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SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

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YOSEFA D. WONG,)	
)	
Plaintiff,)	
)	
vs.)	No. 123456
)	
)	
HUDAK PETROLEUM; GREG)	
BAKKER; and DOES 1 to 100,)	
)	
Defendants.)	
_____)	

DEPOSITION OF MARTIN L. RAMIREZ, M.D.
 Wednesday, February 19, 2006 at 11:03 a.m.
 Before: Dana L. Belloli
 RMR/CRR/CSR #1234

Taken at the medical offices of:
 Family Medical Group
 205 W. Cotton Avenue
 Richmond, California 94444

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I N D E X

EXAMINATION BY:	PAGE NO.
MR. SCHNEIDER	3
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E X H I B I T S

DEFENDANT'S EXHIBIT	DESCRIPTION	PAGE NO.
A	Notice of Taking Deposition	33

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1 APPEARANCES:

2 For the Plaintiff:

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6 For the Defendants:

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9 1545 River Drive
10 Walnut Creek, California 94444

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MARTIN L. RAMIREZ, M.D.,

16 after having been administered the oath by the court

17 reporter to tell the truth, the whole truth, and nothing

18 but the truth, testified as follows:

19

20

EXAMINATION

21 BY MR. SCHNEIDER: Q Good morning, Doctor. Could

22 you give us your full name, please, and your business

23 address?

24 A Martin Ramirez. 205 West Granger, Modesto,

25 California 95350.

3

1 Q Do you have any plans on moving your practice,
2 relocating, closing, anything like that?

3 A No.

4 Q Are you aware that there is a trial date in this
5 case?

6 A No.

7 Q I think it's April --

8 MR. SCHNEIDER: Do you know when it is?

9 MR. LEE: 28th, I believe.

10 MR. SCHNEIDER: Q Let me make you aware of that,
11 April 28th. Can you just briefly tell me your
12 educational background starting with college?

13 A Bachelors of science in chemistry, medical school
14 Loma Linda, residency U.C. Davis, Modesto.

15 Q When did you complete your residency?

16 A '92.

17 Q Where did you do your residency again?

18 A U.C. Davis satellite program in Modesto.

19 Q And are you board certified in any --

20 A Family practice.

21 Q When did you receive your board certification?

22 A '92.

23 Q How long have you been licensed to practice
24 medicine?

25 A Let's see, 1990.

1 Q What year did you graduate from medical school?
2 A '89.
3 Q Any other areas of practice other than family
4 practice?
5 A No.
6 Q I am here to talk to you about Yosefa Wong, a
7 patient of yours. Do you have an independent
8 recollection of Ms. Wong?
9 A Yes.
10 Q Do you have your file with you today --
11 A Yes.
12 Q -- on Ms. Wong?
13 A Yes.
14 Q Is that the blue gray folder that is in front of
15 you?
16 A It's the two gray folders in front of me.
17 Q Did you review that material before right now --
18 A Yes.
19 Q -- in preparation for the depo?
20 A Yes.
21 Q How many times have you had your deposition taken?
22 A Three.
23 MR. SCHNEIDER: We are just going to mark this
24 number 1.
25 Q Doc, let me just show you the deposition notice

1 that has been marked as Exhibit 1.

2 A What does this mean?

3 Q It has a subpoena on the back of it and a records
4 request, and my question for you is, are all the written
5 materials that you have in front of you all the writings
6 you have that are responsive to this deposition notice?

7 A As far as I know, yes.

8 Q I will take that back from you. Doctor, I
9 subpoenaed your records sometime ago, and I have been
10 through them and it appears to me that you've treated
11 Ms. Wong for a variety of conditions starting around
12 1990; is that consistent with your review of your
13 records or your recollection?

14 A I would say that the record says 1990, but that's
15 incorrect. It cannot be 1990, it has to be 1993.

16 Q Okay.

17 A Or '94, it has to be 1994.

18 Q And that would be because that's when you started
19 practice?

20 A No, I started practice in '92, in the fall, so the
21 spring, I saw her on April 7th. It had to be either '93
22 or '94, but then the next entry is 1994, so I assume by
23 that it was 1994.

24 Q Now, today I am here to ask you specifically --
25 more specifically about an incident she was involved in

1 on November 6, 2000, and it was an automobile versus
2 pedestrian accident involving my client. You saw her
3 for problems that were related to that incident?

4 A That's correct.

5 Q Like I say, I am primarily interested in that
6 incident and any conditions that are related to that
7 incident, but I do want to know if she has any other
8 conditions that you feel are contributing to the
9 symptoms that she relates to that incident. Do you
10 understand what I am saying?

11 A Uh-huh.

12 Q Can you tell me -- can you identify for me what
13 conditions or injuries that you relate to the
14 November 6, 2000 incident with the automobile?

15 Do you have the question in mind, Doctor? Do you
16 want me to read it over?

17 A Lumbar pain, right leg sciatica.

18 Q And what are her subjective -- what were her
19 subjective complaints relating to that condition?

20 A Lumbosacral pain, right leg intermittent numbness.

21 Q Is there anything in your file or upon review of
22 your file is there any objective evidence of injury
23 related to those conditions?

24 I might be able to help you along with some dates
25 of some diagnostic studies, would that help you?

7

1 A That would be great.

2 Q I believe she had some x-rays at the hospital on
3 November 6.

4 A Uh-huh, I don't see them.

5 Q You don't believe you have those in your file?

6 A I believe they were in my file at one time.

7 Q Oh, okay. Before we finish, I am going to ask you
8 if I can look through your file.

9 A Absolutely. I see an MRI dated 1/8/01.

10 Q Okay. And does that study have any -- or are you
11 reading a radiological report from a radiologist?

12 A That's correct.

13 Q Does that report note any objective evidence of
14 injury to the areas that she had subjective complaints
15 about?

16 A In the Findings, in the last paragraph says there
17 was marked increase signal intensity in the distal
18 sacrum and in the coccygeal segment which is consistent
19 with bony bruising and edema within the marrow.

20 Q So that indicates a bruise to the lumbosacral
21 area?

22 A To the sacrum, uh-huh.

23 Q Anything else in that report?

24 A No.

25 Q I am aware of some other radiological studies, and

1 I will just throw them out there and see if you have
2 them in your file or know about them. There was a
3 September 13 nerve conduction study done by Dr. Rhoades?
4 A I do not believe that I see those here.
5 Q Yeah, I am mainly just trying to find out whether
6 you knew about that or you had seen it.
7 A Yeah, I don't see it here. Let me see if I
8 mention it in my notes. What date was that?
9 Q It was September 13, '01.
10 A Last date of visit would be November 14th, '01. I
11 did not see it at that time.
12 Q Okay. How about on 11/1/01, a lumbar myelogram
13 and a lumbar CT scan?
14 A I do not have that either.
15 Q I am going to show you a copy of the reports from
16 those studies. Showing you the September 13, '01 nerve
17 conduction study, and just looking for a recollection of
18 whether you've seen it before or had reviewed it ever
19 before?
20 A I do not recall.
21 Q And do you see where it says Impression, what does
22 it say there?
23 A No sign of entrapment neuropathy, peripheral
24 neuropathy, or radiculopathy.
25 Q And I also want to show you the myelogram and CT

1 scan, see if you have seen those or reviewed them. And
2 if not, would you please take a look at them quickly.

3 A This is the myelogram?

4 Q Does it say myelogram at the top there? I think
5 it does.

6 A That's correct, yeah. So essentially --

7 Q At any rate, you have not seen that before?

8 A Yeah.

9 Q What was the conclusion in that report?

10 A The myelogram, normal lumbar myelogram.

11 Q And if you flip the next page over, you will find
12 a CT report. And same question with that, have you seen
13 that before?

14 A I don't believe so.

15 Q And what is the conclusion in that report?

16 A Negative examination, incidental note was made of
17 a very tiny lipoma within the spinal canal. No other
18 findings demonstrated.

19 Q Other than the MRI that you mentioned, are you
20 aware of any other radiological studies or objective
21 evidence of any kinds of injuries that related to the
22 11/6/00 accident?

23 A I am not aware of any.

24 Q Okay. Do the objective findings that you
25 mentioned from the MRI, do those correlate with her

1 subjective symptoms --

2 A Yes.

3 Q -- at the time of your initial examination?

4 A Yes.

5 Q Okay. When was the first time you saw Mrs. Wong

6 after the 11/6/00 accident?

7 A 2/8/01.

8 Q And was she referred to you by -- was it

9 Dr. Lyons, if you know? It's not a big deal. If you

10 know.

11 A I don't know.

12 Q Okay. Could I ask you what you're referring to

13 there?

14 A Say again?

15 Q I just want to look at what you're reading.

16 A I am looking at my first visit after the accident

17 of 2/8/01.

18 Q Okay, and you prescribed physical therapy at that

19 time?

20 A Plan was for formal physical therapy, medications,

21 muscle relaxants.

22 Q What kinds of medications did you prescribe?

23 A It would have been anti-inflammatory such as

24 Clinoril or Vioxx, and then the muscle relaxant would

25 have been something like soma.

1 Q And what were her subjective complaints at that
2 time?

3 A Peri-lumbar pain, sacral pain.

4 Q Did you examine her at that time?

5 A Uh-huh.

6 Q What were your objective findings at that time?

7 A Point tenderness to the lower thoracic, lumbar,
8 and sacral regions, mainly in the peri-spinal
9 musculature.

10 Q Do you have a page that looks like this in your
11 records (indicating)?

12 A What is that? What date would that be?

13 Q This note says 1/12/01.

14 A Is that somebody else's note?

15 Q Well, that's one of the questions I had for you.
16 You can take a look at my copy, if you want.

17 A It looks like Lyons' writing.

18 Q Page 30 of the records that I subpoenaed, and it
19 looks to you like Dr. Lyons' writing?

20 A Yeah, it looks like Lyons' writing.

21 Q Why don't you just take a look at my copy and let
22 me ask you some questions about that.

23 A Yeah, sure.

24 Q Are you able to read his writing?

25 A Somewhat.

1 Q Okay.

2 A Sleep study.

3 Q Now, down here where it says 1/12/01, I will
4 represent to you this was included in the records that
5 came from your office when I sent you a subpoena, so
6 maybe before the depo is over you can look at it and
7 confirm it was in there, it wasn't a mistake. It looks
8 like there's discussion here, the MRI results say
9 negative MRI. Is that what that looks like to you,
10 negative MRI L spine?

11 A L spine --

12 Q I'm not sure what that says.

13 A I'm not either.

14 Q Let me bring you down here. It looks like he
15 talks about some possible treatment options, and do you
16 see where it says inflatable donut, is that what it
17 looks like to you? Right here (indicating)? If you're
18 not sure, that's okay.

19 A Yeah, it could be. I hear you.

20 Q The reason I am asking these questions, did you
21 have any knowledge at the time you examined her the
22 first time that she had been advised to use an
23 inflatable donut and take hot baths?

24 A No.

25 Q Is that something that you would have recommended

1 yourself for this kind of an injury?

2 A If it was purely the sacral tip at the coccyx, you
3 could perhaps.

4 Q Okay.

5 A It's possible.

6 Q Let me move to your next office visit which was, I
7 think, March 7, '01?

8 A Uh-huh.

9 Q Do you have your notes there on that?

10 A Uh-huh, uh-huh.

11 Q You have to answer audibly, Doctor. Uh-huh
12 doesn't show up on the record.

13 A Yes. Sorry.

14 Q That's okay. Did you note there the MRI was
15 negative except for possible bruise?

16 A That's correct.

17 Q And then did you refer her for a surgical
18 consultation?

19 A That's correct.

20 Q And who did you refer her to, was it Dr. Emery?

21 A That's correct.

22 Q Did Dr. Emery examine her, to your knowledge?

23 A That's correct.

24 Q Did he write to you and tell you what he thought?

25 A Yes.

1 Q What was his conclusion?

2 A She does not have radiculopathy, I do not consider
3 her a surgical candidate now or likely going forward. I
4 suggest she might consider treating with a physiatrist.

5 Q When she saw you on March 7, did she tell you
6 whether or not she was using a donut and taking baths?

7 A I do not recall.

8 Q Do you know -- did you say you prescribed physical
9 therapy the first time you saw her?

10 A I believe so, yes.

11 Q Do you know if she, in fact, went to a physical
12 therapist using your prescription?

13 A I would only know that by return note.

14 Q From a physical therapist?

15 A Yes, that's the only way I would know that.
16 The inference by the 8/20/01 note is that she had
17 not as of then yet had a formal course of physical
18 therapy.

19 Q Is 8/20/01 the next time you saw her after March
20 of '01?

21 A That's correct.

22 Q Do you know if she had taken her medication --
23 we're going back to March '01. Do you know if she had
24 taken her medications as prescribed?

25 A Inconsistent.

1 Q Did you say on March 7th that you were going to
2 refer her to a physiatrist, or was that later?

3 A I think she didn't have her appointment with the
4 neurosurgeon until the 12th of March, and then upon his
5 recommendations, we were going to send her to a
6 physiatrist.

7 Q I see, okay. And so when you saw her the next
8 time on August 20, did you note there that you were
9 going to refer her to a physiatrist?

10 A Uh-huh, uh-huh.

11 Q During this time, were her subjective complaints
12 changing at all between March and August?

13 A Not a significant amount.

14 Q And I have a copy here that your next visit was
15 September 7, '01, her next visit to you; is that
16 correct?

17 A That's correct.

18 Q My copy is completely illegible of the typewritten
19 notes there, and I was wondering if you could please
20 read them into the record. Because this is -- go ahead
21 and read them, Doctor, because I can't read mine.

22 A Yosefa Wong presents today for two main
23 problems. One, ongoing medical condition, she is status
24 post blank surgery for sleep apnea. Also has dysuria
25 frequency with nephrolithiasis. She has had three

1 stones in her -- she has three stones in her possession
2 today. We will send these to the lab. Her abdomen is
3 soft, positive bowel sounds. No CV tenderness, bladder
4 discomfort. She does have UTI on UA today. Plan for
5 Bactrim for a ten-day course. Plan for stone analysis,
6 plan for IVP, plan for nephrology follow-up once this
7 has been completed. We will give her a note today
8 stating that due to her medical condition as stated
9 above, she is unable to attend legal proceedings for one
10 month of time.

11 Q Is there any mention there that she had complaints
12 about her back?

13 A No.

14 Q Is that something that you, in your custom and
15 practice, would have noted if she had mentioned that to
16 you?

17 A Say it again.

18 Q Would it have been your custom and practice to
19 note that had she mentioned continued back difficulties
20 to you at that time?

21 A That's a difficult question to answer.

22 Q You don't know?

23 A Well, because I mean, if it's an ongoing medical
24 condition, then she's undergoing treatment and seeing
25 various specialists for it and it hasn't changed much,

1 she may not say much, versus, you know, if it's really
2 bothering her, she would say something. If it was
3 really bothering her, I probably would have made a note.
4 If it was ongoing, I would have said fine and I probably
5 wouldn't have. And it sounds like on that date she was
6 here for a separate reason for her kidney stones and
7 renal problems.

8 Q Were you her primary care physician at this time?

9 A I believe so.

10 Q Are you now?

11 A I don't believe so.

12 Q Was the last time you saw her then November 14th,
13 '01?

14 A That is correct.

15 Q And what were her complaints that day?

16 A Pain, back pain, ongoing facet joint injections,
17 ongoing nephrolithiasis.

18 Q Did you have any participation in recommending the
19 facet injections?

20 A Initiating them?

21 Q Yeah.

22 A I don't believe so.

23 Q Do you think that was probably Dr. Rhoades?

24 A Yes.

25 Q Do you have any knowledge of what the success, yea

1 or nay, of those injections has been?

2 A No, I don't know.

3 Q Have you -- and I don't see much in your file from
4 Dr. Rhoades. Have you spoken to him about this patient?

5 A No.

6 Q Have you corresponded in writing with him about
7 her?

8 A No.

9 Q Do you have any knowledge of the progress of his
10 treatment of her?

11 A Rhoades. I do not see a correspondence from him.

12 Q Okay. The last thing about November 11th in your
13 notes, it says needing referral to physical therapy,
14 still with low back pain. Is there any way for you to
15 tell looking at this whether you indeed referred her
16 again to physical therapy?

17 A No.

18 Q Is there anything in your file that would indicate
19 whether she was referred again?

20 A Yeah, I don't see anything -- sometimes we have an
21 authorization notice in the back, insurance requires an
22 authorization notice, and I don't see that.

23 Q I notice you looked through pretty much your whole
24 file there. Did you see anything that indicated any
25 knowledge that you may have about whether she did any

1 physical therapy? I'm not trying to hide the ball.
2 What I am getting at is, I know she went to physical
3 therapy but I am trying to understand whether you know
4 anything about it?
5 A I don't appear to know anything about it.
6 Q Okay. Good enough.
7 A I have gone through about half of this probably
8 and I don't see any correspondence from a physical
9 therapist.
10 Q Do you have any knowledge about whether she has
11 arthritis in any part of her body?
12 A I think she carries the diagnosis of Sjogren's
13 Syndrome. How do you spell it?
14 Q I think it's S-j-o-r -- or S-j-o-g-r-e-n's, does
15 that sound right?
16 A S-j-o-g-r-e-n's.
17 Q To your knowledge, is Sjogren's Syndrome, one of
18 the symptoms or associated conditions would be arthritic
19 problems?
20 A It could be.
21 Q Okay. Do you have an opinion about whether any of
22 her health problems, other than an injury she may have
23 sustained on 11/6/00, may be contributing to her back
24 complaints?
25 A Say it again.

1 Q I'm not sure if I can. Can you read it back?

2

3 (Whereupon the following portion of
4 the record was read: Do you have an opinion about
5 whether any of her health problems, other than an
6 injury she may have sustained on 11/6/00, may be
7 contributing to her back complaints?)

8

9 THE WITNESS: Certainly you think of kidney
10 stones as causing back problems. My opinion is her
11 kidney stones probably don't have anything to do with
12 the back complaint she was complaining about because it
13 was so low in the sacrum.

14 MR. SCHNEIDER: Q You mean her subjective
15 complaints?

16 A Right. And the Sjogren's mainly consists of dry
17 mucous membranes, it is a rheumatologic disease and
18 therefore you think of problems with joints and bone
19 pain.

20 Q So is there a possibility in your mind that the
21 Sjogren's could be causing some kind of orthopedic pain?

22 A It's possible.

23 Q Do you have an opinion one way or the other?

24 A I kind of doubt the significance of the Sjogren's
25 Syndrome as a component of the pain.

21

1 Q She's got a number of other health issues, and my
2 original question was broader. We focused on Sjogren's
3 and that's okay, but my original question was broader.
4 Are there any health issues she has that in your opinion
5 are contributing to her low back symptomology other than
6 falling from being hit by a car?

7 A I don't know.

8 Q Okay. We mentioned at the beginning that the
9 conditions that you related to the 11/6/00 accident were
10 lumbar pain and right leg sciatica?

11 A Uh-huh.

12 Q What is your prognosis for each of those
13 conditions, or do you have one?

14 A Prognosis depends on severity, degree, the patient
15 profile. In general, lumbar and sacral pain improve.

16 Q Getting back to the objective studies, the MRI,
17 you've had a chance to look at some of the other studies
18 that I showed you. Is there any evidence of nerve root
19 impingement in her spine?

20 A No.

21 Q In your experience with the kind of injury that
22 she has which -- how would you describe it, I mean other
23 than she's got lumbar pain? Let me just back up.

24 What in your opinion is the source of her lumbar
25 pain?

1 A Bruise to the sacrum.

2 Q In your experience, how long would it normally
3 take for Ms. Wong to overcome that condition?

4 A Three to nine months.

5 Q And how would you recommend that she go about
6 doing that? You already -- you mentioned physical
7 therapy, would that be one of the things you would
8 prescribe for that?

9 A Insuring there was no other mechanical problem,
10 physical therapy, medications.

11 Q So if you insure there's no other --

12 A So by doing further tests, referring to the
13 appropriate consultants, surgeons, physiatrists, other
14 modalities, facet joints, if they want to do that, those
15 are all treatment modalities.

16 Q But what I was getting at is in the three to nine
17 months that you would expect that she could overcome
18 that, what kinds of things would you recommend that she
19 do? I mean other than go to other doctors?

20 A Well, essentially it would be anti-inflammatories
21 and pain medications. Physical therapy may or may not
22 help.

23 Q Can you say to a reasonable degree of medical
24 probability that 100 percent of her lumbar pain was
25 caused by the car accident?

1 A No.

2 Q Is there any other -- do you have an opinion that
3 some other factor may be causing her lumbar pain, her
4 continued lumbar symptoms?

5 A No.

6 Q Have you considered whether there may be any
7 mental factors that you think may be contributing to her
8 continued low back symptoms?

9 A Say it again.

10 Q Have you considered whether there may be some
11 mental factors --

12 A Yes.

13 Q -- contributing to her low back symptoms?

14 A Yes.

15 Q And what are those?

16 A I don't know. I have considered it and she has a
17 history of depression, but I'm not --

18 Q Having considered it, did you form an opinion on
19 that?

20 A No, I don't believe so.

21 Q Do you have an opinion about whether -- do you
22 have any knowledge about the chiropractic treatment that
23 she underwent?

24 A Minimally, if any, helpful.

25 Q Would you characterize it as medically necessary,

1 or if you have an opinion?

2 A It's probably not medically necessary.

3 Q What is the best way for me to figure out how much
4 you've billed for treatment related to this 11/6/00
5 accident?

6 A I don't know.

7 Q Would this be a better question for your office
8 manager?

9 A Yeah, she can just run it down for you. Oh, that
10 was in 2001.

11 Q Okay, Doctor, I don't think I have anything else.

12 MR. LEE: I have a couple brief questions.

13

14 EXAMINATION

15 BY MR. LEE: Q At any time prior to
16 11/6/2000 which is the time we've referenced that you
17 saw her for the complaints related to the accident, did
18 she have complaints of low back pain similar to the
19 lumbar pain and right leg agitation I think you put it?

20 A As far as I know, no.

21 Q Okay. The fact that you don't have any records,
22 the fact that she did go to physical therapy after you
23 recommended, I assume that was on the 2/8/01, it says
24 you recommended physical therapy, the fact you do not
25 have any records of that doesn't mean she didn't go;

25

1 right?

2 A Correct.

3 Q So it wouldn't surprise you if there were physical
4 therapy records which listed you as the referring
5 physician?

6 A That wouldn't surprise me at all.

7 Q Would you have given her that recommendation in
8 the form of like a prescription pad note or something,
9 "Go to physical therapy"?

10 A Either that or --

11 Q Would that have been something you would have kept
12 a copy of in your record or is that something they just
13 hand out?

14 A Just something they hand out.

15 Q So they would make a photocopy of it and make a
16 record of it that you made the referral?

17 A That's correct, unless it needed to be authorized.

18 Q With regards to a patient seeing chiropractors,
19 have you ever have any patients that you referred to
20 physical therapy that they have complained it's not
21 doing anything for them, they went to a chiropractor and
22 reported back to you later that they did receive relief
23 under those treatments?

24 A Absolutely.

25 Q So even though you may feel it's not medically

1 necessary, it doesn't mean that it doesn't have some
2 beneficial effect --

3 MR. SCHNEIDER: Lacks foundation.

4 MR. LEE: Q -- to a particular patient?

5 MR. SCHNEIDER: Lacks foundation, speculation.

6 THE WITNESS: Okay, so say that again.

7 MR. LEE: Q Just because you may not feel
8 it's a medically necessary procedure, if a patient
9 actually receives relief, it's not unfounded that that's
10 a procedure that does help?

11 A Absolutely.

12 MR. SCHNEIDER: Lacks foundation.

13 MR. LEE: Q Did you refer her to

14 Dr. Rhoades, if you know?

15 A On 8/20, it looks like I did.

16 Q Have you ever heard of something called a bent
17 coccyx or a tilted coccyx?

18 A Prior to this? Other than medical school, no.

19 Q But you heard about it in medical school?

20 A The sacrum can take on different shapes, mainly
21 genetically. There are different shapes involved in the
22 pelvis and sacrum, and that's what I am referring to,
23 yes.

24 Q Is it possible in an automobile accident such as
25 this one where an automobile collides with an individual

1 and they're knocked directly on their tailbone, that
2 there could be injuries to the coccyx and the sacrum
3 such that it would actually reheel in a misaligned
4 position?

5 MR. SCHNEIDER: Lacks foundation.

6 THE WITNESS: Say that again.

7 MR. LEE: Q Automobile versus pedestrian
8 accident where the pedestrian is knocked directly on
9 their tailbone causing injury to the coccyx and the
10 sacrum such that it would -- say in the form of minor
11 fracturing, would it actually reheel in a misaligned
12 position?

13 MR. SCHNEIDER: Same objection.

14 THE WITNESS: Do I need to respond to what you
15 say?

16 MR. SCHNEIDER: No, you don't. I'm just
17 preserving my record here.

18 MR. LEE: Q For later. He is probably just
19 as interested.

20 A It seems like that would be possible.

21 Q Understanding anatomy of the neurological
22 positions of things in relationship to the coccyx and
23 the sacrum, if they were misaligned in any way, shape,
24 or form due to fracturing or like you said genetic
25 defects, could that cause additional problems with

1 regards to pain if pressure is put upon those
2 structures?

3 MR. SCHNEIDER: Foundation, speculation.

4 THE WITNESS: It's possible.

5 MR. LEE: Q Are you aware -- has my client
6 ever reported to you that her main complaints with
7 regards to these lower back pains have to do with when
8 she sits on her tailbone?

9 A I don't recall.

10 Q I am sure we're all interested in trying to figure
11 out exactly what's wrong with her, first of all. I will
12 just represent to you that her main complaints are: She
13 has difficulty sitting in any particular position; she
14 always has to reshape pillows, get all the weight off
15 her tailbone; if she stands for long periods of time
16 especially with her high heels, it's the alignment, she
17 has difficult problems with that portion of her body
18 that seem consistent with her subjective complaints she
19 has, that something is putting pressure in that
20 position.

21 A It sounds reasonable.

22 Q Would it surprise you to learn that subsequent
23 viewings of the MRI films by other doctors and the
24 chiropractor in this case have come to the conclusion
25 there is a bent sacrum involved in this situation?

1 MR. SCHNEIDER: Lacks foundation, speculation.

2 MR. LEE: I didn't think I had a question

3 there.

4 MR. SCHNEIDER: You said, "Would it surprise you."

5 MR. LEE: Oh, would it surprise you, yeah.

6 THE WITNESS: Explain that to me later.

7 Chiropractor reviewing the MRI, is that what you

8 said?

9 MR. LEE: Q Yeah, he looked at it.

10 A Is that who is making the --

11 Q No, there's been other doctors.

12 A I would be -- okay, my opinion is I would be a

13 little bit surprised if there was something abnormal in

14 the sacrum or coccyx and it wasn't noted by the

15 radiologist.

16 Q In your practice, has there ever been a situation

17 where radiological studies have been read and then later

18 reread and found it was different than the original

19 radiologist's reading?

20 A Yes.

21 Q It is proposed -- and you don't know about this.

22 It is proposed now by another doctor that she is seeing

23 that there is an injury to the coccyx and that his

24 treatment is to actually remove it to help alleviate her

25 pain. Does that sound within the reasonable realm from

1 her subjective complaints that this is a possible avenue
2 of treatment, if somebody has determined that that's
3 what's causing the pain?

4 A Absolutely.

5 MR. LEE: I don't think I have anything
6 else.

7

8 FURTHER EXAMINATION

9 BY MR. SCHNEIDER: Q Have you read any of the
10 films, radiological films, examined them?

11 A Other than the written reports, no.

12 Q That was my question. You haven't seen the actual
13 films?

14 A That's correct.

15 Q And you have reviewed the MRI radiological report
16 and CT, myelogram, nerve conduction. Is there any
17 evidence on any of these studies that there is a
18 misalignment of the coccyx?

19 A No.

20 Q Okay. I guess the question would be, would any of
21 those things actually indicate a misalignment of it?

22 A I believe the MRI would.

23 Q But how about the CT scan or the myelogram?

24 A I don't know.

25 MR. LEE: Okay.

1 MR. SCHNEIDER: Before we wrap it up, can I take a
2 look at what you have there? I just want to see if I
3 recognize everything.

4 MR. LEE: Are we done?

5 MR. SCHNEIDER: Off the record.

6

7 (Discussion off the record.)

8

9 MR. SCHNEIDER: Back on the record.

10 Q Doctor, I have looked through your file and it
11 looks like the copy I have subpoenaed is an accurate
12 copy of everything you have there. I would just ask you
13 to -- at the time of trial, if you could please make
14 your original records available at that time, whatever
15 time you may testify, and possibly -- would that be
16 okay?

17 A Yes.

18 MR. SCHNEIDER: Let's go off the record and do
19 this.

20

21 (Discussion off the record.)

22

23 MR. SCHNEIDER: I'm finished.

24

25

1 (Whereupon the deposition of MARTIN L. RAMIREZ, M.D.
2 concluded at 11:53 a.m.)

3
4 (Defendant's Exhibit A was marked for
5 identification.)

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10

11 I have read the foregoing transcript, and I
12 declare under penalty of perjury the testimony therein
13 to be true and correct.

14 Executed this _____ day of _____, 200__,
15 at _____, California.

16
17
18

19 _____
20 MARTIN L. RAMIREZ, M.D.

21
22
23
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25

1

2 STATE OF CALIFORNIA)
3 COUNTY OF ALAMEDA) ss.

4

5 I, DANA L. BELLOLI, do hereby certify that I am a
6 licensed Certified Shorthand Reporter, duly qualified
7 and certified as such by the State of California;

8 That prior to being examined, the witness named in
9 the foregoing deposition was by me duly sworn to testify
10 to the truth, the whole truth, and nothing but the
11 truth;

12 That the said deposition was by me recorded
13 stenographically at the time and place herein mentioned;
14 and the foregoing pages constitute a full, true,
15 complete and correct record of the testimony given by
16 the said witness;

17 That I am a disinterested person, not being in any
18 way interested in the outcome of said action, or
19 connected with, nor related to any of the parties in
20 said action, or to their respective counsel, in any
21 manner whatsoever.

22 DATED: February 19, 2006

23

24

Certified Shorthand Reporter

25

