1 2 3 4 5 6	IN THE SUPREME COURT OF THE STATE OF NEVADA RAYMOND RIAD KHOURY; APPELLANT, VS. MARGARET SEASTRAND, RESPONDENT. Case Nos. 64702 65007 65172 (Electroticitateal) y File Feb 13 2015 09:2 Tracie K. Lindem Clerk of Supreme	3 a.m. an
7 8 9	Appeal from the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, The Honorable Jerry Wiese, District Court Judge, District Court Case No. A-11-636515-C	
10 11 12	RESPONDENT'S APPENDIX	
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16 17		
18 19 20		
21 22 23	Benjamin P. Cloward, Esq. Nevada State Bar No. 11087 Alison Brasier, Esq. Nevada State Bar No. 10522	
24 25 26	RICHARD HARRIS LAW FIRM 801 South Fourth Street Las Vegas, Nevada 89101 Telephone: (702) 444-4444 Facsimile; (702) 444-4455	
27 28	Email: Benjamin@RichardHarrisLaw.com Attorneys for Respondent, Margaret Seastrand	
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RICHARD HARRIS LAW FIRM 801 S. Fourth Street Los Yegns, NY 89181. (702) 444-4444



1 RICHARD A. HARRIS, ESQ. 2 Nevada State Bar No. 505 3 JOSHUA R. HARRIS, ESO. Nevada Bar No. 9580 4 **RICHARD HARRIS LAW FIRM 801 South Fourth Street** 5 Las Vegas, Nevada 89101 Phone (702),444-4444 6 (702) 444-4455 Fax 7 Attorneys for Plaintiff 8 **DISTRICT COURT** :9 CLARK COUNTY, NEVADA 10 MARGARET G. SEASTRAND CASE NO. A-11-636515-C DEPT NØ .: XXX 11 Plaintiff, FIRM RICHARD HARRIS 12 13 RAYMOND RIAD KHOURY, DOES 1 through 10; and ROE ENTITIES 11 through 20, L.A.W 14 inclusive, 15 Defendants. 16 PLAINTIFF'S RESPONSE TO INTERROGATORIES 17 COMES NOW, Plaintiff, MARGARET G. SEASTRAND, by and through her attorneys, THE 18 19 RICHARD HARRIS LAW FIRM, hereby response to the following interrogatories. 20 **INTERROGATORY/NO. 1:** Provide your full name and home address, date of 21 birth, and social security number. 22 **RESPONSE:** 23 Margaret Seastrand 24 6440 Spanish Garden Court 25 Las Vegas, Nevada 89110 December 27, 1961 26 27 28 1 pages 2-26 Stricken per order filed 5115115 002

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	2	INTERROGATORY NO. 2: If you have ever been convicted of a felony, state the						
	3	charge of which you were convicted, courts in which you pled guilty, the court and case number, and						
	4	the nature of length of any prison term.						
	5	RESPONSE: Plaintiff has not been convicted of a felony.						
	6	INTERROGATORY NO. 3 : If you have been a party to a civil lawsuit, for each						
	7							
	8	such lawsuit, state your party status, the names of all adverse parties, the court where the action was						
	9	commenced, the nature of relief sought, and the outcome If you have ever filed a claim for personal						
	10 11	injuries, identify the adverse person or entity, the name and address of any insurance carrier, the						
10.3		insurance claim number, and the outcome.						
RICHARD HARRIS	13	RESPONSE: Plaintiff made a claim for personal injuries approximately 25 years						
HA	14	ago as a result of a motor vehicle accident. Plaintiff does not recall details of that claim.						
RD.	15							
CHA	16	Party Information : Hollywood Kids Academy v. Western Heritage Insurance and						
R	17	Court : Court Garret Boylan, et al.						
	18	upon receipt.						
	19	Nature of Litigation :/ Insurance Bad Faith Outcome / Pending.						
	20	INTERROGATORY NO. 4 : State exactly and in detail your version of how this						
	21	accident occurred.						
	22							
	23							
	· _	van and was stopped in the far right eastbound lane of Craig Road at the intersection with						
	25 26	Rancho Drive, in Las Vegas, Nevada. Defendant was operating a 2007 Infinity SUV in the far						
	27	right eastbound lane of Craig Road directly behind Plaintiff. Defendant failed to decrease the						
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speed of his SUV as he approached the rear of Plaintiff's vehicle, thereby causing a collision. 2 Э The front of Defendant's SUV struck the rear of Plaintiff's van.

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RESPONSE:

4 **INTERROGATORY NO. 5:** Set forth the facts upon which you contend that the 5 accident was caused by any negligent conduct on the part of this Defendant, and the facts upon which 6 you contend that this accident was caused by the negligent conduct on the part of any other party to 7 this lawsuit. 8

See Plaintiff's response to Interrogatory No. 4. 10 INTERROGATORY NO. 6: As to each investigation conducted concerning this 11 accident, set forth the name, address and occupation of the person or organization conducting the 12 investigation, the basis of the investigation, whether anybody has conducted an interview of any party 13 or of its agents or employees related to the event in question, whether anybody has conducted an 14 15 interview of any witness to the event in question, and the location of any and all written reports made 16 concerning the investigation.

Officer/T. Conn of Las Vegas Metropolitan Police Department was **RESPONSE:** 18 called to the scene of the accident. Please refer to the State of Nevada Traffic Accident Report 19 disclosed by Plaintiff at the Early Case Conference. 20

21 INTERROGATORY NO. 7: Provide the name and address of each and every 22 expert witness whom you reserve the right to call at trial of this action and who has expressed an 23 opinion upon any issue related to this action, including the subject matter and field in which the expert 24 is qualified and will render an opinion in this matter, a summary of the grounds for each and every one 25 of the expert's opinions, all facts and opinions which each and every expert has formulated with 26 respect to this matter, whether each expert has made a personal investigation or examination of 27 28

anything related to this matter, whether each expert has made a personal investigation or examination
of anything related to this matter, each and every item each expert has reviewed, the date and location
of each written expert report, and each expert's specific general, educational, and professional
credentials (a copy of each expert's most recent curriculum vitae may be provided in lieu of a written
summary of that expert's credentials).

RESPONSE: Plaintiff has not determined each and every expert she will call at
 the time of trial. However, Plaintiff anticipates she will call the medical experts listed below.
 Plaintiff will supplement this list as additional information becomes available during discovery.

Mark Ferdowsian, D.O. Mountain View Hospital 3100 North Tenaya Way Las Vegas, Nevada 89128

15 Dr. Ferdowsian was Plaintiff's emergency room doctor following the accident. He is expected to provide testimony regarding, but not necessarily limited to, his review of Plaintiff's 16 medical records; his examination of Plaintiff; his opmion that Plaintiff's past medical care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's need for future 17 care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. 18 Ferdowsian is also expected to provide opinions regarding the causation of Plaintiff's injuries; 19 and he is also expected to opine that the need for Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. He is further expected to provide 20 opinions that the costs of Plaintiff's past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. Ferdowsian's opinions are expected 21 to include, but are not necessarily expected to be limited to, his education, training and 22 experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have 23 been performed on Plaintiff/ 24

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David P. Gorczyca, M.D. Lindsey C. Blake, M.D. Radiology Specialist, Ltd. 4101 Wagon Trail Las Vegas, Nevada 89118

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5 Dr. Gorczyca and Dr. Blake are Plaintiff's treating physicians and specialize in Radiology. They are expected to provide testimony regarding, but not necessarily limited to, 6 their review of Plaintiff's medical records; their examination of Plainziff; their opinion that 7 Plaintiff's past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiff's need for future care and/or treatment is reasonable and necessary, including the 8 reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other 9 medical providers. Dr. Gorczyca and Dr. Blake are also expected to provide opinions regarding the causation of Plaintiff's injuries; and they are also expected to opine that the need for 10 Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiff's past, and 11 expected future medical treatment, is reasonable and customary for Clark County Nevada. The 12 bases for Dr. Gorczyca and Dr. Blake's opinions are expected to include, but are not necessarily expected to be limited to, their education, training and experience, the nature of the trauma 13 Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 14

Govind Koka, D.O. Primary Care Consultants 9975 South Eastern Avenue, Suite 110 Las Vegas, Nevada 89183

18 Dr. Koka is Plaintiff's treating physician. He is expected to provide testimony regarding, but not necessarily limited to, his review of Plaintiff's medical records; his examination of 19 Plaintiff; his opinion that Plaintiff's past medical care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's need for future care and/or treatment is reasonable 20 and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Koka is also expected to provide opinions 21 regarding the causation of Plaintiff's injuries; and he is also expected to opine that the need for 22 Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. He is further expected to provide opinions that the costs of Plaintiff's past, and expected 23 inture medical treatment, is reasonable and customary for Clark County Nevada. The bases for 24 [Dr. Koka's opinions are expected to include, but are not necessarily expected to be limited to, his education, training and experience, the nature of the trauma Plaintiff was subjected to 25 because of Defendant's/negligence; Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 26

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William W. Orrison, M.D. Keith Lewis, M.D. Nevada Imaging Centers 715 Mall Ring Circle, Suite 100 Henderson, Nevada 89014

Dr. Orrison and Dr. Lewis are Plaintiff's treating physicians and specialize in Radiology. They are expected to provide testimony regarding, but not necessarily limited to, their review 6 of Plaintiff's medical records; their examination of Plaintiff; their opinion that Plaintiff's past 7 medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiff's need for future care and/or treatment is reasonable and necessary, including the reasonableness 8 and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Orrison and Dr. Lewis are also expected to provide opinions pegarding the causation of 9 Plaintiff's injuries; and they are also expected to opine that the need for Plaintiff's past and 10 future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiff's past, and expected future 11 medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. 12 Orrison and Dr. Lewis' opinions are expected to include, but are not necessarily expected to be imited to, their education, training and experience, the nature of the trauma Plaintiff was 13 subjected to because of Defendant's negligence, Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 14

Marjorie E. Belsky, M.D.

3111 South Maryland Parkway, Suite 200/

Las Vegas, Nevada 89109

Dr. Belsky is Board Certified in Pain Management and Anesthesiology. She is expected 18 to provide testimony regarding, but not necessarily limited to, her review of Plaintiff's medical records; her examination of Plaintiff; her opinion that Plaintiff's past medical care and/or 19 treatment was reasonable and necessary; and her opinion that Plaintiff's need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of 20 treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Belsky is 21 also expected to provide opinions regarding the causation of Plaintiff's injuries; and she is also expected to opine that the need for Plaintiff's past and future medical treatment was caused by 22 the incident as is at issue in this matter. She is further expected to provide opinions that the costs of Plaintiff's past, and expected future medical treatment, is reasonable and customary for 23 Clark County Nevada. The bases for Dr. Belsky's opinions are expected to include, but are not necessarily expected to be limited to, her education, training and experience, the nature of the 24 trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; 25 Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff.

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Mario Tarquino, M.D. 3111 South Maryland Parkway, Suite 200 Las Vegas, Nevada 89109

4 Dr. Tarquino is Plaintiff's treating physician and specializes in Anesthesiology. He is expected to provide testimony regarding, but not necessarily limited to, his review of Plaintiff's 5 medical records; his examination of Plaintiff; his opinion that Plaintiff's past medical care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's need for future 6 care and/or treatment is reasonable and necessary, including the reasonableness and necessity :7 of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Tarquino is also expected to provide opinions regarding the causation of Plaintiff's injuries; and he is also 8 expected to opine that the need for Plaintiff's past and future medical treatment was caused by 9 the incident as is at issue in this matter. He is further expected to provide opinions that the costs of Plaintiff's past, and expected future medical treatment, is reasonable and customary for Clark 10 County Nevada. The bases for Dr. Tarquind's opinions are expected to include, but are not necessarily expected to be limited to, his education, training and experience, the nature of the 11 trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; 12 Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff.

William S. Muir, M.D.

653 North Town Center Drive, Suite 210 Las Vegas, Nevada 89144

Dr. Muir is a Board Certified Orthopaedic Surgeon. He's expected to provide testimony 16 regarding, but not necessarily limited to, his review of Plaintiff's medical records; his examination of Plaintiff; his opinion that Plaintiff's past medical care and/or treatment was 17 reasonable and necessary; and his opinion that Plaintiff's need for future care and/or treatment 18 is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Muir is also expected to 19 provide opinions regarding the causation of Plaintiff's injuries; and he is also expected to opine 20 [that the need for Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. He is further expected to provide opinions that the costs of Plaintiff's 21 past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. Muir's opinions are expected to include, but are not necessarily 22 expected to be limited to, his education, training and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; 23 Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff.

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Russell Shah, M.D. Neurology & Clinical Neurophysiolgy 2628 West Charleston Blvd. Las Vegas, Nevada 89102

Dr. Shah is Plaintiff's treating physician and specializes in Neurology. He is expected to 5 provide testimony regarding, but not necessarily limited to, his review of Plaintiff's medical records; his examination of Plaintiff; his opinion that Plaintiff's past medical care and/or 6 treatment was reasonable and necessary; and his opinion that Plaintiff's need for future care 7 and/or treatment is reasonable and necessary, including the reasonableness and necessity of freatment as is expected to be provided to Plaintiff by other medical providers. Dr. Shah is also 8 expected to provide opinions regarding the causation of Plaintiff's injuries; and he is also 9 expected to opine that the need for Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. He is further expected to provide opinions that the costs 10 of Plaintiff's past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. Shah's opinions are expected to include, but are not 11 necessarily expected to be limited to, his education, training and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical bistory; 12 Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 13

> Leo Langlois, M.D. Kern Island Pain Medicine 2920 H. Street Bakersfield, CA 93301

Dr. Langlois is Plaintiff's treating physician. He is expected to provide testimony 17 regarding, but not necessarily limited to, his review of Plaintiff's medical records; his 18 examination of Plaintiff; his opinion that Plaintiff's past medical care and/or treatment was easonable and necessary; and his opinion that Plaintiff's need for future care and/or treatment 19 is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plainfiff by other medical providers. Dr. Langlois is also expected 20 to provide opinions regarding the causation of Plaintiff's injuries; and he is also expected to opine that the need for Plaintiff's past and future medical treatment was caused by the incident 21 as is at issue in this matter./ He is further expected to provide opinions that the costs of 22 Plaintiff's past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. Langlois's opinions are expected to include, but are not 23 necessarily expected to be limited to, his education, training and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; 24 Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 25

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Yevgenly A. Khavkin, M.D. Nevada Spine Clinic 7140 Smoke Ranch Road, Suite 150 Las Vegas, Nevada 89128

Dr. Khavkin is Plaintiff's Orthopaedic Surgeon. He is expected to provide testimony 5 regarding, but not necessarily limited to, his review of Plaintiff's medical records; his examination of Plaintiff; his opinion that Plaintiff's past medical care and/or treatment was 6 reasonable and necessary; and his opinion that Plaintiff's need for future care and/or treatment 7 is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Khavkin is also expected 8 to provide opinions regarding the causation of Plaintiff's injuries; and he is also expected to opine that the need for Plaintiff's past and future medical treatment was caused by the incident 9 as is at issue in this matter. He is further expected to provide opinions that the costs of Plaintiff's 10 past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. Khavkin's opinions are expected to include, but are not necessarily 11 expected to be limited to, his education, training and experience, the nature of the trauma 12 Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 13

> Jorg Rosler, M.D. Nevada Spine Clinic 7140 Smoke Ranch Road, Suite 150 Las Vegas, Nevada 89128

Dr. Rosler is Plaintiff's treating physician and specializes in Anesthesiology. He is 17 expected to provide testimony regarding, but/not necessarily limited to, his review of Plaintiff's 18 medical records; his examination of Plainfiff; his opinion that Plaintiff's past medical care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's need for future 19 care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Rosler is 20 also expected to provide opinions regarding the causation of Plaintiff's injuries; and he is also 21 expected to opine that the need for Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. He is further expected to provide opinions that the costs 22 of Plaintiff's past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for/Dr. Rosler's opinions are expected to include, but are not 23 necessarily expected to be limited to, his education, training and experience, the nature of the 24 trauma Plaintiff was subjected/to because of Defendant's negligence; Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 25

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Jaswinder S. Grover, M.D. Nevada Spine Clinic 7140 Smoke Ranch Road, Suite 150 Las Vegas, Nevada 89128

Dr. Grover is a Board Certified Orthopaedic Surgeon. He is expected to provide 5 testimony regarding, but not necessarily limited to, his review of Plaintiff's medical records; his 6 examination of Plaintiff; his opinion that Plaintiff's past medical care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's need for future care and/or treatment 7 is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. Grover is also expected to 8 provide opinions regarding the causation of Plaintiff's injuries; and he is also expected to opine 9 that the need for Plaintiff's past and future medical treatment was caused by the incident as is at issue in this matter. He is further expected to provide opinions that the costs of Plaintiff's 10 past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. Grover's opinions are expected to include, but are not necessarily 11 expected to be limited to, his education, training and experience, the nature of the trauma 12 Plaintiff was subjected to because of Defendant's negligence; Plaintiff's medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 13

> Eddy Luh, M.D. 8930 West Sunset Road, Suite 300 Las Vegas, Nevada 89148

16 Dr. Luh is a Board Certified Vascular Surgeon and Board Certified General Surgeon. He is expected to provide testimony regarding, but not necessarily limited to, his review of 17 Plaintiff's medical records; his examination of Plaintiff; his opinion that Plaintiff's past medical 18 care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's need for future care and/or treatment is reasonable and necessary, including the reasonableness and 19 necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Dr. 20 [Luh is also expected to provide opinions regarding the causation of Plaintiff's injuries; and he is also expected to opine that the need for Plaintiff's past and future medical treatment was 21 caused by the incident as is at issue in this matter. He is further expected to provide opinions that the costs of Plaintiff's past, and expected future medical treatment, is reasonable and 22 customary for Clark County Nevada. The bases for Dr. Luh's opinions are expected to include, but are not necessarily expected to be limited to, his education, training and experience, the 23 nature of the trauma Plaintiff was subjected to because of Defendant's negligence; Plaintiff's 24 medical history; Plaintiff's symptomology; and diagnostic tests as have been performed on Plaintiff. 25

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1 Sonny A. Patidar, M.D. 2 Las Vegas Radiology 3 7500 Smoke Ranch Road, Suite 100 Las Vegas, Nevada 89128 4 Dr. Patidar is Plaintiff's treating physician and specializes in Radiology. He is 5 expected to provide testimony regarding, but not necessarily limited to, his review of Plaintiff's medical records; his examination of Plaintiff; his opinion that Plaintiff's past 6 medical care and/or treatment was reasonable and necessary; and his opinion that Plaintiff's :7 need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other 8 medical providers. Dr. Patidar is also expected to provide opinions regarding the causation of Plaintiff's injuries; and he is also expected to opine that the need for Plaintiff's past and 9 future medical treatment was caused by the incident as is at issue in this matter. He is 10 further expected to provide opinions that the costs of Plaintiff's past, and expected future medical treatment, is reasonable and customary for Clark County Nevada. The bases for Dr. 11 Patidar's opinions are expected to include, but are not necessarily expected to be limited to, LAW FIRM his education, training and experience, the nature of the frauma Plaintiff was subjected to 12. because of Defendant's negligence; Plaintiff's medical history; Plaintiff's symptomology; and 13 diagnostic tests as have been performed on Plaintiff. 14 **INTERROGATORY NO. 8:** Set forth all injuries which you allege are related 15 to this accident, and each part of the body which you allege suffered injuries during this collision, 16 whether physical or emotional, and whether aggravated or allegedly caused by the accident, 17 18 dentify each and every one of the injuries which you or any of your experts consider to be 19 permanent, and identify each and every medical practitioner who has examined or treated you for 20 injuries or conditions which you relate to this accident, including their name, address, and 21 telephone number, as well as any and all facility which has provided care relative to injuries or 22 problems which you relate to this accident. 23 24 25

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	2	<u>RESPONSE</u> : The injuries, body parts, and permanency are outlined in
	3	medical records disclosed by Plaintiff at the Early Case Conference, and include but are not
	4	limited to:
	5	
	6	• Disc herniation of the cervical spine at C5-6 requiring Anterior Decompression Discectomy and Interbody Fusion with Cage Placement and Plating,
	7	• Internal disc disruption of the lumbar spine at L4-5, L5-S1 initially requiring
	8	Plasma Disc Decompression and subsequent Anterior Discectomy and Interbody
	9	Fusion with Cage Placement and Plating at both levels.
	10	• Subsequent post-operative complication of displacement of the anterior lumbar
	11	plate requiring future reinforcement surgery consisting of Posterior Fixation Fusion with Instrumentation consisting of Pedicle Screws and Rods to provide
ún 's	12	greater structural support.
RRI	13	In addition to the healthcare providers disclosed by Plaintiff at the Early Case
RICHARD HARRIS		Conference, Plaintiff received treatment from:
RO L	15	Sonny A. Patidar, M.D.
HA	16	Las Vegas Radiology
SIC	17	7500 Smoke Ranch Road, Suite 100 Las Vegas, Nevada 89128
	18	(702) 254-5004
	19	INTERROGATORY NO. 9: Set forth each injury, symptom, or complaint
	20	identified in the prior Interrogatory (No. 8), from which you suffered at any time prior to the
	21	accident, together with the name and address of each and every practitioner or facility which
	22:	provided treatment or care of any kind relative to those injuries, symptoms, or complaints.
	23	<u>RESPONSE</u> : Plaintiff received treatment to her spine following a motor
	24	
	25	vehicle accident that occurred approximately 25 years ago. The name of that healthcare
	26	provider is unknown at this time. Sometime in 2004 or 2005, Plaintiff received medical
	27	treatment after bumping her head on two separate occasions. Those medical providers are
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	1	listed below:				
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	3		omas Lambert (Cardiologist) orth Tenaya Way			
	4		gas, Nevada 89128			
	5	Dr. Lu	is Diaz (Neurologist)			
	6	1	rth Town Center Drive gas, Nevada			
	7			· · · · · · · · · · · · · · · · · · ·		
	.8	INTERROGATORY NO. 10: Identify each and every provider for treatment				
	9	allegedly relate	ed to this accident, the amount of their bill, if the	ney are a lienholder, the amount of the		
	10	lien, and the na	me and address of the lienholder.			
	11	RESPO	ÖNSE:			
ZIS RM	12		Past Medical Expense			
AR	13					
H	14	TAB 1.	PROVIDER	AMOUNT		
ARL	15	Å •	Las Vegas Fire & Rescue	\$772.00		
CH	16	2.	Mountain View Hospital	\$4,468.45		
RICHARD HARRIS	.1.7	3.	Radiology Specialist, Ltd.	\$215.00		
	18	4.	Fremont Emergency Services	\$275.00		
· ·	19	5.	Primary Care Consultants	\$300.00		
	20	6.	Neck & Back Clinic	\$3,500.00		
	21	7,				
	22		Nevada Imaging	\$2,743.00		
	23	8.	Marjorie E. Belsky, M.D.	\$22,310.00		
	24	9.	Surgery Center of Southern NV	\$52,923.07		
	25	10.	Mario Tarquino, M.D.	\$3,600.00		
	26	11.	William S. Muir, M.D.	\$49,714.00		
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undergoing spine surgeries. Plaintiff is responsible for the operation of Hollywood Kids
 which includes but is not limited to: Director and Marketing, hiring, bookkeeping,
 supervising, and teaching. Plaintiff incurred expenses for additional help. Additional
 information will be supplemented upon receipt.

INTERROGATORY NO. 12: If you allege that your ability to engage in any type
 of gainful employment has been affected by this accident, set forth the condition which limits your
 ability to engage in gainful employment, the economic loss caused by your inability to find gainful
 employment, and your method of computation for determining this loss.

RESPONSE: Please refer to Plaintiff's response to Interrogatory No. 11. 12 **INTERROGATORY NO. 13:** Identify each and every person with knowledge of 13 relevant information related to this matter, including each person's name, present address, present 14 15 telephone number, and a complete summary of each person's knowledge of relevant information. 16 **RESPONSE:** Please refer to Plaintiff's witness disclosed at the Early Case 17 Conference dated July 19, 2011. Additional witnesses will be supplemented as they become 18 available during discovery. 19

20 INTERROGATORY NO. 14: Identify each and every item or document which is
 21 relevant to this matter and its present location. In lieu of a description, attach a complete copy of
 22 each item or document.

23
RESPONSE:Plaintiff identified all relevant documents and items known at24
this time at the Early Case Conference dated July 19, 2011. Additional documents and items25
will be supplemented as they become available during discovery.

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	2	INTERROGATORY NO. 15: Set forth whether the vehicle you occupied					
	3	contained operational seatbelts, whether you were wearing the seatbelt available for your use, and if you were not wearing the seatbelt, your reasons for failing to do so.					
	4						
	5	RESPONSE: Plaintiff's vehicle contained operational seatbelts at the time of					
	6. 7	the accident and Plaintiff was wearing her seatbelt.					
	8	INTERROGATORY NO. 16: For each and every prior or subsequent accident or					
	9	injury, whether caused by motor vehicle, a work related injury, or otherwise, provide the nature of					
	10	each injury and the date and location of accident					
	11	RESPONSE:					
RIS (RM	12	1. Type: Motor Vehicle Accident.					
₩ ₽	13 14	Date and Location: Approximately 1981 – Idaho. Nature of Injury: Plaintiff does not recall.					
R	15						
HA	16	2. Type: Motor Vehicle Accident. Date and Location: Approximately August, 1985. Las Vegas, Nevada.					
RICHARD HARRIS	17	Nature of Injury: Treatment to spine.					
	18	3. Type: Premises. Date and Location: Approximately September 2004. Las Vegas, Nevada.					
	19	Nature of Injury: Bumped head.					
	20	4. Type: Premises. Date and Location: Approximately November 2004. Las Vegas, Nevada.					
	21	Nature of Injury: Bumped head.					
	22 23	INTERROGATORY NO. 17: For each and every prior or subsequent accident or					
	24	injury identified in the prior interrogatory (No. 16), provide the name and address of each and					
	· · · · · · · · · · · · · · · · · · ·	every medical facility and provider which treated or examined you and the approximate date of					
:	26	such accident or injury.					
	27						
	28	16					

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	1		· .
	2	RESPONSE: See below.	
	3	1. Approximate Date of Injury: 1981.	
	4	Name of provider unknown. Treatment consisted of one	or two office visits in
	5	Idaho.	
	6	2. Approximately August, 1985. Name of provider unknown. Plaintiff recalls receiving physical structure of the second structur	unical theorem in
	•	Las Vegas, Nevada.	vsical operapy in
	7	3 & 4. Approximately September 2004.	
	8	Approximately November 2004.	
	9	Plaintiff recalls presenting in the healthcare providers list	ed below:
	10	Sunrise Hospital	
	11	3186 South Maryland Parkway Las Vegas, Nevada 89109	
SI N	12		
RR	13	Dr. Thomas Lambert 3150 North Tenaya Way	
ΗV	14	Las Vegas, Nevada 89128	
a a	15	Dr. Luis Diaz	
HA	16	653 North Town Center Drive	
RICHARD HARRIS	17	Las Vegas, Nevada	
	18	INTERROGATORY NO. 18: As to each injury which you ha	ve allegedly suffered
	19	as a result of this accident, set forth whether you had any pre-existing or price	r injury or problem to
		the same parts of the body affected by this accident. If so, as to each pre-exi	sting or prior injury or
		problem, set forth its nature, the type of treatment received, the date of the in	
	22	commencement of the problem, its duration/ whether you were still suffering	; from it at the time
	23	this accident occurred, the extent to which it was aggravated or exacerbated I	by this accident, and
	24	the names and addresses of each and every doctor or medical facility which t	reated you for the
	25:		
	26	prior or pre-existing injury or problem.	x
	27	RESPONSE: See Plaintiff's response to Interrogatory No.	. 9.
	28		
	nan (an airteann	, 17	ar an
	index.		Δ.

And the second second

1 As to each injury which you have allegedly suffered **INTERROGATORY NO. 19:** 2 as a result of this accident, set forth whether you suffered any subsequent injury or problem to the 3 4 same parts of the body affected by this accident. If so, as to each subsequent injury or problem, set 5 forth its nature, the type of treatment received, the date of the injury or commencement of the 6 problem, its duration, whether you were still suffering from the injuries allegedly, suffered in this 7 accident, whether the subsequent injuly or problem developed, the extent to/which the subsequent 8 injury or problem aggravated or exacerbated the injuries you allegedly suffered in this accident, 9 10 and the names and addresses of each and every doctor who treated you for that injury or problem. 11 **RESPONSE:** Plaintiff has not been involved in any incidents where she RICHARD HARRIS 12 suffered injuries subsequent to the subject accident. However, Plaintiff has encountered 13 ongoing symptoms and problems. Please refer to the medical records provided by Plaintiff at 14 15 the Early Case Conference. 16 Set forth with specificity all activities of daily **INTERROGATORY NO. 20:** 17 lifestyle which you allege have been affected by the accident, either temporarily or permanently, 18 and provide the name, address, and telephone number for each and every witness who will be 19 called to testify and verify each such allegation. If such witness names and telephone numbers 20 have already been provided in your 16.1 disclosures, identify with specificity the activities of daily 21 22 life and/or manners of your lifestyle to which each person identified will testify. 23 **RESPONSE:** 24 Prior to the subject/accident, Plaintiff enjoyed walking 2 to 4 miles with her 25 friends, Sharla Isle, Denise Davis, Tracy Goodrich and Diane Tobler without experiencing any/pain. Walking is now painful. 26 27 28 18

	1	
	2 3	• Prior to the subject accident, Plaintiff enjoyed working without experiencing any pain. Working is now painful. Witnesses include: Larry and Jackie Snowton, and Chalice Lunderist have been disclosed pursuant to NRCP 16.1.
	4	• Plaintiff began experiencing pain waking up and getting out of bed following
	5	the subject accident. Witnesses include but are not limited to: Doug Seastrand, Melanie Seastrand, Melissa Seastrand, Daniel Seastrand, and Beth
	6	Seastrand.
	7	• Plaintiff enjoyed family activities at the beach and campground pain free prior to the subject accident. Family activities are now painful. Witnesses include but are not limited to: Dong Seastrand, Melanie Seastrand, Melissa Seastrand, Daniel Seastrand, and Beth Seastrand.
	9	Damei Scastrado, and Bein Seastrado.
	10 11	 Plaintiff experiences pain while performing household chores such as vacuuming, dishes, laundry, and anything involving lifting and bending.
(Å 3	12	Prior to the accident, Plaintiff was able to perform household chores without difficulty. Witnesses include but are not limited to: Doug Seastrand, Melanie
RRI	13	Seastrand, Melissa Seastrand, Daniel Seastrand, and Beth Seastrand.
HA A w	14	• Since the subject accident, Plaintiff experiences pain during intimate relations
RICHARD HARRIS	15	with her husband. This was not painful prior to the accident. Witnesses include: Doug Seastrand.
THA	16	• Since the subject accident, Plain iff is limited in vervices she provides to her
RIC	17	church such as assisting family with dinner, ward parties, Christmas dinners,
	18	Trunk or Treat activities, etc. These activities are now painful. Witnesses include but are not limited to: Doug Seastrand, Melanie Seastrand, Melissa
	19	Seastrand, Daniel Seastrand, Beth Seastrand, and my sister-in-law, Shirley.
	20	INTERROGATORY NO. 21 : Describe as specifically as possible each and every
	21	physical limitation which you allege is related to this accident.
	22	RESPONSE: See Plaintiff's response to Interrogatory 20.
	23	INTERROGATORY NO. 22: Set forth the percentage of your condition which
	24	you related to the accident at issue in this matter, the manner in which you determined this
	25	percentage allocated, the name, address, and telephone number of each and every lay and expert
	26	
	27	witness who will support this percentage allocation, and the substance of their respective
	28	19
	, in the second s	
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	1	
	2	testimony.
	3	<u>RESPONSE</u> : Plaintiff does not understand this Interrogatory.
	4	INTERROGATORY NO. 23 : Set forth where you were coming from, your next
	.5	intended destination, and your intended course of travel.
	6	RESPONSE: Plaintiff was coming from home, 6440 Spanish Garden Court,
	7	
	8	Las Vegas, Nevada to Hollywood Kids Academy located at 4161 N. Rancho #140, Las Vegas,
	9	Nevada 89130.
	10	INTERROGATORY NO. 24; Set forth each and every statement made by the
	11	parties involved in this accident and any witnesses after the collision occurred.
SIS R M	12	
ARI	13	RESPONSE: Plaintiff does not recall any statements made by the parties at
Н С	14	the accident scene, but may have spoken with the police officers investigating the accident.
RICHARD HARRIS	15	INTERROGATORY NO. 25: What was your height and weight on the date of the
CH	16	collision.?
	17	<u>RESPONSE</u> : Plaintiff weighed approximately 165 pounds and was 5'7 at the
	18	
	19	time of the subject accident.
	20	INTERROGATORY NO. 26 : Explain how close your seat was positioned to the
	21	steering wheel, dashboard, or the seat in front of you at the time of the collision, to the best that
	22	you can possibly estimate, in terms of both the seat's position on its track and how far away you
	23	were positioned from that item.
	24	
	25	<u>RESPONSE</u> : Plaintiff does know the measurements of her seat to the steering
	26	wheel or dashboard.
	27	• • • •
	28	
		20
	11	

INTERROGATORY NO. 27: Describe the intensity of the collision and explain in
 detail all movements that your body made immediately prior to, during and immediately after the
 collision, including direction of body movements, and whether any part of your body struck any
 part of the interior of the car

RESPONSE: Plaintiff does not recall "all movements that her body made at the time of the accident. However, Rlaintiff was sitting still in her vehicle moments prior to the collision. She felt the impact and her body move back and forth following the impact, and may have struck body parts on the interior of her vehicle.

INTERROGATORY NO. 28:Provide the name, address, and telephone number12for each and every medical facility and medical doctor which has provided you with any medical13for each and every medical facility and medical doctor which has provided you with any medical14care for ten years prior to the accident up until the accident at issue in this matter, and set forth15reasons for all such care. Please be sure to set forth and identify all primary care physicians with16which you treated in responding to this interrogatory.

RESPONSE:Please refer to Plaintiff's response to Interrogatory No. 8, 9, and1817. Please also refer to Plaintiff's healthcare providers disclosed at the Early Case

20 Conference. In addition, Plaintiff has sought treatment with the following providers:

Dr. Ben Kermani 3375 Glenn Avenue Las Vegas, Nevada 89121 (702) 531-3546

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C A W.

RICHARD HARRIS

24Dr. Lisa Underwood (Ob/Gyn)653 Town Center Drive, Suite 50025Las Vegas, Nevada 8914426

21

	Dr. Terry Leavitt 68 Pecos Road, Suite A
	³ Henderson, Nevada 89074 (702) 456-1441
	<u>INTERROGATORY NO. 29</u> : In the event that your response to any of the
i	accompanying Requests to Admit is anything other than a complete and unqualified admission, set
	forth any and all facts and identify all documents supporting your response and the name, address,
	and telephone number of each and every witness who will offer testimopy in support of your
	response, together with a specific summary of their anticipated testimony.
1	RESPONSE: Please refer to the answers to interrogatories setting forth such
∑ 1: ≝	
3	<u>INTERROGATORY NO. 30</u> : If you require future medical care, set form with
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	THEST OFTOP.
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	: : : : :

1 **INTERROGATORY NO. 31:** Set forth whether you are receiving Medicare or 2 Medicaid benefits, and if so, set forth whether either of these programs has asserted a lien or 3 4 medical expenses related to your treatment from the injuries allegedly sustained in this accident, 5 further providing the claims number and the amount of lien. 6 **RESPONSE:** None. 7 DATED this day of September, 2011. 8 RICHARD HARRIS LAW FIRM 9 10 By: 11 ESO, Nevada State Bar No. 505 RICHARD HARRIS 12 JOSHUA R. HARRIS, ESQ. 13 Nevada Bar No. 9580 80/1 South Fourth Street 14 Las Vegas, Nevada 89101 15 Attorneys for Plaintiff 16 17 18 :19 20 21 22 23 24 25 26 27 28 024





EXHIBIT B

Electronically Filed 07/24/2012 09:22:03 AM

Alun & Chuin

	CLERK OF THE COURT
STEVEN T. JAFFE	· · ·
sjaffe@lawhjc.com	
Nevada Bar No. 007035	
JACOB S. SMITH	
jsmith@lawhic.com	
Nevada Bar No. 010231	
HALL JAFFE & CLAYTON, LLP	
7488 WEST WASHINGTON AVENUE, SUITE 460	
LAS VEGAS, NEVADA 89126	
(702) 318-4111	
FAX (702) 316-4114	
Altorneys for Defendant Raymond R. Khoury	
DISTR	NCT COURT
CLARK CO	DUNTY, NEVADA
MARGARET G. SEASTRAND.	CASE NO. A-11-636515-C
	DEPT NO. XXX
Plaintiff,	
VŞ.	STIPULATION AND ORDER TO EXTEND
	DISCOVERY DEADLINES PURSUANT TO
RAYMOND RIAD KHOURY; DOES 1	EDCR 2.35
through 10; and ROE ENTITIES 11 through	
20, inclusive,	(Second Request)
Defendants.	
	1 .
Plaintiff MARGARET G. SEAST	RAND, by and through her counsel of record Richa
Harris, Esq., Allison Brasier, Esq. and the Richar	rd Harris Law Firm, and Defendant RAYMOND RI
KHOURY, by and through his counsel of record	Steven Jaffe, Esq., Jacob Smith, Esq. and Hall Jaffe
Clayton, LLP, and pursuant to EDCR 2.35, herei	by stipulate and agree to and jointly move this

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RAYMON 15 through 10 20, inclusi 16 17 18 urd 19 Harris, Esq. AD 20 KHOURY, e & -21 Clayton, LI 22 Honorable Court for an order continued the discovery deadlines in this matter for forty-five (45) days as 23 follows: 24 **Discovery Completed:** Å., 25 ĺ. Plaintiff and Defendant have exchanged initial documents and witness lists 26 pursuant to NRCP 16.1; 27 2. Defendant has produced seven (7) supplemental NRCP 16.1 disclosures; .28

3. Defendant has propounded written discovery on Plaintiff, to which Plaintiff has

-1-		responded;	
2	4.	Plaintiff has propounded written discovery on Defendant, to which Defendant has	
3		responded;	
.4	5.	Defendant has requested and obtained a majority of the Plaintiff's medical records	
5		allegedly relating to the incident.	
6	6.	Plaintiff, Margaret Seastrand, has been deposed.	
7	7.	Plaintiff's spouse, Douglas Seastrand, has been deposed.	
8	8.	The Parties and their respective experts have conducted an inspection of both	
9	1	vehicles involved in the subject accident;	
10	B. Disc	overy that Remains to be Completed:	
<u>11</u>	1.	The Deposition of the Officers who completed the Traffic Accident Report	
12		(currently scheduled for July 30, 2012);	
13	2.	Deposition of Defendant need to be taken (currently in the process of being	
14		scheduled);	
15	3.	Further written discovery to and from Plaintiff and Defendants;	
16	4.	Depositions of Plaintiff's before/after witnesses;	
17	5.	Depositions of Plaintiff's treating doctors;	
18	6.	Initial and Rebuttal expert disclosures by all parties;	
19	7.	The depositions of expert witnesses need to be conducted;	
20	8.	Additional discovery as needed upon completion of depositions.	
21	C. <u>Rea</u>	sons that Discovery has not yet been Completed:	
22	As P	laintiff has undergone numerous surgical procedures since the subject accident, her	
23	medical records are	extremely voluminous. It has taken Defendant longer than expected to procure all	
24	of the medical reco	rds necessary to conduct her deposition and retain experts.	
25	In addition, Plaintiff is making a claim for lost wages and/or loss of carning potential. In		
26	response to Defend	ants' discovery requests, Plaintiff recently disclosed over 1,700 pages of financial	
27	documents from he	r business, Hollywood Kids Academy. Defendants and Plaintiffs need sufficent time	
28	to review these doc	uments and have their respective experts review these documents prior to the	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2	

1 deadline for disclosure of initial experts.

In light of this, the parties have agreed that the current discovery deadlines are insufficient and will not provide adequate time to conduct discovery and prepare this case for trial. The parties are requesting a forty-five (45) day extension on all the discovery deadlines.

5 D. <u>Current</u>

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Current Schedule for Completing Discovery:

 Motion to Amend or Add Parties Deadline:
 07/13/12

 Initial Expert Disclosure:
 07/13/12

 Rebuttal Expert Disclosure:
 08/13/12

 Close of Discovery:
 09/13/12

 Dispositive Motion Deadline:
 10/15/12

 E.
 Proposed Schedule for Completing Discovery:

 Motion to Amend on Add Parties Deadline:
 08/30/17

12	Motion to Amend or Add Parties Deadline:	08/30/12
13	Initial Expert Disclosure:	08/30/12
14	Rebuttal Expert Disclosure:	10/01/12
15	Close of Discovery:	11/01/12
16	Dispositive Motion Deadline:	12/03/12

17 F. <u>Current Trial Date</u>:

18 The trial in this matter is currently scheduled for a jury trial on November 13, 2012 on a

19 5-week stack. The calendar call is scheduled for November 5, 2012. The parties request that the trial

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20 date be vacated, and re-calendared on the next available trial date after January 3, 2013.

21 DATED this Date of July, 2012.

RICHARD HARRIS LAW FIRM

22 23

- Las Vogas, NV 89101 27 Attorneys for Plaintiff

DATED this 2 day of July, 2012 HALL INFE & CLAYTON, LLP STEVENT, JAPPE, ESQ. Nevela Har No. 007035 JACOB , SMITH, ESQ. Neveda Bar No. 010231 7455W Washington Avenue, Suite 460 Las Vegab; Nevada 89128 Attorneys for Defendant

CASE NO. A-11-636515-C Seasurand v. Khoury Stipalation and Order to Extend Discovery (Second Request)

ORDER EXTENDING DISCOVERY DEADLINES AND AMENDING THE

SCHEDULING ORDER (EDCR 2.35) (HIRST REQUEST)

IT IS HEREBY ORDERED that the discovery deadlines are extended as follows:

Motion to Amend or Add Parties Deadline: 08/30/12

Initial Expert Disclosure:	08/30/12
Rebuttal Expert Disclosure:	10/01/12
Close of Discovery:	11/01/12
Dispositive Motion Deadline:	12/03/12

12 IT IS FURTHER ORDERED that an amended scheduling order will not be issued; this 13 Stipulation will take the place of the amended scheduling order.

14 IT IS FURTHER ORDERED that the trial date of November 13, 2012 will be vacated, [5] and a new trial date will be issued for the first available trial date after January, 2, 2013.

DATED: July 12, 2012

enal 007035

SMITT

Nevador Bar No. 910231

Las Vogas, Nevada 89128 Attorneys for Defendant

, ESQ

7455 W. Washington Avenue, Suite 460

17 18 19 Submitted by:

HALL JAI

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ON, LLP

DISCOVERY COMMISSIONER

TRIAL DATE TO BE SET M ON OR AFTER



Page 1 DISTRICT COURT CLARK COUNTY, NEVADA MARGARET G. SEASTRAND, \ Plaintiff, Case No. /A-11-636515-C vs. RAYMOND RIAD KHOURY; DOES 1 through 10; and ROE ENTITIES 11 through 20, inclusive, Defendants DEPOSITION OF JEFFREY D, GROSS, M.D. Taken on Monday, March 18, 2013 At 3:18 p.m. At 2779 West Horizon Ridge Parkway, Suite 200 Henderson, Nevada Reported by: Mary V. Warshefski, CCR#738, RPR MANNING, HALL & SALISBURY, LLC Certified Court Reporters - (702) 382-2898 pages 33-41 stricken

2 (Pages 2 to 5)

	Page 2		Page 4
	APPEARANCES:	1	occurring since I'm going to be using medical terms that
2 1	For the Plaintiff. ALISON M. BRASIER, ESQ. Richard Harris Law Firm.	2	you use daily, which I don't, so I may use a term in the
3	801 South Fourth Street	з	wrong context. But if that happens, you'll be sure to
	Las Vogas, Novada 89101	4	tell me so I can fix the question; right?
5	For the Defendant STEVEN T. JAFFE, ESQ.	5	A. I will.
· · ·	Raymond Riad Khoury: Hall Jaffe & Clayton, LLP	6	Q. And you understand that instruction?
-6	7425 Peak Drive Las Vegas, Nevada 89128		A. I do.
7	The tope, towards of the		
8		8	Q. Second, if you decide to read and sign - you
9	INDEX	9	understand what that involves; right?
	Wittless Page	10	A. Yes.
10	JEFFREY D. GROSS, M.D.	11	Q. If you elect to read and sign, I have the
iı		12	right to use the original as well as the changed answer,
1. 1. n	(By Mr. Jaffe) 3	18	comment upon the fact that there was a change, and if
12	(By Ms. Brasier) 76	14	significant cnough, argue that there was a motive for
13	And the state of the	15	your making your change or questions related to your
14	EXHIBITS	16	believability or your honesty. But I simply point that
15		17	out hecause while you have a right, so do L Do you
	Defendant's Description Page		our accause while you have a right, so up 2 Do you
16	A Dr. Gross's Expert Reports, 77	16	
17	and Medical Records on CD	19	A. I do.
18 19	B Curriculum Vitae 77 C Testimony/Trial History 77	20	Q. Okay. Would you please give us your full name
20	D Billing Records 77	21	and business address for the record?
21	1012	22	A. Jeffrey David Gross, M.D. My business address
22	(Original exhibits stacked to original transcript.)	23	is 2779 West Horizon Ridge Parkway, Suite 200,
23		24	Henderson, Nevada 89052.
24 25		25	Q. What I'd like to do is this, because it looks
	in the second		
		8 .	Page 5
	Page 3		Page !
1	Page 3 (NRCP Rule 30(b)(4) waived prior	1	like you got records that are all downloaded on disks -
1 2		1/	
	(NRCP Rule 30(b)(4) waived prior	1	like you got records that are all downloaded on disks -
2 3	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.)	1 7 3 4	like you got records that are all downloaded on disks - do you have any paper record, or is everything on electronic format?
2	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * * Thereupon	7	like you got records that are all downloaded on disks - do you have any paper record, or is everything on electronic format? A. Everything is electronic.
2 3 4	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * * Thereupon JEFFREY D. GROSS, M.D.	7 3 4 5	like you got records that are all downloaded on disks do you have any paper record, or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have?
2 3 4	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a wimess by the Defendant, and having	7 3 4 5 6	like you got records that are all downloaded on disks do you have any paper record or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file
2 3 4	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows:	7 3 4 5 6 7	 like you got records that are all downloaded on disks
2 3 4 5 6 7 8	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION	7 3 4 5 6 7 8	 like you got records that are all downloaded on disks do you have any paper record or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. Awhich fits onto one disk, I simply have
23456789	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE:	7 3 4 5 6 7 8 9	 like you got records that are all downloaded on disks do you have any paper record, or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. Awhich fits onto one disk, I simply have multiple copies. Separate from that I have the imaging
2 3 4 5 6 7 8 9	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a wimess by the Defendant, and having been first duly swom, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I	7 3 4 5 6 7 8 9 10	 like you got records that are all downloaded on disks do you have any paper record, or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made coples of my entire file Q. Great. Awhich fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three
2 3 4 5 6 7 8 9 10 11	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I presume you've been deposed on several occasions	7 3 4 5 6 7 8 9 10 11	 like you got records that are all downloaded on disks do you have any paper record; or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. A which fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three separate disks, which I do not have the full capability
2 3 4 5 6 7 8 9 10 11 12	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I presume you've been deposed on several occasions A. True.	7 3 4 5 6 7 8 9 10 11 12	 like you got records that are all downloaded on disks do you have any paper record; or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. Awhich fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three separate disks, which I do not have the full capability of making reasonable copies.
2 3 4 5 6 7 8 9 10 11 12	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I presume you've been deposed on several occasions A. True. Q. Do you need me to go through the normal	7 3 4 5 6 7 8 9 10 11	 like you got records that are all downloaded on disks do you have any paper record; or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. A which fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three separate disks, which I do not have the full capability of making reasonable copies. Q. Okay. Let's do this, let's reserve Exhibit A
2 3 4 5 6 7 8 9 10 11 12	(NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) * * * Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I presume you've been deposed on several occasions A. True.	7 3 4 5 6 7 8 9 10 11 12	 like you got records that are all downloaded on disks do you have any paper record or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. A which fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three separate disks, which I do not have the full capability of making reasonable copies. Q. Okay. Let's do this, let's reserve Exhibit A for a copy of the disk of your entire clinical file that
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2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 (NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I presume you've been deposed on several occasions A. True. Q. Do you need me to go through the normal instructions and admonitions, or do you feel comfortable proceeding without them? A. I'm comfortable without them. Q. That's fine. Doctor, the two that I'm going to repeat irrespective, I just want to make sure, if I ask you a question which is unclear, I need you to tell me so that I can fix the question. If you don't tell me that there's a problem with it, then the presumption is that it was clear and understood, and you wouldn't be 	7 3 5 7 8 10 11 12 13 14 15 17 18 19 20 21 22	 like you got records that are all downloaded on disks do you have any paper record or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. Awhich fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three separate disks, which I do not have the full capability of making reasonable copies. Q. Okay. Let's do this, let's reserve Exhibit A for a copy of the disk of your entire clinical file that you have absent the radiology documents. Okay? A. Okay. Q. Let's reserve Exhibit B for an updated copy of your CV, which I'm assuming your office can provide the court reporter? A. Happily. Q. And do you also maintain a current testimonial history?
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2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 (NRCP Rule 30(b)(4) waived prior to commencement of proceedings.) Thereupon IEFFREY D. GROSS, M.D. was called as a witness by the Defendant, and having been first duly sworn, testified as follows: EXAMINATION BY MR. JAFFE: Q. Doctor, again, my name is Steve Jaffe. I presume you've been deposed on several occasions A. True. Q. Do you need me to go through the normal instructions and admonitions, or do you feel comfortable proceeding without them? A. I'm comfortable without them. Q. That's fine. Doctor, the two that I'm going to repeat irrespective, I just want to make sure, if I ask you a question which is unclear, I need you to tell me so that I can fix the question. If you don't tell me that there's a problem with it, then the presumption is that it was clear and understood, and you wouldn't be 	7 3 5 7 8 10 11 12 13 14 15 17 18 19 20 21 22	 like you got records that are all downloaded on disks do you have any paper record or is everything on electronic format? A. Everything is electronic. Q. How many disks do you have? A. Well, I have made copies of my entire file Q. Great. Awhich fits onto one disk, I simply have multiple copies. Separate from that I have the imaging studies on disk, and it appears that there are three separate disks, which I do not have the full capability of making reasonable copies. Q. Okay. Let's do this, let's reserve Exhibit A for a copy of the disk of your entire clinical file that you have absent the radiology documents. Okay? A. Okay. Q. Let's reserve Exhibit B for an updated copy of your CV, which I'm assuming your office can provide the court reposter? A. Happily. Q. And do you also maintain a current testimonial history?

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3 (Pages 6 to 9)

Page 6	Page 8
1 Q. Okay. What I'd like to do is reserve	1 Q. Well, okay, how about this yeah, let's do
2 Exhibit C for a copy of the reasonably current	2 it in terms of - well, how much of your time is
3 testimonial history.	3 generally spent practicing in Nevada as opposed to
4 In reviewing the CV that I have, it had two	4 California?
5 addresses on there, neither of which was the Horizon	5 A. I spend about six clinic days in Nevada per
6 Ridge address. One is in Laguna Niguel, California, the	6 month, and I spend the balance of the workdays in
7 other is in Santa Ana, California.	7 California, which would be 14 clinic clinic and/or
8 Is that an outdated CV?	8 surgical days, I should say.
9 A. Well, those are my California locations, and	9 Q. In what facilities do you hold privileges to
10 it is outdated that it does not include myVienderson	10 perform surgeries in Nevada?
11 address.	11 A. St. Rose Hospital and Coronado Surgery Center.
12 Q. For how long have you held this Henderson	12 Q. And the St. Rose, is it the Siena Hospital, or
13 address?	13 is it all their facilities?
	14 A. Well, Lapplied for Siena and St. Martin, so
15 2011.	
16 Q. And would you please tell me in what states	16 Q. And are those the two that you presently hold
17 are you presently licensed?	17 privileges in? 18 A. Yes.
18 A. Nevada and California.	
19 Q. And when did you obtain your license in	19 Q. Of the six clinic days that you are in Nevada
20 Nevada?	20 per month, how many of those days do you perform
21 A. Spring of 2011.	21 surgeries on the average?
22 Q. Concurrent with when you obtained this	22 A. I suppose I do one to two surgeries per month
23 address?	23 in Nevada. And that's not days, that's surgeries. For
24 A. Well, not exactly concurrent.	2A example, I did surgery this morning from seven to nine,
25 Q. More or less?	25 but I still had a full clinic day as well.
Page 7	Page 9
1 A. There was a few months gap.	
	1 Q. I understand. So you're talking about one or
2 Q. Close in time?	2 two surgeries per month while you're here?
	 2 two surgeries per month while you're here? 3 A. Correct.
2 Q. Close in time? 3 A. Yes.	 2 two surgeries per month while you're here? 3 A. Correct. 4 Q. And generally speaking, approximately how many
2 Q. Close in time? 3 A. Yes.	 2 two surgeries per month while you're here? 3 A. Correct.
 2 Q. Close in time? 3 A. Yes. 4 Q. And are all your licenses current? 5 A. Yes. 	 2 two surgeries per month while you're here? 3 A. Correct. 4 Q. And generally speaking, approximately how many
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 2 Q. Close in time? 3 A. Yes. 4 Q. And are all your licenses current? 5 A. Yes. 6 Q. Have you ever had a license suspended? 7 A. No. 	 two surgeries per month while you're here? A. Correct. Q. And generally speaking, approximately how many surgeries do you perform on a monthly basis irrespective of the location?
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 2 Q. Close in time? 3 A. Yes. 4 Q. And are all your licenses current? 5 A. Yes. 6 Q. Have you ever had a license suspended? 7 A. No. 8 Q. Have you ever had a license revoked? 9 A. No. 	 two surgeries per month while you're here? A. Correct. Q. And generally speaking, approximately how many surgeries do you perform on a monthly basis irrespective of the location? A. I perform probably 10 surgeries a month on average.
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 Q. Close in time? A. Yes. Q. And are all your licenses current? A. Yes. Q. Have you ever had a license suspended? A. No. Q. Have you ever had a license revoked? A. No. Q. Have you ever had a license called into question administratively? A. No. Q. Are you currently board certified? A. Yes. Q. In what areas? A. Neurological surgery. Q. And when did you obtain your board certification? A. I completed the process in 2005. 	 two surgeries per month while you're here? A. Correct. Q. And generally speaking, approximately how many surgeries do you perform on a monthly basis irrespective of the location? A. I perform probably 10 surgeries a month on average. Q. And would those be of those 10 surgeries per month on the average, how many of those typically involve spinal surgery? A. 9.9. Q. Do you do any brain? A. Very, very uncommonly. Q. So the overwhelming, almost exclusive aspect of your practice is spinal? A. That's right. Q. Of the 10 surgeries a month that you do, what percentage of those are fusions as opposed to some other.
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 Q. Close in time? A. Yes. Q. And are all your licenses current? A. Yes. Q. Have you ever had a license suspended? A. No. Q. Have you ever had a license revoked? A. No. Q. Have you ever had a license revoked? A. No. Q. Have you ever had a license called into question administratively? A. No. Q. Are you currently board certified? A. Yes. Q. In what areas? A. Neurological surgery. Q. And when did you obtain your board certification? A. I completed the process in 2005. Q. And when are you up for renewal of recertification? A. Well, the 10 year cycle would be 2015. Q. Doctor, what percentage of your practice in 	 two surgeries per month while you're here? A. Correct. Q. And generally speaking, approximately how many surgeries do you perform on a monthly basis irrespective of the location? A. I perform probably 10 surgeries a month on average. Q. And would those be of those 10 surgeries per month on the average, how many of those typically involve spinal surgery? A. 9.9. Q. Bo you do any brain? A. Very, very uncommonly. Q. So the overwhelming, almost exclusive aspect of your practice is spinal? A. That's right. Q. Of the 10 surgeries a month that you do, what percentage of those are fusions as opposed to some other form of spinal surgery? A. Well, in the cervical spine, the vast majority are fusions just by the nature of the bcast. In the lumbar spine, I'd say I'm about 60 percent nonfusion and
 Q. Close in time? A. Yes. Q. And are all your licenses current? A. Yes. Q. Have you ever had a license suspended? A. No. Q. Have you ever had a license revoked? A. No. Q. Have you ever had a license revoked? A. No. Q. Have you cver had a license called into question administratively? A. No. Q. Are you currently board certified? A. Yes. Q. In what areas? A. Neurological surgery. Q. And when did you obtain your board certification? A. I completed the process in 2005. Q. And when are you up for renewal of recertification? A. Well, the 10 year cycle would be 2015. 	 two surgeries per month while you're here? A. Correct. Q. And generally speaking, approximately how many surgeries do you perform on a monthly basis irrespective of the location? A. I perform probably 10 surgeries a month on average. Q. And would those be of those 10 surgeries per month on the average, how many of those typically involve spinal surgery? A. 9.9. Q. Do you do any brain? A. Very, very uncommonly. Q. So the overwhelming, almost exclusive aspect of your practice is spinal? A. That's right. Q. Of the 10 surgeries a month that you do, what percentage of those are fusions as opposed to some other form of spinal surgery? A. Well, in the cervical spine, the vast majority are fusions just by the nature of the beast. In the

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Page 10 in Nevada is spent doing forensic litigation work? A. Purely forensic or do you want me to include	1	Page 12 Harris firms come, four out of five of the ones that you
	5	The strain of the set of the strain set of the set of t
I'm I utbly foreinite of ab job mail int it Biender	-2	receive from them also involve you treating the patient?
any overlap of treatment?	3	A. Yes, but I don't know if it's always the task
Q. Let's talk about purely forensic?	4	of the referral for treatment. That might be something
A. I would estimate that no more than 10 percent	5	that I take on.
of my practice is purely forensic.	6	Q. Oh, I see, so in other words, they might
Q. And what percentage is litigation on behalf of	7	originally refer the patient for you for your work on
그는 그는 것은 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있다. 것을 가지 않는 것을 수 있는 것을 하는 것을 수 있다. 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있는 것을 수 있다. 것을 하는 것을 수 있는 것을 것 않았다. 않은 것 같이 않았다. 않은 것 않았다. 않았다. 것 않았다. 것 않았다. 않았다. 않았다. 것 않았다. 않았다. 않았다. 않았다. 않았다. 않았다. 않았다. 않았다.		the case, but, then, through some means, maybe the
		patient is comfortable with you or various
		recommendations, you'll take on treatment as well?
	1	A. I think those scenarios are typical, but I
		don't always know the exact nature of the method by
		which I'm treating someone or how I might handle future
		care or future visits with such a referral.
		In other words, if I can answer further?
	16	Q. Ge ahead.
	17	A. I don't always know the nature of my
	18	involvement until I'm sitting in front of a patient
	19	talking to the patient. And I would be speculating to
		tell you why attorneys would send a patient to me except
		for the expert part, which I understand.
		Q. Right. I mean, it's pretty clear that when
(A) A A A A A A A A A A A A A A A A A A		the attorneys are involved and there's a referral,
		they're going to be looking to you to provide some
	25	causation analysis?
a na anala ana ana ana ana ana ana ana a		Page 13
- /		
		A. I make that assumption.
		Q. Okay. I'm presuming that in all the cases
		where you've been referred by an attorney, causation
		becomes an element of your role as a forensic expert?
		A. I would expect so, and I have seen by
	. .	experience that that is true.
	n	Q. Okay. By the way, do you maintain separate
		billing records for this patient? A. We use an outside service, so yes, there would
		be separate records. Q. But obviously your office would be able to
		Q. But obviously your once would be able to procure those records so that we can attach them to this
and the second	H	transcript?
		A. Correct.
		MR, JAFFE: Let's reserve Exhibit D for the
		most current billing records.
		Q. And how do you charge for work done in
	8	Ligation?
		A. The hearly work, for example, review of
		records is 500 per hour, any clinical visits are billed
		just the same as I would bill for any patient by virtue
		of the CPT code, review of films is also the same,
그렇게 가지 않는 것 같아요. 그는 것 같아요. 이 가지 않는 것 않는 것 같아요. 이 가지 않는 것 않는		clinical charge per series, per CPT code.
		Q. What about for testimony?
	25	A. Testimony is \$900 an hour for deposition. In
	 a patient who also happened to be in litigation? That's bad. What percentage of your practice in Nevada involves treating patients who are concurrently involved in litigation, or maybe involved in litigation such as, you know, had presented a claim or wore in an accident and you have been notified that litigation is potential? A. I would say 40 percent. Q. Of that 40 percent where you treat patients who may also be in litigation, what percentage of that 40 percent is referred to you directly by attorneys? A. I would say 10 to 20 percent. Q. So which attorneys are referring you work, whether it's to ireat a patient or for forensic work? I don't care about the distinction. A. Well, I have iome referrals from Mr. Lerner's firm, and I know Mr. Harris' firm. I cannot tell you if there are any other firms that make direct referrals to Page 11 me. Q. What about attorneys? A. Well, I think I've met a couple or three different attorneys at Mr. Lerner's firm besides Mr. Lerner. Q. How about attorneys who are with firms other that would fit that category. A. I can't think of anyone off the top of my lead that would fit that category. A. Direct attorney referrals? A. Direct attorney referrals? A. Direct attorney referrals? A. Direct attorney referrals? A. Probably get one or two each, typically for some type of expert involvement. Q. Right. But in some of those cases, if a to treat the patient as well as to do forensic litigation work? A. Sometimes. Q. Well, it sounds like of the patients that of the litigation work you're doing, by the percentages you've given me, four out of five you're aiso treating? A. Yci. Q. And that would be consistent generally with the, I guess, the way the referrals from the Lerner and 	bad. 9 What percentage of your practice in Nevada 10 involves treating patients who are concurrently involved 11 in Hilgation, or maybe involved in liftigation such as, 12 you know, had presented a claim or were in an accident 13 and you have been netified that litigation is potential? 14 A. I would say 40 percent. 15 Q. Of that 40 percent where you treat patients 16 who may also be in litigation, what percentage of that 17 40 percent is referred to you directly by attorneys? 18 A. I would say 10 to 20 percent. 20 Q. So which attorneys are referring you work, 20 whether it's to treat a patient or for forensic work? I 21 don't care about the distinction. 22 A. Well, I have some referrats from Mr. Lerner's 21 firm, and I know Mr. Harris' firm. I cannot tell you if 24 there are any other firms that make direct referrats to 25 Page 11 1 24 int. Lerner. 2 2 Q. What about attorneys who are with firms other 6 than Lerner or Harris? 3 A. I can't thin

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			5 (Pages 14 to 1
	Page 14		Page 16
1	fact, it appears your office prepared a one hour check	1.	A. No.
2	for me already in that amount. And trial testimony or	2	Q. Did you speak with Ms. Seastrand?
3	something like trial, like arbitration, I usually set	3	A. No. Well, except for our one visit way back
4	aside blocks of half day for that, so I consider a half	4	when.
5	day to be five hours, so five hours times \$900, which is	5	Q. No, but I'm saying, more current?
6	my deposition rate would be \$4,500 per half day.	6	A. No, not at all.
7	Q. And then \$9,000 for a full day?	7.	Q. Did you review anything to prepare for today'
8	A. If someone could not ask me all the questions	8	deposition?
9	and get all the informations out in Ahalf a day, and	9	A. Yes.
0	that rarely happens, yes, it would be \$2,000.	10	Q. What did you review?
1	Q. It's just that sometimes people are asked to	11	A. My three reports.
2	be there for the morning, and then because of delays in	12	Q. Did you review any records or films?
3	the court, it can span beyond lunch, and then that's	13	A. I do not go back to the original records or
4	where you're charging for a full day?	1.4	films since they are incorporated into my reports.
5	A. Well, I've never charged for lunch.	15	Q. And how much time did you spend preparing?
б	Q. Well, I would hope that \$4,500 for a half day,	16	A. 1 spent no more than an hour.
7	you're just sitting around, I would hope lunch is some	17	Q. So then obviously on the bill that we're going
8	sort of a freebee.	18	to get, that hour is not going to be on there?
9	But my point is if you're, then, called back	19	A. /I can have it added before the records are
ċ	into the afternoon because testimony runs late, that's	20	sent if you'd like.
I.	where the second half day charge is?	21	Q. It doesn't matter to me, she's paying it. But
2	A. It depends. I mean, if I just was there for	22	my point is if the bill does not have it on, then there
3	30 minutes and I could still salvage my office time, it	23	will be about another \$500 charge on top, just so we
4	may only be that hour. It would depend on the	24	know
5	situation.	25 /	A. Yes.
	Page 15	17	Page 1
1		/1	Q the accuracy of the record?
2	Q. Okay. Let's get to talking about the		A. I agree.
3	plaintiff Margaret Seastrand. In reviewing my records,	3	Q. Now, Doctor, you never saw Ms. Seastrand prio
, 4	I see that you prepared three reports; is that accurate?	4.	to her undergoing any surgery; is that right?
9 5		5	A. That's right.
6	Q. One dated August 7, 2012, a second dated / August 28, 2012, and a third dated September 29, 2012;	6	Q. And did you perform an examination of her?
7	is that accurate?	7	A. Yes.
8	A. Yes.	8	Q. How long did your examination last?
~	Q. And all there, are they on your disks?	9	A. Well, my history and examination consultation
9	A. Yes.	10	combined are typically a one-hour process. Typically,
0			the examination takes 15 to 20 minutes, and the other
	O Coad So then I don't have to deal with	88 1 5	
1	Q. Good. So then I don't have to deal with	11	
1 2	marking them separately. If we're going to refer to	12	two-thirds of the hour are used for taking the history
23	marking them separately. If we're going to refer to reports by date, that'll certainly suffice.	12 13	two-thirds of the hour are used for taking the history and going over any diagnostic tests and summing thing
1 2 3 4	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you.	12 13 14	two-thirds of the hour are used for taking the history and going over any diagnostic tests and summing thing up.
1 2 3 4 5	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if	12 13 14 15	two-thirds of the hour are used for taking the history and going over any diagnostic tests and summing thing up. O. Fair enough. And then after that, you would
01234567	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the	12 13 14 15 16	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually,
1 2 3 4 5 6 7	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which / see the back of your computer, if you refer to records to assist	12 13 14 15 16 17	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the
1 2 3 4 5 6 7 8	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to records to assist you in answering, I would appreciate it if you would	12 13 14 15 16 17 18	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right?
123456789	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to records to assist you in answering, I would appreciate it if you would tell me what you're referring to so that we make a clean	12 13 14 15 16 17 18	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right? A. The second report was the one that
1234567890	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to records to assist you in answering, I would appreciate it if you would tell me what you're referring to so that we make a clean record, and so that this way I know exactly what	12 13 14 15 16 17 18 19 20	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right? A. The second report was the one that incorporates the exam.
12345678901	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to records to assist you in answering, I would appreciate it if you would tell me what you're referring to so that we make a clean record, and so that this way I know exactly what document you're looking at.	12 13 14 15 16 17 18 19 20 21	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right? A. The second report was the one that incorporates the exam. Q. The first one incorporated your review of
123456789012	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to records to assist you in answering, I would appreciate it if you would tell me what you're referring to so that we make a clean record, and so that this way I know exactly what document you're looking at. A. That would be no problem.	12 13 14 15 16 17 18 19 20 21 22	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right? A. The second report was the one that incorporates the exam. Q. The first one incorporated your review of records to that point; is that right?
1234567890123	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to record to assist you in answering, I would appreciate it if you would tell me what you're referring to so that we make a clean record, and so that this way I know exactly what document you're looking at. A. That would be no problem. Q. Okay. And in preparation for today's	12 13 14 15 16 17 18 19 20 21 22 23	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right? A. The second report was the one that incorporates the exam. Q. The first one incorporated your review of records to that point; is that right? A. Yes.
123456789012	marking them separately. If we're going to refer to reports by date, that'll certainly suffice. A. Yes. Thank you. Q. Also, what I'd like to do is this, Doctor, if - because you're working off a screen, which I see the back of your computer, if you refer to records to assist you in answering, I would appreciate it if you would tell me what you're referring to so that we make a clean record, and so that this way I know exactly what document you're looking at. A. That would be no problem.	12 13 14 15 16 17 18 19 20 21 22	two-thirds of the hour are used for taking the history and going over any diagnostic texts and summing thing up. Q. Fair enough. And then after that, you would have authored your respective reports? Well, actually, I guess the second report is the one that was after the exam; right? A. The second report was the one that incorporates the exam. Q. The first one incorporated your review of records to that point; is that right?

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6 (Pages 18 to 21)

Page 18	Page 20
1 Q. Do you have any certifications in life care	1. breakdown irrespective of trauma?
2 planning?	2 A. Well, are we talking about the spine?
3 A. I do not.	3 Q. Yes.
4 Q. Then the examination that you performed came	4 A. I'm unaware of any scientific correlation
5 after you actually prepared a Life Care Plan?	5 between adjacent segment breakdown and genetics
6 A. Correct,	6 Q. I'm not talking about adjacent segment
7 Q. When dealing with life care issues, do you	7 breakdown. I'm talking about do you agree with me
8 agree with me that past conduct is the best indication	8 that a component of spinal degeneration relates to the
9 of how somebody will treat in the finance?	9 way somebody is genetically wired?
10 A. I'm not sure. That might be too vague for me	10 A. Yes.
11 to give you a blanket answer.	
	12 patients over the cars who've come to you with
13 usually a good indication of how somebody is going to	13 degeneration of their spine to the point that they
14 treat in the future?	14 warrant surgery even though there is no identifiable
15 MS. BRASIER: Objection. Incomplete	15 traumatic episode that they can point to?
16 hypothetical.	16 A. Yes.
17 Q. (BY MR. JAFFE) You can answer, sir.	17 Q. And even if it's just simply the microtrauma
18 A. Well, it would depend on too many variables	18 of daily living that produced that breakdown, that's
19 for me to be able to give you any one specific answer,	19 simply something that we all have to live with and is
20 but it would be certainly something I would look at.	20 viewed in conjunction with the way we're genetically
21 Q. Right. I mean, for example, if you indicated	24 wired?
22 that somebody was going to need an MRI of their cervical	22 A. Genetics is one of the contributors to that,
23 spine once every three years just to monitor for	23/yes.
24 adjacent segment breakdown and they didn't go within	24 Q. Okay. What are the other - what else would
25 those first three years, that would be some indication	25 you - can be contributing factors?
	Page 21
Page 19	
1 of how they're likely going to handle their future	1 A. Lifestyle.
2 treatment?	2 Q. Right, So, for example, again, that
3 A. No.	3 microtrauma of daily living or the type of loading that
4 Q. You don't agree with that?	4 we may be putting on our spine each of us individually
5 A. Not at all.	5 based upon what we do and how we work daily?
6 Q. Okay. If somebody has not followed through	6 A. In part. There are other factors.
7 with recommended treatment, does that at all provide an	7 Q. Such as?
8 indication as to how they're going to handle their	8 A. Organic health, for example, smoking, other
9 future care or treatment?	9 toxins, weight, occupation, which might be a form of
10 A. It depends on why they didn't follow through.	10 microtrauma.
11 Q. Okay. And you would agree with me that	11 Q. Comorbidities such as diabetes?
12 there's times people live with their condition and	12 A. Yes.
1.3 simply move on?	13 Q. Well, can we agree that prior to the accident
1.4 A. Sometimes there are times - sometimes they	14 at issue in this matter, Margaret Seastrand was
15 move on and sometimes moving on later isn't enough, and	15 suffering from an ongoing degenerative process in both
16 then they move on with the treatment that might have	16 her cervical and lumbar spines?
17 been set forth earlier. So again, it's a dynamic	17 A. Because you use the word "suffering," I would
	81 · · · · · · · · · · · · · · · · · · ·
I I O DIOCESS.	i 18 have to say no.
18 process. 19 O. Right, And there's a lot of variables that	18 have to say no.
19 Q. Right. And there's a lot of variables that	19 Q. Because suffering doesn't imply a symptomatic
19Q. Right. And there's a lot of variables that20can play into that dynamic process; right?	19Q. Because suffering docsn't imply a symptomatic20response; right?
19Q. Right. And there's a lot of variables that20can play into that dynamic process; right?21A. True.	 Q. Because suffering docsn't imply a symptomatic response; right? A. It docs.
19Q. Right. And there's a lot of variables that20can play into that dynamic process; right?21A. True.22Q. Such as further degeneration in a condition?	 Q. Because suffering doesn't imply a symptomatic response; right? A. It does. Q. She did demonstrate preexisting degenerative
19Q. Right. And there's a lot of variables that20can play into that dynamic process; right?21A. True.22Q. Such as further degeneration in a condition?23A. Potentially.	 Q. Because suffering doesn't imply a symptomatic response; right? A. It does. Q. She did demonstrate preexisting degenerative conditions in her cervical and lumbar spines?
19Q. Right. And there's a lot of variables that20can play into that dynamic process; right?21A. True.22Q. Such as further degeneration in a condition?	 Q. Because suffering doesn't imply a symptomatic response; right? A. It does. Q. She did demonstrate preexisting degenerative

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7 (Pages 22 to 25)

	Page 22		Page 24
1	will say that she had age-related change, as any of us	1	edema in the opposing endplates. I am not certain if
2	would, but I don't think she had any other condition or	2	the edema was traumatic or nontraumatic, but at least
3	suffering.	3	the osteophytic complex would be thought to have taken
4		· 4.	many months, if not years, to have formed prior to
	Q. By the way, what depositions have you reviewed	4. 5	
5	prior to today as related to this case?	5 C	4/3/09, the date of that MRI, and given that the injury
6	A. I don't think I have seen any depositions in	6	was less than a month before that, I would have to
7	this matter.	7	conclude that the bone spur - Linean, the osteophyte
8	Q. Have you seen Margaret Seastrand's?	8	was already there.
9	A. I don't believe so.	9	Q. Okay. And do you agree that an osteophyte can
0	Q. Have you seen Pablo Villablanca's?	10	be a product - strike that.
.1	A. I don't believe so.	11	Do you agree that the body forms osteophytes
2	Q. Have you seen Jeffrey Gross's - Km sorry, I	12	when there is a compromise to the disk in an attempt to
3	mean Arthur Croft? I apologize.	13	stabilize that spinst level?
4	A. No.	14	A. I do.
.5	Q. Have you seen John Siegler's?	1.5	Q. So typically the presence of an osteophyte is
6	A. No.	16	a good indication that there is some compromise to the
7		17	a good many and a devel?
	Q. Have you assisted counsel at all in preparing	8	A. Yes.
8	for any of those depositions?	:18	
9	A. No, I wasn't even aware of those depositions.	19	Q/And would you agree with me that when a disk
0	Q. Now, you have reviewed reports that were	20	osteophyte complex produces bilateral moderate neural
1	presented to you; is that right?	24	for aminal narrowing, it would be well, it certainly
2	A. Yes.	22	would not be surprising if there are neurologic symptom
3	Q. And those are some reports hired by of	23	in the upper extremities which the patient complains or
4	experts of which I hired?	24 /	demonstrates?
25	A. Yes.	25/	A. I don't know that I could -
i in far far in far	Page 23	/	
	Eave 20	a /	Page 25
1		/.	\mathbf{A}
1	Q. You saw Villablanca's reports?		Q. That was a bad question. I'm going to
2	Q. You saw Villablanca's reports? A. Yes.	1	Q. That was a bad question. I'm going to rephrase the question.
2 3	Q. You saw Villablanca's reports? A. Yes. Q. Siegler?	3	Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be
2 3 4	Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes.	3	Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing
2 3 4 5	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? 	3 4 5	Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing?
2 3 4 5 6	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. 	3 4 5 6	Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time?
2 3 4 5 6 7	 Q. You saw Villablanca's reports? A. Yes. Q. Sicgler? A. Yes. Q. Any others? A. Yes. Q. Who? 	3 4 5 6 7	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking.
2 3 4 5 6 7 8	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. 	3 4 5 6	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the
2 3 4 5 6 7	 Q. You saw Villablanca's reports? A. Yes. Q. Sicgler? A. Yes. Q. Any others? A. Yes. Q. Who? 	3 4 5 6 7	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at
23456789	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. 	3 4 5 6 7 8	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I
234567890	 Q. You saw Villablanca's reports? A. Yes. Q. Sicgler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. 	3 4 5 7 8 9	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at
2345678901	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this 	3 4 5 7 8 9 10	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the osteophyte and disk complex, I
234567890.12	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related 	3 4 5 7 8 9 10 11 12	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films and I saw the esteophyte and disk complex. I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the
234567890123	 Q. You saw Villablanca's reports? A. Yes. Q. Stegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schiffni. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? 	3 4 5 6 7 8 9 10 11 12 13	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have
2345678901234	 Q. You saw Villablanca's reports? A. Yes. Q. Stegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. 	3 4 5 6 7 8 9 10 11 12 13 14	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms.
234567890.12345	 Q. You saw Villablanca's reports? A. Yes. Q. Stegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schiffnl. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the 	3 4 5 6 7 8 9 10 11 12 13 14 15	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But,
234567890123456	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schiffni. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? 	3 4 5 6 7 8 9 10 11 12 13 14 15 16	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films and I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly
234567890.1234567	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-51 levels? 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the
23456789012345678	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated degeneration at the L5-51 levels? A. Yes. A. Yes. 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself.
234567890.123456789	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-51 levels? A. Yes. Q. Let's talk about the cervical spine first. 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself. A. They can be.
2345678901234567890	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-S1 levels? A. Yes. Q. Let's talk about the cervical spine first. 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself. A. They can be. Q. Right, Obviously there's a lot of things you
23456789012345678901	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-S1 levels? A. Yes. Q. Let's talk about the cervical spine first. What age-related degeneration existed at the C5-6 level as of the time of this accident? 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself. A. They can be. Q. Right. Obviously there's a lot of things you need to look at, types of symptoms, where the symptoms
234567890123456789012	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-S1 levels? A. Yes. Q. Let's talk about the cervical spine first. 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself. A. They can be. Q. Right. Obviously there's a lot of things you need to look at, types of symptoms, where the symptoms are. I mean, if she's claiming numbness in her pinky
2345678901234567890123	 Q. You saw Villablanca's reports? A. Yes. Q. Siegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schifini. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-S1 levels? A. Yes. Q. Let's talk about the cervical spine first. What age-related degeneration existed at the C5-6 level as of the time of this accident? 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself. A. They can be. Q. Right. Obviously there's a lot of things you need to look at, types of symptoms, where the symptoms are. I mean, if she's claiming numbness in her pinky and you're looking at C5-C6 disk, you're really not
2 3 4 5 6 7 8	 Q. You saw Villablanca's reports? A. Yes. Q. Stegler? A. Yes. Q. Any others? A. Yes. Q. Who? A. Dr. Schiffni. Q. Okay. A. I think that's all. Q. Okay. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the C5-6 level? A. Yes. Q. Can we agree that prior to this accident the plaintiff demonstrated age-related degeneration at the L5-S1 levels? A. Yes. Q. Let's talk about the cervical spine first. What age-related degeneration existed at the C5-6 level as of the time of this accident? A. Well, in accordance with Dr. Lewis' 4/3/09 MRI 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. That was a bad question. I'm going to rephrase the question. Would upper extremity neurologic symptoms be consistent with a disk osteophyte complex producing moderate neural foraminal narrowing? A. At any time? Q. Generally speaking. A. Well, I don't want to put the cart before the horse, but if someone had symptoms, and I looked at those films an d I saw the esteophyte and disk complex, I could correlate the symptoms to those findings. But just the presence of the osteophyte disk complex on the film does not guarantee that the patient would have symptoms. Q. Right. And I didn't say guarantees it. But, like you said, the symptoms can be consistent certainly with that type of a clinical finding on films in the spine itself. A. They can be. Q. Right. Obviously there's a lot of things you need to look at, types of symptoms, where the symptoms are. I mean, if she's claiming numbness in her pinky

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		8 (Pages 26 to 29
	Page 26	6 Page 28
1	Q. Right. And that's inconsistent with the way	1 make a full analysis. So your question was quite
2	we're wired?	2 limited, but otherwise it could certainly be correlated.
: 3	A. Generally, yes.	3 Q. I mean if - certainly if somebody comes in
4	Q. But if somebody has a disk osteophyte complex	4 complaining about bilateral numbress and there's no
: 5	at C5-6 with moderate neural foraminal narrowing, it	5 clinical morphological abnormalities shown on films of
6	would not be surprising if that person is complaining of	6 the cervical spine, now you're going to be looking at
7	bilateral numbress and tingling into their arm and	7 some other cause for those symptoms?
8	hands?	8 A. Well, then that could still be the cause.
9	A. As long as the complaint came first and not	9 Certain films don't show everything, and they certainly
10	the film.	10 don't show pain or numbress, so it just requires, again,
11	Q. Yes. Okay. That's a good point. If the	11 a complete comprehensive doctor's evaluation of all
12	complaint was there before the film, because obviously,	12 factors, including a differential diagnosis of non-neck
13	then, it's not like somebody who's manufacturing a	13 problems.
14	symptom to go along with a clinical finding, that would	14 Q. There could be a neuropathy somewhere in the
15	lend credence to the correlation between the two?	15 extremities or carpaixunnel syndrome. It could be a
16	A. As long as it's understood that there are many	16 variety of different things?
17	people with disk esteophyte complexes and no symptoms,	
18	and that such spondylotic changes are susceptibility	18 anything.
19	factors for people who sustain traumas.	1.9 Q. But since the symptoms appear and there is a
20	Q. Why is it important for you that the symptoms	20 corresponding abnormality in the - as shown on a film
21	be subjectively reported prior to the film?	21 of the cervical spine, that's at least a good place to
22	A. That was just based on the way you phrased	a start the investigative process?
23	your question because I think you were leading me down a	
24	path that wouldn't have been true unless I had mentioned	
25	that.	25 the causal relationship between the cervical fusion
	Page 27	7 / Page 29
1	Q. Okay. Why was it important to throw that in?	1/ performed by Dr. Muir and this accident?
2	A. Because the way you had asked your question	$\frac{1}{2}$ A. It is my opinion that the need for the surgery
3	made it sound like one could only evaluate the films,	3 to the corvical spine as performed by Dr. Muir was
4	but that's not how doctors use films, we use them to	4 directly the ramifications of the March 13, 2009 injury.
5	correlate symptoms.	5 Q. Okay Why?
6	Q. Right. Obviously you're not taking pictures /	6 A. Because prior to the injury, outside of an
7	and then bringing somebody in to say, Hey, what are you	
8	feeling? It's the other way around. Somebody comes in	
9	with a complaint and you say, Let's get a film so we can	
10	see what's going on there and see if we can correlate	10 not have required the surgery on the basis of her
11	the findings with your symptoms?	11. age-related degeneration, which is consistent with the
12	A. Well, that's how I approach things.	12 statistics on spondylosis.
13	Q. That's generally a good medical practice.	13 Q. Spondylosis is just simply a general term for
14	though; right?	14 degeneration?
15 16	A. That's exactly right	15 A. Age-related degeneration of the spine, yes.
16 17	Q. Okay. And if a patient comes in with numbness	16 Q. What is your source of information that
18 18	bilaterally in the arms and a film comes back later	17 pre-dating this accident she only had an occasional
18 19	showing a disk ostcophyte complex, say, at the C5-6	18 stiff neck?
19 20	level, now you've at least got symptoms that generally	19 A. She gave me a history when Panet with her on 20 August 23, 2012. And I'll reference you to the top of
20 21	correlate with the clinical finding on the films? A. Well, just given those two factors, I would	20 August 28, 2012. And I'll reference you to the top of 21 page 4 of my report, where she told me she denied any
22	say it's possible. I would want to do all the other	22 other episodes of neck pain except a couple of focal
23	say it's possible. I would want to do all the other things a doctor does and take a full history about the	22 oner episodes of neck pain except a couple of local 23 episodes on page 3 that resolved except for an
	- muse a notion noes and make a sum distory about the	Ben chistories an huge a must i contaer errahe int un
	womtoms and all the datails at the summer in the	\$ 24 personal stiff more
24 25	symptoms and all the details of the symptoms and rule out other things that could cause the same symptoms and	24 occasional stiff neck. d 25Q. Now, when yon and that would be an opinion

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9 (Pages 30 to 33)

Page 32 Page 30 A. I do not. that you reached in your report of August 7, 2012; 1 2 right? 2 Q. When were you retained in this case? A. What do you mean by "retained"? 3 3 A. Which part? 4 Q. The causal relationship of the cervical spine Q. When did somebody from Rick Harris' office 4 call you and say, Dr. Gross, we'd like to hire you as an :5 fusion to this accident? 5 expert on behalf of Margaret Seastrand, or words to that 6 A. Well, I first reached that on the August 7, 6 7 7 2012 report. effect? A. Well, I would imagine before the - just 8 8 Q. Right. But that was three weeks before you. before I received the records and request for medical 9 ever met her; right? 9 Life Care Plan dated August of 2012. 10 10 A. Correct. 11 11 Q. August 7, 2012? Because you got two reports Q. And you hadn't spoken to her on the phone 12 of August 2012. before then? 12 13 A. Yes, you're correct. It looks like I A. I had not: 13 completed the record review on 8/7/12, so I must have 14 14 Q. So then when you saw - when you wrote your reasonably had the records for at least enough time for 15 15 report of August 7, 2012, that was solely predicated me to review them and prepare the Life Care Plan. 1.6 upon the review of records which had been given to you? 16 Q. Do you/maintain any correspondence indicating 17 17 A. Records and some films. 18 when it was that you received those records? 18 Q. Okay. What I'm - I certainly understand when A. All correspondence are on the CD that you've 19 you're saying films. And when I'm talking about 19 20 already aftached. I'm looking through my copy to see if 20 records, I'm really not drawing a distinction between a 21 I have any such correspondence, and I don't see anything 21 clinical document produced by a doctor as opposed to 22 specific that would allow me to know any date of films that may have been taken, because it's really all 22 hyvolvement or - if that's what you mean by retention. 23 part of the clinical chart; right? Part of the clinical 23 Q. Yeah. When it was that you were contacted and 24 record? 24 25 wijen you agreed to accept the case, that's what I'm 25 A. I understand the way you don't make a Page 33 Page 31 looking to find out. ·1 distinction. 1 A. I don't see any documents to refresh any 2 2 Q. But you do. Okay. So, again, I guess to state it differently, detail for me to answer. З Q. Do you maintain any records or notes or 4 when you wrote your report of August 7, 2012, it was documents in your office by anyone which would indicate 5 solely based upon your review of clinical records and 5 Ġ when it was or how it was that you were retained? 5 films that were provided to you; is that right? A. Anything that I maintain would be in the 7 7 A. Yes: patient's file. I don't Reep anything separately. :8 Q. And did you list out the records that you 8 Q. Okay. Well, do you - when you're retained, .9 9 received which led you to that opinion? 10 A. Well, I listed all the records I reviewed. 10 do you - strike that. When somebody from an attorney's office 11 Q. In preparation of the August 7 report? 11 contacts you and says, We'd like you to handle this 12 A. Yes, they're all in the report. That's most, 12 case, do you discuss with them the scope of the work 13 13 of the report. 14 14 that you're expected to do? Q. And I understand that. And that's what I A. Sometimes. 15 wanted to ask you, were there any records that you 15 Q. Well, how did you know in this case that you 16 16 omitted when you wrote the report of August 7, 2012? were going to be asked to do a Life Care Plan? 17 17 A. Oh, no, I made no effort to omit any detail or 18 record 18 A. I don't recall. Q. Is there any record that's generated 19 19 Q. Now, it looks like there were further records indicating what you're asked to do, be it, do an provided to you prior -- rather, which prompted you to 20 20 independent medical examination where you're going to 21 21 author your report of September 29, 7012; would that be then write a report, do a medical record review, Life 22 22 accurate? 23 Care Plan, take on care of the patient? 23 A. Yes. A. I don't have any such record in this matter. 24 24 Q. Do you know why those records were not given And it would not be my practice to make a record if 25 to you prior to the August 7 report? 25

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