsiflexors or peronei.

Sensory:

There is no sensory loss to pinpoint in the lower extremities in a nerve root pattern.

REVIEW OF SUBMITTED X-RAYS:

I did review films of 9/27/04. These do show some bony condensation in the RIGHT iliac wing consistent with postoperative changes and the complications Ms. L described.

DISCUSSION:

Ms. L developed symptoms of low back pain in the summer of 2001 while doing a job which put stress and strain on her lumbar spine and pelvic area. As a result of that, she aggravated an osteoid osteoma in the RIGHT iliac area near the sacroiliac joint. She was taken to surgery, where the osteoid osteoma was apparently removed (operative note not available). Apparently there was some sort of complication postoperatively. Eventually that was cleared up and she was able to get back to work as a part-time grocery checker at A's Groceries.

There was then another episode of back pain in the fall of 2003. I don't have any information about this. Apparently she was off work for a couple of months. She was treated by her doctors at Z University. She tells me that she fully recovered from the effects of that flare-up and that it was not filed as an industrial injury.

Based on my current understanding of the facts, and without an opportunity to review the Z University records, it appears that Ms. L is permanent, stationary, and ratable. She probably became so at

DISCUSSION (Cont'd):

about the time she returned to work following her surgery (I understand that was about June of 2003). There was another period of total temporary disability of about two months in the fall of 2003. She has been working since that time.

Factors of disability include:

1. A well-healed scar on the RIGHT buttock area.

2. Subjective complaints as stated.

I would characterize those *subjective complaints* as *intermittent slight*, becoming *constant slight* with more strenuous activities.

Under the "old rules," this disability is entirely due to cumulative trauma on the job aggravating a previously asymptomatic osteoid osteoma. Under the "new rules," and if those rules require apportionment to disease and pathology, then approximately 50% of her disability is a direct result of the cumulative trauma on the job with the remainder going to the osteoid osteoma. I know of no other factors of disability.

Very truly yours,

Peter J. Mandell, M.D.

PJM/ae