

# **Best Lawyerrepresentativeever, Esq.**

**ATTORNEY AT LAW**

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Best Doctorever, M.D.  
3434 1st Avenue, Suite 500  
Anytown, USA 56565

RE: Any Client – SSN: 111-11-1111

Dear Doctorever,

It was nice to speak to you the other day. Please find enclosed the Interrogatories of which we spoke. If you have any questions, please call me.

Sincerely,

Best Lawyerrepresentativeever, Esq.

**OFFICE OF HEARING OPERATIONS  
SOCIAL SECURITY ADMINISTRATION**

<b>Any Client</b>	)	
<b>SSN: 111-11-1111</b>	)	<b>DECLARATION OF BEST DOCTOREVER, M.D.</b>
	)	
<b>Claimant,</b>	)	
_____	)	

What are your professional qualifications?

What is your area of medical specialty?

Are you board certified? If yes, in what areas?

How long have you treated Mr. Client?

You have frequently written in your treatment notes that Mr. Client has presents with normal reflexes, normal strength, and some atrophy. You wrote in one of your treatment notes, "While the patient did have loss of motion of the spine as well as occasional sensory deficits and occasional positive straight leg raising, he has not had persistent evidence of sensory, reflex, or strength deficits. He also presents on exam with normal reflexes, motor strength and no signs of atrophy." Are your opinions inconsistent with lumbar nerve root compromise or compression? Isn't it true that the absence of muscle weakness, atrophy, and abnormal reflexes is in not indicative of whether Mr. Client's nerve root is being compressed and irrelevant as to whether he is experiencing severe pain?

Isn't it true that Mr. Client's MRI, EMG and SEP testing clearly establish he has nerve root compromise and compression?

Do the findings of Mr. Client's lumbar x-rays detract from your opinion that he has nerve root compromise and compression?

Isn't it true x-rays cannot show whether a Mr. Client has nerve compromise or compression as an x-ray only shows the bone, the space where the disc is, and if there is any hardware placement, and therefore his x-rays are irrelevant to assess whether he has nerve root compromise and compression?

Do the findings of Mr. Client's 2015 lumbar CT scans detract from your opinion that he has nerve root compromise and compression?

Isn't it true that a CT scan is not as good as an MRI in evaluating Mr. Client's back condition because it is not as accurate or reliable in assessing whether a he has nerve root compromise or damage?

Mr. Client's 2016 lumbar MRI shows a stable fusion and hardware and only mild foramina narrowing detract from your opinion that Mr. Client has nerve root compromise and compression?

Isn't it true that the 2016 lumbar MRI's findings have nothing to do with whether Mr. Client has nerve root compromise and compression because although it shows that he has L2-3 and 4-5 disc bulges and deterioration as a result of the abnormal stresses placed on the discs above and below the his L3-4 fusion, the MRI did not look for or assess whether there was scar tissue, or arachnoiditis that compromised or compressed the nerve root?

Mr. Client has taken two trips to Hawaii with his wife, he walks for exercise, he occasionally swims for physical therapy, and he can help his wife cook and clean around his home. Do these facts change affect your opinion that Mr. Client is not capable of light work which is defined as standing and/or walking six hours out of an eight hour day, lifting and handling 20 pounds frequently and 10 pounds occasionally five days per week, 50 weeks per year?

Isn't it true that you asked Mr. Client to walk and swim?

Isn't it true that walking and swimming is the best way for a patient to strengthen core muscles without putting significant stress on the body?

Isn't it true that swimming and walking helps Mr. Client keep his weight down and stay active?

Isn't it true that occasional household chores and sitting on an airplane wherein he can get up and move around when he needs to and walk or stretch is not inconsistent with the ability to do light work?

You have frequently written in your treatment notes that Mr. Client abuses alcohol. Isn't it true that Mr. Client's alcohol is not a basis for Mr. Client's lumbar condition?

Isn't it also true that Mr. Client's lumbar condition would not change if he were sober?

You wrote in one of your treatment notes that Mr. Client would "Struggle to complete a full workday." Please explain what you meant, or what limitations he would have trying to complete a full workday.

You have prescribed many pain medications to Mr. Client including: acetaminophen, ibuprofen, hydrocodone, oxycodone, methadone, morphine, and fentanyl patches. You have also prescribed a variety of anti-inflammatories. Isn't it true that you have prescribed such a variety of medications because you have been unable to control Mr. Client's pain?

In your latest treatment note, you wrote that another lumbar MRI is needed. Please explain why?

Do you find Mr. Client credible regarding his symptoms?

What is Mr. Client's prognosis?