

Physicians Medical/Legal Consultants of Texas, LLC

Physicians Helping Attorneys Helping People™
www.pmlctex.com 281-705-6690

Newsletter

November/December 2022

This Month's Question:

Can Fibromyalgia be caused by trauma?

PMLCtex Answer:

We recently had a case of a properly seat-belted 39-year-old woman who was driving on a two-lane county road and was struck on the front driver's side by a drunk driver in a small pickup truck. The airbags did not deploy. This woman initially did not think she was seriously injured but was later diagnosed with a concussion.

The client was immediately taken to a local ER and thought to have soft tissue injuries to her chest and left shoulder along with neck strain. She was treated and released from the ER after having negative x-rays.

The client continued to have chest, neck and left shoulder pain. She was referred to an orthopedic surgeon who did MRI's of her cervical spine and shoulder that were read as normal. The client then was prescribed physical therapy which did not help her pain and actually aggravated her symptoms.

On return to her orthopedic surgeon after PT, the doctor expressed concern because of the client's persistent pain symptoms that should have been resolving by this time. Due to continued symptoms a three-phase bone scan was done. The scan was negative but did show some increased activity in her clavicle and anterior shoulder along with increased activity in her left upper chest where the client had continued pain and tenderness.

The client's symptoms continued and she developed other areas of pain and tenderness. A second orthopedist was seen after several months and again no specific diagnosis was made so the client referred to a rheumatologist who diagnosed fibromyalgia possibly related to her auto crash. The rheumatologist also

noted possible post-concussion symptoms. The client continues to be followed by the rheumatologist and a neurologist.

In addition, the client is missing more & more time at work and has significant changes in her activities of daily living and with family interactions due to muscle pain and fatigue. She also developed pain under her left breast that resulted in a positive thermography test but with no evidence of an underlying cancer. After almost a year post auto crash the client has had no improvement in symptoms. She is likely to have lifelong symptoms and was given a delayed diagnosis of Fibromyalgia as no direct link was initially made between the auto crash and her symptoms. However, on closer examination, there is a direct link.

Fibromyalgia is now recognized as a disease but is still poorly understood. The exact trigger for the disease is not clear but trauma has been reported to precede its development. We have clues in this case that with her traumatic injury there was enough inflammation developing to be picked up with the increased flow of blood in the bone scan and the increased heat seen in the thermography. The client had negative CT's and MRI's because there was no structural damage to be visualized.

With traumatic injury there are events that occur at the micro-cellular level that are thought to change the interactions at nerve endings leading to increased sensitivity to signals, including pain signals.

With Fibromyalgia there is a dysregulation of pain processing and this dysregulation has been shown throughout the nervous system. Central nervous system sensitization is often considered the main mechanism involved where there is an increased response to stimulation mediated by central nervous system signaling. This client demonstrated early on in physical exam when first seeing the orthopedist that she was very tender with just light touch (allodynia defined as pain where it is not usually present).

New functional neuroimaging studies have shown that various areas of the brain are involved in this whole complex process. The medical literature indicates that this whole process is activated by an inflammatory response at the cellular level as in response to, for example, traumatic injury in an auto crash.

Let Us Know How We Can Help You

We Offer:

- Review of case validity and value
- Comprehensive Medical Summary Reports
- Help with strategies to promote medical theories
- IME Observation and Rebuttal Reports
- Liaison to treating doctors

- Opinions about causation of injuries
- Interpretation of meaning, or lack thereof, of medical reports & records
- Deposition assistance and/or preparation of questions for expert witnesses
- Referral to appropriate expert medical witnesses
- Medical research
- Facilitation of communication with clients, families, professionals and service & governmental agencies
- Medical Case Coordination

We have purposefully **kept our fees at a fraction of typical expert witness fees** allowing you to have us review cases at the outset of your representation while controlling your expenses. In the past month your colleagues have repeatedly asked us to frame medical issues in their PI cases so medical theories can be easily organized and presented.

Contact Us

dps@pmlctex.com 281-705-6690

P.S. ---Please pass this Newsletter along to your colleagues if you found it helpful.