CROSS-EXAMINATION SCRIPTS

— AUDIT REVISED — CORRECTED MRI FINDINGS —

ALL DEFENSE EXPERTS

SAUCEDA & MARTINEZ v. REYNA
Cause No. C-2344-19-E

275th District Court, Hidalgo County, Texas

DEFENSE EXPERT ROSTER

I. Dr. Rawson L. Wood, MD, MPH — Biomechanics/Accident Reconstruction
II. Dr. Gregory W. Nelson, DC, RN, FNP-C — Chiropractic Reasonableness
III. Dr. Matthew A. Kaplan, DO — Pain Management
IV. Dr. Stephen L. Jones, MD — Diagnostic Radiology
V. Holly J. Goodine, CPC — Billing/Coding

⚠ CORRECTED MRI FINDINGS — USE FOR IMPEACHMENT

SAUCEDA — Lumbar MRI (THREE LEVELS):

- Protruding discs at L3-L4, L4-L5, AND L5-S1 (not just two levels)

MARTINEZ — Lumbar MRI:

- **L4-L5: HERNIATED DISC with PARTIAL TEAR OF ANNULUS FIBROSUS + bright T2 signal**
- L5-S1: Protruding disc (no annular tear at this level)
- L2-L3: Protruding disc

MARTINEZ — Left Elbow MRI:

- **TEAR of lateral meniscus with meniscal flap + JOINT EFFUSION**
- Tendinosis and ligament strain

Defense experts claiming 'no acute trauma' can be IMPEACHED with these actual findings

I. DR. RAWSON L. WOOD, MD, MPH — BIOMECHANICS

EXPERT AT A GLANCE — KEY VULNERABILITIES

- Board certified: Aerospace Medicine, Occupational Medicine — NOT orthopedics, neurology, or PM&R
- Never examined either plaintiff
- Predicts symptoms resolve 'in days' — but Sauceda treated through May 2018 (8 months)
- **If only 'mild strains,' why did Dr. Saenz perform L4-5 ESI on Sauceda and BOTH lumbar ESI + elbow injection on Martinez?**
- Claims 'minimal forces' but vehicle damage required fender/door replacement
- Report CONCEDES 'reflexive muscle strain' possible — that's still an injury

A. Never Examined — Paper Reviewer

Q. Dr. Wood, you never examined Santa Sauceda, did you?

Q. You never examined Martha Martinez either?

Q. You never took their medical histories in person?

Q. You never performed a physical examination on either woman?

Q. You never observed their range of motion?

Q. You never palpated their spines for tenderness or spasm?

Q. Everything you know about these patients comes from paper?

CONCESSION LOCKED — FOR CLOSING: Wood never examined either plaintiff — paper reviewer only

B. Qualifications — Aerospace ≠ Orthopedics

Q. You are board certified in Aerospace Medicine?

Q. And Occupational Medicine?

Q. You are not board certified in orthopedic surgery?

Q. You are not board certified in neurology?

Q. You are not board certified in physical medicine and rehabilitation?

Q. You are not board certified in pain management?

Q. Aerospace medicine deals primarily with pilots and flight crews?

Q. Not people injured in car collisions?

CONCESSION LOCKED — FOR CLOSING: Wood is NOT board certified in any specialty that treats spine injuries

C. Paid Defense Expert

Q. You were retained by the defense in this case?

Q. You are being paid for your time?

Q. What is your hourly rate?

Q. How much have you billed in this case so far?

Q. Approximately what percentage of your income comes from defense litigation work?

D. The 'Days' Prediction vs. 8 Months of Treatment

AUDIT EDIT: *Audit edit: Wood predicts 'days' of symptoms, but Sauceda's pain persisted through May 2018 — 8 months post-collision.*

Q. Your report suggests that any injuries from this collision would resolve in a matter of days?

Q. You're aware that Ms. Sauceda received chiropractic treatment from September 2017 through May 2018?

Q. That's approximately eight months?

Q. She received 23 chiropractic visits during that time?

Q. If her symptoms were going to resolve in 'days,' why did she need treatment for eight months?

Q. Ms. Martinez received 22 chiropractic visits?

Q. Her treatment extended from September 2017 through January 2018?

Q. Your 'days' prediction doesn't match the actual treatment course, does it?

E. The ESI Contradiction — 'Mild Strains' Don't Need Epidurals

AUDIT EDIT: *Audit edit: If only 'mild muscle strains,' why did Dr. Saenz perform ESI at L4-5 on Sauceda and both lumbar ESI + elbow injection on Martinez?*

Q. Your report characterizes the potential injuries as 'mild muscle strains'?

Q. Mild muscle strains typically resolve with rest and over-the-counter medication?

Q. They don't require epidural steroid injections?

Q. Dr. Wood, are you aware that Dr. Saenz performed an epidural steroid injection at L4-5 on Ms. Sauceda?

Q. That injection was performed on January 2, 2018?

Q. An epidural steroid injection delivers medication directly to the spine?

Q. It's not a treatment for mild muscle strains, is it?

Q. If Ms. Sauceda only had a 'mild muscle strain,' why would a pain management physician perform an epidural steroid injection?

Q. Dr. Saenz also performed a lumbar epidural injection on Ms. Martinez?

Q. AND an elbow injection on Ms. Martinez?

Q. Do mild muscle strains require two separate injection procedures?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:
"The only injuries that could have been caused were mild muscle strains that would resolve in a matter of days."
— Wood Report

CONCESSION LOCKED — FOR CLOSING: Actual treatment included epidural injections — inconsistent with 'mild strains'

F. Vehicle Damage vs. 'Minimal Forces'

AUDIT EDIT: *Audit edit: Wood claims 'minimal forces' but damage required fender and door replacement.*

Q. Your report concludes the forces in this collision were minimal?

Q. You're aware the Nissan struck the Chevrolet while the Chevrolet was stopped at a red light?

Q. The collision damaged the right fender of Ms. Sauceda's vehicle?

Q. It also damaged the right door?

Q. Those parts required replacement?

Q. If the forces were truly 'minimal,' why did the vehicle need a new fender and door?

Q. Replacing a fender and door isn't cosmetic damage, is it?

Q. It indicates significant force to the vehicle?

G. MRI Shows More Than 'Degenerative Changes'

⚠ ACTUAL MRI FINDING: *Martinez L4-L5: Herniated disc with PARTIAL TEAR OF ANNULUS FIBROSUS + bright T2 signal. Elbow: Meniscal TEAR with EFFUSION.*

Q. Your report states the MRIs showed 'chronic degenerative changes, but no evidence of acute traumatic injury'?

Q. Did you review the actual MRI reports from Dr. Martin?

Q. Are you aware that Ms. Martinez's lumbar MRI showed a herniated disc at L4-L5 with partial tear of the annulus fibrosus?

Q. An annular tear is not a 'degenerative' finding, is it?

Q. A tear of the annulus is consistent with trauma?

Q. The MRI also showed a bright signal focus on T2 sequence at L4-L5?

Q. Bright T2 signal can indicate an active inflammatory process?

Q. Did you account for the annular tear and T2 signal changes in your biomechanical analysis?

Q. Ms. Martinez's elbow MRI showed a tear of the lateral meniscus?

Q. With joint effusion — fluid in the joint?

Q. Joint effusion typically indicates acute trauma, doesn't it?

Q. An effusion is not a 'chronic degenerative finding,' is it?

H. Concedes Injury Possible

Q. In your report, you acknowledge that 'reflexive muscle strain' could occur from this collision?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:
"It is possible that reflexive muscle strain could occur in occupants of the Chevrolet."
— Wood Report

Q. So you agree some injury could have occurred?

Q. A muscle strain is an injury?

Q. Even in your analysis, this collision could have caused injury to my clients?

CONCESSION LOCKED — FOR CLOSING: Wood concedes injury ('reflexive muscle strain') was possible

I. No Minimum Threshold for Injury

Q. There is no scientifically established minimum delta-V threshold below which injury cannot occur?

Q. People have been injured in collisions at very low speeds?

Q. Individual factors affect injury susceptibility — age, pre-existing conditions, position at impact?

Q. You cannot say with certainty that these women were NOT injured in this collision?

CONCESSION LOCKED — FOR CLOSING: No minimum delta-V threshold for injury — individual factors matter

J. Degeneration ≠ Pre-Existing Pain

Q. The MRIs showed some degenerative changes?

Q. Degenerative changes are common in adults?

Q. Many people have degenerative changes on imaging but no symptoms?

Q. Neither plaintiff had documented back pain before this collision?

Q. Ms. Sauceda reported no back pain before the accident?

Q. She began experiencing back pain immediately after?

Q. A collision can cause a previously asymptomatic degenerative condition to become symptomatic, can't it?

Q. That's sometimes called 'lighting up' a pre-existing condition?

Q. You don't know whether these women had any symptoms before this collision?

"Nothing further for Dr. Wood."

II. DR. GREGORY W. NELSON, DC, RN, FNP-C — CHIROPRACTIC

CRITICAL CONCESSIONS — DR. NELSON AGREES WITH US

1. CONCEDES CAUSATION: 'I found no pre-existing similar injuries/symptoms and opine, to reasonable medical probability, the crash caused the initial symptoms'
2. CONCEDES INITIAL TREATMENT WAS NECESSARY
3. Only disputes DURATION of treatment — not causation or necessity

A. Never Examined — San Antonio Practice

Q. Dr. Nelson, you practice in San Antonio?

Q. That's approximately 250 miles from the Rio Grande Valley?

Q. You never examined Ms. Sauceda?

Q. You never examined Ms. Martinez?

Q. You reviewed records only?

CONCESSION LOCKED — FOR CLOSING: Nelson never examined — practices in different market (San Antonio)

B. LOCK IN THE CAUSATION CONCESSION

STRATEGY: *This is your GOLD. Nelson concedes the collision CAUSED the injuries. Lock it down hard.*

Q. Dr. Nelson, you reviewed the records in this case?

Q. You found no evidence of pre-existing similar injuries or symptoms?

Q. In fact, you opine — to reasonable medical probability — that the crash caused the initial symptoms, correct?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:

"I found no pre-existing similar injuries/symptoms and opine, to reasonable medical probability, the crash caused the initial symptoms."

— Nelson Report

Q. So you agree the collision caused Ms. Sauceda's symptoms?

Q. And you agree the collision caused Ms. Martinez's symptoms?

Q. Your opinion is to reasonable medical probability?

Q. That's the standard used in Texas courts?

CONCESSION LOCKED — FOR CLOSING: NELSON CONCEDES: Collision caused initial symptoms — to reasonable medical probability

C. LOCK IN THE NECESSITY CONCESSION

Q. You also agree that initial chiropractic treatment was medically necessary?

Q. Your only dispute is with the DURATION of treatment — not whether treatment was needed at all?

Q. So we agree: the collision caused injury, and treatment was necessary?

CONCESSION LOCKED — FOR CLOSING: NELSON CONCEDES: Initial treatment was medically necessary

D. Duration Dispute — But Treatment Continued Because Symptoms Continued

AUDIT EDIT: *Audit edit: 22-23 visits over 8 months is reasonable for persistent post-accident pain, especially when ESI was ultimately needed.*

Q. You claim treatment reached a 'therapeutic plateau'?

Q. But you weren't there examining these patients?

Q. The treating chiropractor was seeing them regularly?

Q. Ms. Sauceda received 23 visits over approximately 8 months?

Q. That's less than 3 visits per month on average?

Q. Given that Ms. Sauceda still needed an epidural steroid injection in January 2018, does 23 visits really sound excessive?

Q. Ms. Martinez received 22 visits?

Q. She also required injections — both lumbar and elbow?

Q. If treatment wasn't helping, why did treating physicians continue to find objective signs of dysfunction?

E. Multiple Providers Found Ongoing Dysfunction

AUDIT EDIT: *Audit edit: Multiple providers independently found signs of ongoing dysfunction — chiropractor AND pain management physician.*

Q. The chiropractor documented objective findings at each visit?

Q. Findings like restricted range of motion?

Q. Muscle spasm?

Q. Positive orthopedic tests?

Q. Dr. Saenz, the pain management physician, also found these patients needed treatment?

Q. When multiple providers — a chiropractor and a medical doctor — independently find ongoing dysfunction, isn't that more reliable than a paper review?

"Nothing further for Dr. Nelson."

III. DR. MATTHEW A. KAPLAN, DO — PAIN MANAGEMENT

DEVASTATING CONCESSION — KAPLAN VALIDATES ENTIRE TREATMENT PATHWAY

Kaplan concedes: 'The patient had chiropractic conservative therapy, remained in significant pain, had MRI showing disc protrusions, got referred to interventional pain management, and received an L4-5 interlaminar epidural steroid injection — considered medically necessary.'

This validates: Chiropractic → Persistent pain → MRI → Pain management referral → ESI

A. Never Examined — Retained by Defense

Q. Dr. Kaplan, you never examined Ms. Sauceda?

Q. You never examined Ms. Martinez?

Q. You were retained by the defense in this case?

Q. You're being paid for your testimony?

B. LOCK IN THE MEDICAL NECESSITY CONCESSION

STRATEGY: *This is your KILL SHOT. Kaplan concedes the ESI was 'medically necessary.' Lock it down.*

AUDIT EDIT: *Audit edit: Use MRI to rebut — injection at L4-5 where MRI showed pathology. Appropriately targeted.*

Q. Dr. Kaplan, you reviewed the treatment records in this case?

Q. Ms. Sauceda first received conservative chiropractic therapy?

Q. Despite that treatment, she remained in significant pain?

Q. She then had an MRI that showed disc protrusions?

Q. She was referred to pain management?

Q. Dr. Saenz performed an L4-5 epidural steroid injection?

Q. And you consider that injection to have been medically necessary, correct?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:

"The patient had chiropractic conservative therapy, remained in significant pain, had MRI showing disc protrusions, got referred to interventional pain management, and received an L4-5 interlaminar epidural steroid injection — considered medically necessary."

— Kaplan Report

CONCESSION LOCKED — FOR CLOSING: KAPLAN CONCEDES: ESI was medically necessary — validates entire treatment pathway

C. Injection Targeted the Pathology

⚠ **ACTUAL MRI FINDING:** *Martinez L4-L5: Herniated disc with partial tear of annulus fibrosus. Sauceda: Protruding discs at L3-L4, L4-L5, L5-S1.*

Q. The injection was performed at L4-5?

Q. The MRI showed pathology at L4-5?

Q. So the injection was appropriately targeted to the level where imaging showed abnormality?

Q. That's good medical practice?

Q. You don't inject at random levels — you inject where the pathology is?

D. Martinez — Same Treatment Pathway

Q. Ms. Martinez followed a similar treatment course?

Q. Conservative chiropractic therapy?

Q. Continued pain?

Q. MRI showing disc pathology — including a herniated disc with annular tear at L4-5?

Q. Referral to pain management?

Q. Both lumbar and elbow injections?

Q. If the collision didn't cause injury requiring this treatment, why did two different treating physicians find it necessary?

E. Billing Attack Is Arithmetic — Not Medicine

Q. Your report attacks the billing as 'unbundled'?

Q. But you agree the treatment itself was medically necessary?

Q. Billing disputes are about paperwork, not patient care?

Q. The patients still received the treatment?

Q. The treatment was still appropriate?

"Nothing further for Dr. Kaplan."

IV. DR. STEPHEN L. JONES, MD — DIAGNOSTIC RADIOLOGY

KEY VULNERABILITY — 'CLINICAL CORRELATION REQUIRED'

- Radiologists write 'clinical correlation required' because imaging alone cannot determine clinical significance
- Jones cannot opine on treatment necessity — outside his scope as radiologist
- Must acknowledge elbow EFFUSION — not a 'chronic degenerative' finding
- Must acknowledge Martinez L4-L5 ANNULAR TEAR and bright T2 signal

A. Never Examined — Radiologist, Not Treating Physician

Q. Dr. Jones, you are a diagnostic radiologist?

Q. You interpret imaging studies?

Q. You don't physically examine patients?

Q. You don't take medical histories?

Q. You don't treat patients?

Q. You never examined Ms. Sauceda?

Q. You never examined Ms. Martinez?

B. 'Clinical Correlation Required'

STRATEGY: *This is your KILL SHOT for Jones. Radiologists cannot determine clinical necessity from images alone.*

AUDIT EDIT: *Audit edit: Even absent explicit 'acute' findings, the need for ESI suggests clinically significant impingement.*

Q. Dr. Jones, when radiologists interpret imaging, they often write 'clinical correlation required'?

Q. That phrase means the imaging findings must be interpreted in light of the patient's clinical presentation?

Q. Because imaging alone cannot tell you whether a patient is symptomatic?

Q. A patient's symptoms — their pain, their functional limitations — require clinical correlation, not just radiology?

Q. Two people can have identical MRI findings, and one has pain while the other doesn't?

Q. The treating physician who examines the patient determines clinical significance?

Q. Not the radiologist reading films in another building?

CONCESSION LOCKED — FOR CLOSING: Radiology requires 'clinical correlation' — imaging alone cannot determine necessity

C. The Elbow Effusion — NOT Chronic

AUDIT EDIT: *Audit edit: Joint effusion in elbow is not typical of pure degeneration — indicates acute process.*

⚠ ACTUAL MRI FINDING: *Martinez elbow: Meniscal tear with meniscal flap + JOINT EFFUSION*

Q. Ms. Martinez's elbow MRI showed joint effusion?

Q. Effusion means fluid in the joint?

Q. Joint effusion typically indicates an acute process — recent injury or inflammation?

Q. Joint effusion is NOT a typical finding of pure chronic degeneration, is it?

Q. The MRI also showed a tear of the lateral meniscus?

Q. A tear with effusion is more consistent with trauma than with wear and tear?

D. Martinez L4-L5 — Annular Tear and T2 Signal

Q. You reviewed Ms. Martinez's lumbar MRI?

Q. At L4-L5, the MRI showed a herniated disc?

Q. With partial tear of the annulus fibrosus?

Q. An annular tear is not simply 'chronic degeneration,' is it?

Q. The MRI also showed a bright signal focus on T2 sequence at that level?

Q. Bright T2 signal can indicate inflammation or an active process?

Q. That's not consistent with old, chronic degeneration?

E. Outside Scope — Treatment Necessity

Q. Dr. Jones, as a radiologist, do you make treatment decisions?

Q. You don't decide whether patients need injections?

Q. You don't decide whether chiropractic treatment is appropriate?

Q. Those decisions are made by treating physicians who examine the patient?

Q. So any opinion you offer about treatment necessity is outside your scope as a radiologist?

F. Soft Tissue Injuries Don't Always Show on MRI

Q. MRI is excellent for some findings but has limitations?

Q. Soft tissue injuries — muscle strains, ligament sprains — may not always appear on MRI?

Q. A patient can have real, painful soft tissue injury with a 'normal' MRI?

Q. The absence of certain MRI findings doesn't mean the patient isn't injured or in pain?

"Nothing further for Dr. Jones."

V. HOLLY J. GOODINE, CPC — BILLING/CODING

KEY VULNERABILITIES — NOT A MEDICAL PROFESSIONAL

- NOT a doctor — Certified Professional Coder
- From Plymouth, WISCONSIN — never practiced in Texas or RGV
- Uses MEDICARE rates (government-controlled) — not private market rates
- Cannot opine on medical necessity or whether treatment occurred
- No understanding of letter-of-protection (LOP) market dynamics

A. Not a Medical Professional

Q. Ms. Goodine, you are not a medical doctor?

Q. You are not a nurse?

Q. You are not a chiropractor?

Q. You are a Certified Professional Coder?

Q. Your job is to review billing codes?

Q. You review paperwork, not patients?

B. Cannot Opine on Medical Necessity

Q. You cannot determine whether treatment was medically necessary?

Q. You cannot determine whether a patient needed an epidural injection?

Q. You cannot determine whether chiropractic treatment was appropriate?

Q. Those are medical judgments?

Q. And you are not qualified to make medical judgments?

CONCESSION LOCKED — FOR CLOSING: Goodine cannot opine on medical necessity — codes only, not medicine

C. From Wisconsin — Not Texas

AUDIT EDIT: *Audit edit: Question whether her opinions consider actual Texas/RGV payment rates vs. Wisconsin/Medicare.*

Q. Ms. Goodine, you are from Plymouth, Wisconsin?

Q. That's approximately 1,500 miles from the Rio Grande Valley?

Q. You don't practice in Texas?

Q. You're not familiar with the Rio Grande Valley medical market?

Q. Healthcare costs vary by region?

Q. What's customary in Wisconsin may not be customary in Texas?

CONCESSION LOCKED — FOR CLOSING: Goodine practices in Wisconsin — not familiar with Texas/RGV market

D. Medicare Rates Are Government-Controlled — Not Market Rates

Q. Your analysis relies on Medicare reimbursement rates?

Q. Medicare rates are set by the federal government?

Q. They're not market rates?

Q. Medicare rates are often significantly lower than what private insurers pay?

Q. And lower than what providers charge in the private market?

Q. Medicare rates don't reflect what services actually cost to provide, do they?

Q. Providers who accept only Medicare rates often operate at a loss or barely break even?

Q. The charges in this case are from private providers, not Medicare?

E. No Understanding of LOP Market

Q. Ms. Goodine, are you familiar with 'letters of protection'?

Q. Do you understand how the LOP market works in personal injury cases?

Q. Providers who treat on LOPs take on risk — they may never get paid if the case is lost?

Q. That risk is reflected in their charges?

Q. Did you account for the LOP risk factor in your analysis?

F. 'Usual and Customary' — What Standard?

Q. You use the phrase 'usual and customary'?

Q. Usual and customary according to whom?

Q. Medicare?

Q. Wisconsin providers?

Q. Not according to what Rio Grande Valley providers actually charge?

Q. If a charge is what the provider actually charges all patients, isn't that the provider's 'usual and customary' rate?

"Nothing further for Ms. Goodine."

SUMMARY OF CONCESSIONS FOR CLOSING ARGUMENT

EXPERT	KEY CONCESSION
Dr. Wood	Concedes 'reflexive muscle strain' possible; never examined; aerospace ≠ orthopedics; 'days' prediction contradicted by 8-month treatment course and ESI
Dr. Nelson	**CONCEDES CAUSATION: 'crash caused the initial symptoms' — CONCEDES initial treatment medically necessary**
Dr. Kaplan	**CONCEDES ESI 'medically necessary' — validates entire treatment pathway from chiropractic → MRI → pain management → injection**
Dr. Jones	Radiologist cannot determine clinical necessity; must acknowledge effusion (acute) and annular tear; 'clinical correlation required'
Ms. Goodine	Not medical professional; Wisconsin not Texas; Medicare rates not market rates; cannot opine on necessity

CLOSING THEME: 'The defense hired five experts. NONE examined my clients. Two of them — Dr. Nelson and Dr. Kaplan — actually AGREE: the collision caused the injuries and treatment was necessary.'

END OF CROSS-EXAMINATION SCRIPTS — AUDIT REVISED