SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS OPERATIONS

Any Client	)	
SSN: 111-11-1111	)	**DECLARATION OF BEST DOCTOREVER, M.D.**
	)	
Claimant,	)	
_____	)	

I am board certified in internal medicine.

My declaration is provided on a more probable than not basis, to a reasonable degree of medical certainty, based upon my objective findings and clinical observations.

I treat Mr. Client for lumbar degenerative disk disease, foraminal stenosis, facet hypertrophy, radiculopathy, and meralgia paresthethica which is permanent nerve damage.

I regularly treat individuals with these diagnoses.

I have read a copy of the Social Security Administration's Listing of Impairments – Listing 1.04, Disorders of the spine. In my opinion, Mr. Client's lumbar condition satisfies the criteria of listing 1.04 from May 2012 through the present.

Mr. Client underwent a L3-4 fusion in April 2011. A year later in May 2012, he had a lumbar CT myelogram and bone scan showing disc bulges at the L3-4, L4-5, and L5-S1; arthritis; moderate to severe canal stenosis; facet hypertrophy; facet arthropathy; and a possible incomplete fusion. In November 2012, he had an EMG and SEP testing showing bilateral multilevel impaired nerve conduction to the lower limbs. He had 2013 and 2014 lumbar MRIs showing L2-3, L4-5, and L5-S1 bulges; degenerative disk disease; facet arthropathy; foraminal narrowing likely resulting in a transfer lesion; and encroachment on the L5 nerve roots. He had another SEP test in 2015 showing very similar findings compared to the 2012 SEP test – he had radiculopathy and meralgia paresthethica. In 2017, he had EMG testing showing polyneuropathy and left L5 radiculopathy. Given four abnormal EMG and/or SEP tests from 2012 to 2017, my opinion is that his nerve damage is permanent in nature. His latest lumbar MRI in September 2018 shows disc bulges at the L2-3, L4-5, and L5-S1; degenerative disk disease; facet arthropathy; and foraminal stenosis.

From 2015 to now, his clinical exams reflect he has pain, limited range of motion of the lumbar spine, muscle weakness, sensory loss, and radiculopathy in the bilateral lower limbs.

Mr. Client's degenerative disk disease, disc bulges, facet arthropathy, and foraminal stenosis have resulted in bone on bone contact of the lumbar vertebrae and facet joints. Healthy joint surfaces are smooth, and diseased joints are not. When Mr. Client sits, stands, or walks, he

is putting weight and pressure on his diseased lumbar spine, and because he has bone on bone contact, that pressure causes friction and pain.

Foraminal stenosis is the condition where the spinal canal or the foramina becomes narrowed and causes compression of the spinal cord or nerves. Nerves extend from the spinal cord and pass though the spinal canal and exit the canal through small openings called foramina. Because there is compression on the cord or nerves, patients typically suffer low back pain and pain and/or numbness into the legs as Mr. Client has.

Polyneuropathy and radiculopathy are damage of nerves and nerve function that result from compression – like in the case of stenosis. When Mr. Client sits, stands, or walks, he puts pressure on his spine. Because he has stenosis, this pressure on his spine compresses his nerves causing back pain and radiculopathy. Damage can be permanent and chronic and cause neuropathy such as is the case with Mr. Client.

The medications I am prescribing are Kadian and Oxycodone. Kadian is for long-term pain relief and the Oxycodone is for short-term pain relief. He is prescribed high doses of pain medications, and he is being prescribed these medications because his pain is severe. These dosages are necessary to help alleviate some of his pain. He has always been compliant with the pain medication regimen. Despite his medication regimen, he still has significant pain. I do not want to give him more pain meds because of side effects.

In an attempt to alleviate his pain without increasing his pain medications, he has been prescribed nerve root injections, exercise, and physical therapy all of which have provided temporarily relief. He has also been prescribed a TENS unit which he uses regularly, and it does provide some pain relief.

Mr. Client has had a surgery. I do not think another surgery will benefit him. I do not believe the nerve damage and pain he suffers from can be remedied with another surgery. For now we will have to continue with pain medications. His pain therapy and exercising are really important. A lot of patients don't take that initiative to do that. I have asked that he walk and swim. At this point, there's nothing else we can do to him.

My chart notes do not reflect detailed clinical examinations of Mr. Client's spinal condition primarily because his condition is permanent in nature. We have little medical science to offer Mr. Client at this point. His 2012 lumbar fusion failed, he has significant lumbar degenerative disk disease, foraminal stenosis, facet hypertrophy, and radiculopathy. For these reasons I am primarily managing his pain. Clinical testing has been done by me and other physicians who have treated him in the past. His clinical findings are known to me. His objective findings by way of testing are known to me. At this point, I have good understanding of Mr. Client's condition and symptoms, and I do not feel clinical testing is necessary to diagnose or treat Mr. Client. If his symptoms change, then clinical testing could be relevant. But I think in the current setting, clinical testing doesn't help me make any decisions about his treatment.

He has reported to me on many occasions that he has to lie down in the day for three to six hours and use a zero gravity chair to alleviate pressure or pain in the back and legs. I think those reports are reasonable. Sitting, standing, or walking puts pressure on the lower spine and the lower back muscles as one uses the spine to support oneself. Lying down or using a zero gravity chair provides him an opportunity to relieve pressure on the back so that he is not using his back to support his entire body.

I find Mr. Client credible. I have had no reason to doubt what he reports to me about his medical condition, symptoms, activities, or any other matter. Specifically, Mr. Client has had negative Waddell signs. A Waddell sign is a test give to back pain suffers to determine whether there is a non-organic or psychological aspect to his symptoms of back pain. Because he did not report pain in response to these tests which indicate he was not exaggerating his symptoms.

Pursuant to 28 U.S.C. 1746, I declare and state under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Best Doctorever, M.D. ANytime, Date

Best Doctorever, M.D. Date