

Common Myths Used by Defense Reviewers in PI Cases

Some case reviewers are true experts and provide logical, evidence-based reviews that are generally fair. Unfortunately, many reviewers in PI cases are desperate, ethically-challenged individuals with just one objective: get paid for rendering opinions that are highly slanted in favor of the insurance industry. Such reviewers can easily be spotted by their constant expounding of one or more of the following well-established myths about whiplash injuries. These myths represent only a fraction of the defense garbage thrown at a case, but being prepared for these *arguments* is vital to success.

<i>Whiplash Myth</i>	<i>Comments</i>
1. Minor vehicle damage means that there was little or no injury to the occupant(s).	There is no reliable research study that makes this conclusion. In fact, with “energy absorbing” car bumpers, there may only be cosmetic damage to the bumper at delta Vs over 8-10 mph, which is well above the threshold for human injury.
2. Having a high-back seat or high head restraint makes it virtually impossible for a whiplash to occur, because hyperextension of the neck is not possible.	This statement assumes many things that are untrue. If the head is forward of the restraint, its height is irrelevant. Whiplash also occurs from the flexion phase of the accident, not just the extension phase. Additionally, studies have shown that facet and other injuries occur without full neck extension.
3. The vehicle occupant did not complain of pain at the time of the injury, therefore any injury had to be relatively minor.	The available whiplash textbooks and the countless hours of clinical experience make it clear that delays in the onset of symptoms are quite common in this form of trauma. Any doctor saying otherwise is either lying, willfully ignorant, or both.
4. Whiplash injuries are just soft tissue injuries, like a sprained ankle, that heal fully in 6-8 weeks.	There are no facets, discs, nerve roots, or spinal segments in the human ankle, thus comparisons between sprains in the lower extremity and whiplash injuries are deceptive, at best. This often used example is so far afield, that to call it analogous is an insult to even the most basic understanding of tissue physiology.
5. A whiplash type injury does not affect the low back.	According to research studies, low back injuries occur somewhere between 25% to 57% of whiplash traumas.
6. The patient had pre-existing degenerative disc disease in the area of trauma. Thus, the current residuals are due to the pre-existing condition and are totally unrelated to the collision.	A large percentage of the adult population has degenerative disc disease and are virtually symptom-free. This condition is actually one of the <i>complicating</i> factors of whiplash trauma, and makes a poorer recovery more likely.
7. The patient is attempting to get a big settlement for a minor injury. Once the case is settled, the symptoms will go away.	The myth of litigation neurosis has repeatedly been discredited by a variety of researchers. The fact that 40% or more of whiplash patients continue to have residual symptoms years after their case refutes this myth.
8. The auto accident only caused “soft tissue injuries.”	The obvious implications of this mantra is that a “soft tissue injury” is, by definition, something trivial. In reality, all traumas to the body, except fractures, are soft tissue injuries. Thus, traumas to the brain, nerves, disc, eyes, body organs, joint tissues, blood vessels, and everything else except those involving the bones are soft tissue injuries.
9. Whiplash injuries rarely require more than 2 months of chiropractic care.	The two most commonly recognized treatment and duration guidelines state that the great majority of whiplash injuries require more than 2 months of chiropractic care to resolve the condition to a true MMI level. Depending upon the type, extent, and number of complicating factors, 2 months of chiropractic care is typically a low estimated duration of treatment.