

INTERNAL DISC DISRUPTION

I. WHAT IT IS AND WHAT CAUSES IT?

The human spine consists of 24 bones, called vertebrae. Between each vertebra is a “shock absorber”, called intervertebral disc. See Figure (1). These round, flat round “cushions” help absorb pressure and prevent the bones from rubbing against each other. Each disc has an outer ring of fibers called the annulus, and a soft, jelly-like center called nucleus pulposus. The annulus is the strongest part of the disc and helps keep the center of the disc in tact.

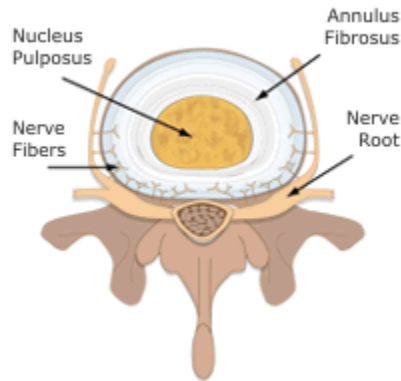


Figure (1) Intervertebral Disc

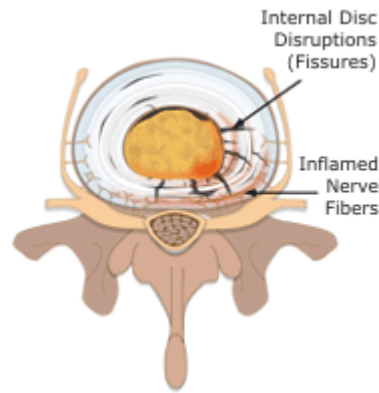


Figure (2) Disrupted Intervertebral Disc

II. WHAT CAUSES IDD?

Trauma, such as falling or a motor vehicle accident, or aging can damage and weaken the annulus. This can cause the disc to collapse or to lose water content and become brittle. The annulus cracks, tears or is “disrupted”, which creates pathways for the degenerated nucleus material to leak onto nerve fibers located in the outer edges of the annulus. See Figure (2). In many cases the nucleus material leaks completely through the disc and onto the adjacent spinal nerves. The nucleus material contains high levels of inflammatory substances which causes pain when it comes in contact with the nerves. Pain from internal disc disruption is mostly located in the lower back and may travel down into the legs. This pain is called “discogenic pain” because the pain comes from the disc itself.

III. SYMPTOMS

Damage to the annulus can cause chronic low back pain without disc herniation and nerve root compression. IDD causes pain in the lower back and may radiate down into the legs. Pain is increased by bending forward and/or sitting.

IV. DIAGNOSIS AND NON-DIAGNOSIS

It is not uncommon for internal disc disruption to be misdiagnosed or not diagnosed in the context of a personal injury case. The symptoms of IDD often mimic the symptoms of a bulging or herniated disc. MRI’s may be negative for bulging or herniation or may show some minor disc bulging. Sometimes, when there is a finding in an MRI study which could explain pain in the location where the patient is experiencing pain, the diagnosis will be a bulging disc with severe

pain out of proportion to the severity of the damage to the disc. Other times, there will simply be a diagnosis of generalized degeneration in the discs due to aging and wear and tear.

This type of incomplete diagnosis or non-diagnosis can have disastrous effects on a personal injury case. The defense medical experts and the defense attorneys will seize upon these diagnoses to characterize the plaintiff as a malingerer or someone who is exaggerating their pain.

When an individual has low back and lower extremity symptoms, and the MRI film does not show pathology that corresponds to the severity of the pain, internal disc disruption has to be considered. There are diagnostic tests which can confirm an IDD diagnosis.

Individuals with degenerative disc disease are more susceptible to IDD from trauma. Sometimes, an individual may have a long history of mild low back pain, an accident occurs and the pain becomes severe and debilitating. MRI's of the affected discs may not show any change with regard to bulges or herniations. However, if internal disc disruption is visualized in the post-accident films, and if there are pre-accident films which do not show the internal disruption, this can be an invaluable piece of evidence in a personal injury case.

V. IMPLICATIONS FOR PERSONAL INJURY CASES

A misdiagnosed or non-diagnosed internal disc disruption can be disastrous in a personal injury case. The plaintiff's pain and disability are very real, but the imaging studies which are relied upon by the doctors may not show pathology which correlates to the severity of the pain. This leaves the plaintiff susceptible to charges of fabrication and exaggeration of his or her injury. However, a properly and accurately diagnosed case of IDD can be presented in a very simple, dramatic fashion which can lead to fair and full compensation for the injured victim.