

Ebisu Deposition Summaries

Sample Deposition Summary—Customized Information

The attached document is a sample deposition summary for a personal injury case. The deponent is a treating physician.

The original deposition was 32 pages long. We reduced it to 3 ½ pages of precisely the information relevant to our client's needs.

We customize all summaries for your particular needs. This client selects specific areas of information he wants us to capture, and the summary reflects that. For pages, or page ranges, that do not contain information of interest to the client, we briefly describe their contents.

All names have been changed to protect confidentiality.

Deposition Summary

YOSEFA D. WONG

vs.

HUDAK PETROLEUM; GREG BAKKER; DOES

deposition of

DR. MARTIN RAMIREZ

2/19/06

Plaintiff's Atty: Efrim Lee, Law Offices of William L. Berg & Assoc.

Defense Atty: Paul Schneider, Mota & Schneider, LLP

Page	Summary
3-5	<i>Ramirez' address, trial date, Ramirez' CV, whether he remembers Wong, whether he reviewed her file, his previous litigation history</i>
6	Ramirez' history with Wong Starting 1993 or 1994 he has treated Wong for a variety of conditions.
7	The accident Accident was 11/6/00, auto vs. pedestrian. Problems related to accident Ramirez treated Wong for problems related to the accident: Lumbar pain & right leg sciatica. Subjective complaints: Lumbosacral pain, right leg intermittent numbness.
8-9	Studies 11/6/00 Wong had x-rays at the hospital. 1/8/01 MRI: radiologist's report shows marked increase signal intensity in the distal sacrum and in the coccygeal segment, consistent with bony bruising and edema within the marrow. This indicates a bruise to the sacrum.
9	Last visit 11/14/01 11/14/01 was Ramirez' last visit with Wong.
9-11	Studies Nerve conduction study report shows no sign of entrapment neuropathy, peripheral neuropathy, or radiculopathy. 11/1/01 lumbar myelogram report shows normal. 11/1/01 lumbar CT scan report shows negative exam, with incidental note of a very tiny lipoma within spinal canal, no other findings. Ramirez not aware of any other related studies.
11-12	2/8/01 visit 2/8/01 was first visit after accident. He doesn't know whether she was referred by Dr. Lyons. Subjective complaints: peri-lumbar pain, sacral pain. Ramirez did exam. Objective findings: Point tenderness to the lower thoracic, lumbar, and sacral regions, mainly in the peri-spinal musculature. He prescribed formal PT, anti-inflammatory such as Clinoril or Vioxx, and muscle relaxant such as Soma.

- 12-14 Ramirez' opinion of Lyons' recommendations**
1/12/01 notes by Lyons: Ramirez can't read what Lyons wrote about the MRI results. Lyons' treatment options include inflatable donut. Ramirez might recommend inflatable donut and hot baths if it was purely the sacral tip at the coccyx.
- 14 3/7/01 visit**
3/7/01 office visit. MRI was negative except for possible bruise. Ramirez referred her to Dr. Emery for surgical consult.
- 14-15 Dr. Emery's consult**
Emery examined Wong. He reported that she did not have radiculopathy. He didn't consider her a surgical candidate now or probably in future. He suggested treating with a physiatrist.
- 15 Wong's follow-up care**
Ramirez doesn't know whether Wong followed up with the inflatable donut or hot baths. He doesn't know whether she went to PT, but his note of 8/20/01 implies that she didn't.
- 8/20/01 visit**
8/20/01 was his next visit with Wong after March 2001.
- Wong inconsistent with meds**
As of March 2001 Wong was inconsistent in taking her medications.
- 16 Referrals to neurosurgeon, physiatrist**
3/12/01 Wong had an appointment with a neurosurgeon. As of Ramirez' 8/20/01 visit with Wong he planned to refer her to a physiatrist.
- 16 Subjective complaints didn't change**
Wong's subjective complaints didn't change significantly between March and August.
- 16-18 9/7/01 visit**
9/7/01 was the next visit with Wong. Visit notes: Status post surgery for sleep apnea. Dysuria frequency with nephrolithiasis. She has 3 stones in her possession—he plans to send them to lab. Abdomen soft with positive bowel sounds. No CV tenderness or bladder discomfort. She has UTI on UA. Plan: Bactrim 10-day course. Stone analysis. IVP, followed by nephrology follow-up. He planned to give her a note stating she was unable to attend legal proceedings for one month because of her medical condition. No mention of back problems.
- 18 Ramirez no longer Wong's PCP**
Ramirez was Wong's primary care physician at the time but doesn't think he is now.
- 11/14/01 last visit**
11/14/01 was his last visit with Wong. Complaints: Back pain, ongoing facet joint injections, ongoing nephrolithiasis.

- 18-19 Facet joint injections, Dr. Rhoades**
Ramirez didn't initiate the facet joint injections. He thinks Dr. Rhoades did. He hasn't communicated with Rhoades and doesn't know anything about Rhoades' treatment of Wong.
- 19-20 No information about PT**
11/11/01 notes (but apparently means 11/14/01): Referral needed to PT, still with low back pain. He doesn't know whether he did refer her for PT again, or whether she did any.
- 20 Sjogren's syndrome**
He thinks Wong was diagnosed with Sjogren's syndrome.
- 20-22 Causation*
- 22 Prognosis**
Prognosis for lumbar pain and right leg sciatica depends on severity, degree, and patient profile. In general, lumbar and sacral pain improve.
- No evidence of nerve root impingement**
Studies show no evidence of nerve root impingement in Wong's spine.
- 22-23 Bruise to sacrum is source of pain**
The source of Wong's lumbar pain is a bruise to the sacrum.
- 23 Recovery time**
It normally takes 3-9 months to recover from a bruise to the sacrum.
- Treatment for bruise to sacrum**
Ramirez would recommend first insuring there was no other mechanical problem, through more tests, referral to appropriate consultants, surgeons, and physiatrists, and facet joints. Then treat the bruise to the sacrum with anti-inflammatories and pain medications. PT may or may not help.
- 23-24 Causation*
- 24 Wong's depression**
Wong has a history of depression.
- Causation*
- 24-25 Chiropractic treatment**
The chiropractic treatment Wong underwent was minimally helpful, if at all. It was probably not medically necessary.
- 25 Ramirez' billing for treatment, any previous back pain*
- 25-26 PT**
He doesn't know whether she went to PT.

26-27 *General questions about whether chiropractic can be helpful*

27 **8/20/01 referral to Rhoades**
8/20/01 Ramirez referred Wong to Rhoades.

27-31 **Possibility of misaligned coccyx**
It may be possible, in an automobile vs. pedestrian accident, for the coccyx to re-heal in a misaligned position. If there were an injury to the coccyx, removing the coccyx could be a reasonable treatment to relieve her pain. However, Ramirez would be surprised if there were something abnormal in the sacrum or coccyx and it wasn't noted by the radiologist. Reports of studies Ramirez has seen did not indicate a misalignment of the coccyx. The MRI would show a misalignment of the coccyx. He doesn't know whether the CT scan or myelogram would.

32-33 *Conclusion of depo*