

Fellow of the Royal College of Surgeons of Canada

**Mordechai Kamel, JD, MD**

Diplomate, American Board of Orthopaedic Surgeons

Fellow, American Academy of Orthopaedic Surgeons

Instructor in Orthopaedics  
Boston University School of Medicine

Diplomate and Senior Disability Analyst, American Board of Disability Analysts

[REDACTED]

RE: [REDACTED]  
DOI: [REDACTED]

Dear [REDACTED],

All of the material sent regarding the above named, including medical records, letters and the statement of accepted facts were examined in detail at your request.

Based on the statement of accepted facts, and the review of the records provided, my diagnosis in this case remains lumbo-sacral strain with secondary rupture of the left L4-5 nucleus pulposus and permanent aggravation of an underlying degenerative disc disease. This diagnosis is causally related to the work injury of [REDACTED].

The following is in response to the questions regarding the above named.

- 1) *Please review the medical findings reported at the time of your evaluation of [REDACTED] on [REDACTED] and compare with those of other physicians on and after [REDACTED], and state whether there was objective evidence of material worsening in her physical condition during that intervening period. Please discuss the findings which formed the basis for your conclusion.*

Based on the records reviewed, I must conclude that there was no objective evidence of material worsening in [REDACTED] physical condition between [REDACTED] and [REDACTED].

**DISCUSSION:**

On [REDACTED] [REDACTED] complained to me that she had to move around a lot otherwise her back stiffened up. Sitting for prolonged periods of time caused pain radiating through her hips. [REDACTED] complained of having very limited activity of any kind. The pain was described as dull or sharp, across the low back with radiation to the buttocks and occasional radiation down the backs of both thighs. She described "mild" numbness in the back of both thighs, and occasionally in the back of both calves. Sitting and standing for more than 10 or 15 minutes caused the back pain to get worse. Activities of daily living had to be performed slowly or they caused increased pain. Valsalva maneuver caused increased pain. Pain was diminished by use of back brace, medication and rest. Physical examination that day revealed that she appeared to be moderately uncomfortable. She needed to stand up and move around after about 10 minutes

RE: [REDACTED]  
DOI: [REDACTED]  
[REDACTED]

Page 2 of 3

of sitting during the interview. She stood with relatively normal contours to her back and equal leg lengths. There was significant tenderness in the paravertebral musculature bilaterally. There was no cutaneous tenderness. There was no complaint of pain with vertical load of the head. Forward flexion was 30° with a significant degree of reversal of spinal rhythm at the extreme; extension was 10°; right lateral flexion was 20°; left lateral flexion was 30°. Simulated rotation was negative bilaterally. The gait pattern was slow but normal; toe walking was normal; heel walking was normal. Straight leg raising in the sitting position was 70° bilaterally; straight leg raising recumbent was 60° right and 20° left. Lasegue's sign in the sitting position was negative bilaterally; Lasegue's sign in the recumbent position was positive on the right and negative on the left. There was no pain with stressing the sacro-iliac joints. There was a full range of hip motion bilaterally. In my discussion, in the report of that visit, I recommended that [REDACTED] "require[d] consultation with orthopedic surgeon with a spinal subspecialty, with assessment leading to possible fusion, either at L4-5 or at L5-S1 ..."

On [REDACTED] [REDACTED] was seen in consultation by [REDACTED] [REDACTED], MD, an orthopedic surgeon who was not a spinal subspecialist. His documentation of complaints was that pain was made worse with working 4 hours, and that she denied further leg pain or bowel or bladder dysfunction. Physical examination on [REDACTED] was entirely consistent with the examination of [REDACTED]. Dr. [REDACTED] documented that posture was normal on sitting and standing. Forward flexion was 60°, and extension was 5°. This represents only minimal difference from [REDACTED]. Diffuse tenderness right of midline. Simulated rotation did not cause pain. Axial compression caused mild pain. These findings are only minimally different from [REDACTED]. Straight leg raising caused back pain. Reflex and motor exams of the lower extremities was normal.

Dr. [REDACTED] documented examinations of Ms. [REDACTED] on [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. None of these examinations documents any significant changes in the physical examination, nor are they any more detailed.

On [REDACTED] [REDACTED] was seen in consultation by [REDACTED] [REDACTED], MD in the pain management clinic. The history taken was consistent with that of the examination of [REDACTED]. Physical examination on [REDACTED] was entirely consistent with the examination of [REDACTED]. Dr. [REDACTED] documented that she walked briskly without a limp and walked well on her heels and toes. Lumbar flexion minimally restricted. Extension was painful. Straight leg raising was negative bilaterally in the sitting position. Hip motion was full.

- 2) *Please state whether there was a change in medical diagnosis on or after [REDACTED], the date of Ms. [REDACTED] work stoppage. If yes, please state the diagnosis.*

Based on the material reviewed, I do not believe that there was a change in [REDACTED] medical diagnosis on or after [REDACTED].

- 3) *Please provide your reasoned medical opinion as to whether [REDACTED] was physically capable of performing the physical requirements of her limited duty job*

RE: [REDACTED]

DOI: [REDACTED]

[REDACTED]

Page 3 of 3

*on or after [REDACTED]. Please point to and discuss the medical evidence that formed the basis of your opinion.*

Based only on the material reviewed, it is my reasoned medical opinion that [REDACTED] was physically capable of performing the physical requirements of her limited duty job on or after [REDACTED] as defined by the OWCP-5 form which I completed at the time of my examination on [REDACTED].

DISCUSSION:

As the physical examination did not change substantially between [REDACTED] and [REDACTED], there is no objective reason to conclude that her physical capacity to perform the physical requirements of her limited duty job should have changed. That having been said, there is no evidence available as to her mental state and whether it, in fact, affected her capacity. It is well known that changes in mental state with chronic pain can certainly have a deleterious effect on work capacity.

Hoping this information meets your needs. Please do not hesitate to contact me should further information or clarification be required.

Sincerely,

MK/msw

Encl. [REDACTED]