

**Ali Awad, Esq., MBA** · 2nd

Forbes Featured Injury Attorney -

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Here's how personal injury works:

1. Avoid gap in care. Client can go anywhere within first two weeks after an accident like emergency room, PCP, urgent care, or chiropractor. They can even buy ibuprofen at a pharmacy within 2 weeks to prove special damages. After 2 weeks, causation gets harder.

2. Once you confirm coverage, you get MRI's on ALL injured body parts. If there are neurological deficits, also get neurology referral made. This is a non-negotiable.

3. ALWAYS get medical doctor involvement. A chiro only case is not a serious case.

4. The treatment for herniated disc is an epidural steroid injection. Discs that herniate do NOT resorb on their own. Usually herniated discs are permanent injuries. If the ESI alleviates pain, you can finish off with PT or one more ESI to make pain go away completely for the time being. If it doesn't work, more invasive treatment like micro-discectomy might be recommended.

5. After the MRI, facet injections and nerve blocks are the most valuable/important thing you can do to a whiplash MVA case. They are diagnostic injections used to determine whether there's a facet injury or nerve damage. Both lead to the same result: if they work, client will likely be a candidate for radiofrequency ablations (RFA's). Some MD's prefer doing rhizotomies. This is now a 7 figure case because RFA's are repeated annually due to nerve endings



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6. You can use chiropractic and physical therapy interchangeably but only chiro's can order MRI's. PT's are more respected generally though.

7. If there's a policy of \$100K or more, get MRI's reviewed by independent doctor, and order medical narratives (or lifecare plans) when MRI's are positive. 42% of MRI's are done incorrectly due to improper angulation, slicing, or setup. A negative MRI doesn't mean much if the client is in pain. Send back to MD for further evaluation.

8. TBI work-up is also widely missed, so make sure clients get at least one neurology evaluation. NOTE: neurologists typically do NOT do neurological, vestibular, or cognitive therapy. For that you should use a neuro-therapy facility. Many companies do this via Telemed.

In summary, to get policy limits almost every time you just need chiro + MRI + ortho. Injection recommendations are good enough to get limits for \$25k and \$50k cases. For \$100k limits you'll need actual injections or TBI (Neuro) work up. For \$250k+ you typically need surgery or surgery recommendation. This is for typical MVA's without extenuating circumstances (such as DUI, hit & run, commercial/trucking, huge PD, extended hospital stay, pattern negligence, or other serious injuries like



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Note: this applies mainly for prelit cases (which we typically settle in 4-6 months at 70% tender rate); litigation has different rules.

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If you are wanting to learn how to PROPERLY handle personal injury cases where you can get the FULL policy limits consistently, the rules above are bulletproof. We collect millions every single month for our clients using the above methodologies. Another tip: get plastic surgery estimates whenever clients have open cuts or lacerations. Thank me later.

And if you want to learn more, check out my upcoming summit:

www.ceolawyersummit.com

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Kathy Ferrell BS RN LNC 4h (edited) ...

A Board Certified LNC who uses her me...

Ali Awad, Esq., MBA Ridiculous. Plastic surgery does not exist to add \$ to your pocket. Patient selection is the role of the provider not the attorney. Most open cuts or lacerations can be handled by any ER doc, PA or NP. Plastic surgeons are needed in reconstruction or complex lacerations of the face.

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