deidentified IME reference work

Expert Report of Ahmer Ghori, MD (Deidentified)

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B)

Expert: Ahmer Ghori, MD
Specialty: Orthopaedic Spine Surgery
Board Certification: Board Certified in Orthopaedic Surgery
Fellowship Training: Fellowship Trained in Spine Surgery
Clinical Experience: Approximately 10 years of clinical practice experience

Patient: ***
DOB: ***

I. Opinions to be Expressed

1. The motor vehicle collision of *** was the direct and substantial contributing cause of *** lumbar spine deterioration and adjacent segment pathology.

2. The accident resulted in trauma-induced adjacent segment failure above a prior L4–S1 fusion, initially at L3–4 and subsequently at L2–3.

3. As a result of this trauma-related pathology, *** required the following surgical procedures:
(a) *** – L3–4 laminectomy and TLIF with L3–S1 fusion; and
(b) *** – L2–3 laminectomy and TLIF with extension of fusion.

4. The rapid progression of adjacent segment disease within approximately two years following the accident is inconsistent with the expected natural history of degenerative lumbar spine disease.

5. Absent the motor vehicle collision, it is more likely than not that *** would have remained clinically stable and would not have required these additional multilevel lumbar fusion procedures.

6. Because *** now has a multilevel lumbar fusion construct, there is increased risk for future adjacent segment degeneration requiring additional medical or surgical care.

II. Basis and Reasons for the Opinions

*** has a history of lumbar degenerative disease. Surgical history includes a prior L4–5 decompression/laminectomy performed by Dr. ***, followed by an L4–S1 anterior lumbar interbody fusion (ALIF) with posterior instrumentation and fusion performed by Dr. Ahmer Ghori with assistance from Dr. *** for anterior exposure.

Following these procedures, the patient remained clinically stable until a rear-end motor vehicle collision on ***. Immediately after the collision the patient developed acute-onset low back pain with posterior lower extremity radicular symptoms.

Post-accident treatment included medications, TENS therapy, epidural steroid injections, radiofrequency ablations, and physical therapy without sustained relief.

MRI imaging demonstrated postoperative changes from prior surgery with a new disc herniation above the prior fusion, causing central and foraminal stenosis and neural compression. Because of persistent neurologic symptoms and failure of conservative treatment, surgical intervention at L3–4 was performed followed by later extension of fusion to address progressive pathology at L2–3.

This pattern represents trauma■initiated adjacent segment failure.

III. Differential Causation Analysis

Alternative explanations considered include natural progression of degenerative spine disease and expected biomechanical effects of prior lumbar fusion.

Adjacent segment degeneration after lumbar fusion typically develops gradually over many years, commonly 8–12 years following the index procedure. *** remained clinically stable until the motor vehicle collision.

The abrupt onset of symptoms after the collision and imaging showing a new adjacent-level disc herniation are inconsistent with gradual degenerative progression alone. Within a reasonable degree of medical certainty, the collision was a direct and substantial contributing cause of the adjacent segment pathology.

IV. Future Medical Probability

Due to the presence of a multilevel lumbar fusion construct extending from L2 through S1, *** remains at increased risk for future adjacent segment degeneration above the current fusion construct.

Ongoing monitoring and treatment may include continued spine care, imaging studies, pain management, and potential additional surgical intervention should further adjacent segment disease occur.

V. Facts and Data Considered

- Direct evaluation and treatment of the patient
- Clinical examination findings
- Operative reports
- Lumbar MRI imaging and radiographic studies
- Medical records documenting conservative treatment
- Patient history
- Peer■reviewed orthopedic and spine surgery literature

VI. Supporting Medical Literature

• Ghiselli G, Wang JC, Bhatia NN, Hsu WK, Dawson EG. Adjacent segment degeneration in the lumbar spine. JBJS Am. 2004.
• Harrop JS et al. Adjacent segment disease following lumbar fusion. Spine. 2008.
• Hilibrand AS, Robbins M. Adjacent segment degeneration and adjacent segment disease following spinal fusion. Spine. 2004.
• Adams MA, Roughley PJ. What is intervertebral disc degeneration and what causes it? Spine. 2006.
• Videman T et al. Trauma and disc degeneration. Spine. 2007.

VII. Exhibits That May Be Used

• Lumbar MRI imaging
• Lumbar spine radiographs
• Operative reports
• Clinical treatment records
• Peer■reviewed literature

VIII. Qualifications

Board-certified orthopaedic surgeon and fellowship-trained spine surgeon with approximately ten years of clinical practice experience focusing on degenerative spine disease, spinal trauma, adjacent segment degeneration, and spinal fusion surgery.

IX. Prior Testimony

No expert testimony at deposition or trial within the past four years.

X. Compensation

Compensation for time spent reviewing records, preparing reports, and testimony is billed at the standard professional rate.