

IN THE SPOTLIGHT

An Interview with a Personal Injury Attorney

Ross A. Hauser, MD & Steven A. Crifase, Attorney at Law



Steven A. Crifase,
Attorney at Law

Patients who receive Prolotherapy may have at one time sustained an injury that was treated with surgery that achieved a less than optimal result. Prolotherapy physicians hope to be given the opportunity to treat these injuries prior to surgery, as they feel that Prolotherapy is frequently a practical alternative to expensive, time-

intensive surgical procedures and resultant rehabilitation. Steve Crifase was one such person who came to our office in order to avoid knee surgery—and he just happens to be a personal injury attorney. We thought that our readers would find it interesting to hear the opinion of a personal injury attorney related to the cases he has been involved with, and some of the concerns that he has based on what he has seen in his twenty-five years practicing as a personal injury attorney.

The interview between Mr. Crifase and Dr. Hauser was recorded and transcribed.

Dr. Hauser = **Q** (Question)
Mr. Crifase = **A** (Answer)

Mr. Crifase was asked to begin the interview with a short introduction of himself and his practice.

A: I graduated from Loyola University in '82 and I've been doing personal injury and worker's comp. practice since then. I'm AB rated the top, which represents 10-15% of lawyers in different sub-categories, and is peer review and rated.

Q: Please tell us about that rating.

A: It's a Martindale Hubble rating, which is a nationally recognized peer rating. Judges and lawyers rate each other.

Q: What category are you rated in?

A: I have it in Personal Injury. Doesn't mean I know what I'm doing but...(he jokes)

Q: Are you an independent practice?

A: I'm an independent practice. I've been independent since '84.

Q: By yourself?

A: Yes. Well, I've got co-counsel that I work with, but my physical plant is just myself and a secretary.

Q: Okay. And then you and I had a discussion that you're concerned about certain kinds of procedures that chronic pain patients get and you've had some experience with these various procedures. So I just thought you could just give us an overview.

A: You know, from a layman, and I call it an entirely layman standpoint, all my clients come in with traumatic injuries and my concern has always been, and not from a medical malpractice standpoint, but the information, the informed consent that the surgeons do or do not give them. And most of the clients that I represent are laboring and don't have the exposure to other ideas in terms of treatment alternatives and so on, so many of them will come in with a recommendation that their doctor says they need this surgery or that, and I will always say, "Well, did they give you the odds in terms of a bad result or have you talked about that with them?" The most glaring ones that I'm seeing now are these disc replacements—whether it's the ProDisc, or this Charite, if I'm pronouncing it correctly. But that seems to be a popular item I've gotten. I've had four clients that had lumbar disc replacements, two of which needed revisions, the whole apparatus taken out and replaced.

Q: With another artificial disc?

A: With another artificial disc.

Q: I understand. Interesting.

A: And I've got a guy right now who's been recommended

to have it from a top neurosurgeon out of Loyola. I sat down with him, went through the internet and showed him the results. I guess the problem, and you understand this much better than I do, is their whole theory about how the spine rotates and that's why the current disc designs don't work because there's a premise error there, in terms of how it turns or how it exerts force and I guess they're coming up with different facet fractures. In any event, that seems to be one of the things that's coming up. It's the same thing with the cervical disc surgeries that people come in with. I think I've handled fifteen of those in the last ten years and I can only think of four that didn't need revisions shortly thereafter.

Q: Are you talking about cervical disc replacement?

A: Fusions with screws and apparatus that came out or bone density issues, whatever. It's just so many of these people go in thinking they're going to be fine after surgery and they're so demoralized and disappointed when the expectations, created in large part by the surgeons, don't bear out.

Q: So the main concern you have in regard to disc replacements or other surgeries is that the likelihood of a bad result is minimized?

A: I don't think it's even communicated.

Q: So in your customers, your clients, you would say that in your experience, because you've been in practice twenty-five years now, that your clients note that basically, their understanding is it's just going to be a positive response. Their surgeons don't even talk about, you're saying they don't talk about post-operative expectations, like long-term arthritis or...?

A: Or failure of the theory or procedure at all. No, I'm generally the first one to even raise the question, "Did they talk to you about the consequences that might not be favorable?" And across the board the answer is, "No, they didn't. They just said I'd be fine. I'd be fine, my leg pain would be gone, I might have some back discomfort, but that would be it."

Q: Okay. So we discussed a little bit the topic of fusions. So your clients have had some bad experiences with fusion or disc replacements. Any other surgeries come to mind?

A: I guess the bigger joints. The shoulder surgeries. Depending on who the surgeon is, there's certainly a huge variance in outcomes, in terms of who does the work. I'm not going to name names, but there are certainly some people whose work I've been hugely impressed with over the years. Other results weren't as favorable...if they call me and they're saying this is what the doctor is suggesting, what do you think? I certainly always say, "Schedule a conference and talk to them about the results that might not be as favorable as they're suggesting and see what they say."

So I just think, and it's against my interests... I make more money on these cases if there's surgery. I make a tremendous amount of money on these disc replacement surgeries so I'm hypocritical to criticize the application or the use of those, but I just think that as a rule, and again it doesn't rise to a level of medical negligence, it's just a sad situation for people not to at least know that the outcome might not be what they'd like it to be.

And I always joke that builders need to build and bakers need to bake and surgeons need to do surgery. I've got any number of friends who are surgeons and they have expenses and crushing overhead and they're getting chiseled by the insurance carriers so they definitely need to cut. So sometimes I think that economic imperative outweighs some of their better judgment.

Q: I see, Steve. Have you had any experience in regard to various

injection techniques to relieve pain?

A: I have. My experience has been that they generally don't work. I'm not talking about the Prolotherapy because my knees feel great. It's a huge improvement. But the cortisone and even some of the nerve blocks is what I am talking about. Usually some of the guys with the disc injuries will be sent over to pain management first before surgery and they'll try any number of injections. And I give them credit with respect to the informed consent on those, because they generally tell me the doctor said, "Maybe it will work in three out of ten occasions." But I don't think I've ever had anybody that..., where it's arrested the pain for a permanent application. It's generally been a temporary thing.

Q: So the main concern you have in regard to disc replacements or other surgeries is that the likelihood of a bad result is minimized?
A: I don't think it's even communicated.

Q: What can people do to protect themselves?

A: I don't know. Do their own research so they can make an informed decision about, and then query their physicians about outcomes.

Q: What would be some specific questions you recommend people ask?

A: I would recommend that they ask about studies, because most of the stuff is in the studies. ...I was hearing about a Columbia Medical School study about, what is it, 70% of the back surgery recipients would have done just as well without. The body would have healed, given the opportunity. I don't know if that's the right percentage but I know that one was released four or five years ago. And the carriers that I deal with, because we're always arguing to get authorization for surgery on some of these work comp cases, were throwing that in my face for years. It's kind of calmed down, but there are all sorts of studies I'm just remotely aware of but that you guys are intimately familiar with, that confirm that surgery's not always the viable answer. But it's a huge industry. I don't know what the numbers are. I was just reading, I thought I just saw something that said that back treatment is a 38 billion dollar a year industry in the United States. I don't know that that's all surgery, but I would just tell them to do studies and question their physicians in a friendly and respectful way.

Q: Steve, if you don't mind me asking, what made you choose Prolotherapy versus, you know, the gamut of treatment options for yourself?

A: I have so many clients that have knee problems and knee tears and this and that and I generally, all day long am dealing with medical records and what not, and I've got friends who are ortho surgeons, and really didn't have a friend who did knees. If I did, maybe I would have gone to him, but I had no interest in going to an orthopod and figured I'd exhaust all the other remedies or avenues first. My son had such a great result with his shoulder and as I did more and more research, and then the New York Times just ran a front page article. Did you see that? On one of the NFL guys that came back after three weeks when they expected it to be an eight week injury.

Q: Yes.

A: I don't remember what the details were but I'm assuming it wasn't just blood spinning. That it was a combination of agents that they put in. And can I ask you a question? Are you guys injecting the hyaluronic acid?

Q: Steve, we have in the past used hyaluronic acid, but currently, we didn't see it cause regeneration, per se. It was adding expense to the procedure and we just didn't see the benefit of it. Obviously clients come here to hopefully to get cured of their pain or at least the majority of their pain. We saw it give temporary relief. We weren't seeing any long term relief.

A: Right.

Q: That's why we don't even have it in the office. Occasionally I'll get somebody who wants it so we might special order it for them.

A: Then do you have, are you going to put a sign in your waiting room, "Screaming patients mean things are working well." (he laughs)

Q: When Doug [our Patient Liaison] meets with them, he kind of goes over that. "You're going to hear different kinds of screams. This is the bad kind of scream, it sounds like this. This is the good kind of scream, it sounds like that." (he jokes)

A: Right. Hallelujah screams! Right!

Q: We appreciate your time.

A: Sure.

Q: Thank you so much. Can others contact you via email?

A: Yes, that's fine. crifase@aol.com.

Q: Thanks Steve.

A: Okay. Bye.

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EDITOR'S NOTE

Moral to the story: if your physician recommends surgery, please make sure to explore all options, ask for risk-benefit information, as well as detailed success statistics and furthermore, explore non-surgical alternatives, such as Prolotherapy, where indicated. ■