
IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF UTAH

UNITED STATES OF AMERICA,

Plaintiff,

v.

WAYNE LEMAR PALMER,

Defendant.

**ORDER EXTENDING SELF-
SURRENDER DATE**

Case No. 2:15-cr-00469 CW

Based upon motion of Mr. Palmer and good cause shown:

IT IS HEREBY ORDERED that defendant, Wayne Lemar Palmer's date for self-surrender is extended from Wednesday, April 17, 2019 at noon to Wednesday, August 14, 2019 at noon. All other orders which the Court imposed at sentencing shall remain as previously ordered.

DATED this 9th day of April, 2019.


HONORABLE CLARK WADDOUPS
United States District Court Judge

SCOTT KEITH WILSON, Interim Federal Public Defender (#7347)
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IN THE UNITED STATES DISTRICT COURT
DISTRICT OF UTAH

UNITED STATES OF AMERICA,

Plaintiff,

v.

WAYNE LEMAR PALMER,

Defendant.

**SECOND
MOTION TO EXTEND SELF-
SURRENDER DATE**

Case No. 2:15-cr-00469 CW

The defendant, Wayne Lemar Palmer, by and through counsel of record, Robert K. Hunt, hereby requests that this Court extend the surrender date for Mr. Palmer to report to the Bureau of Prison facility of designation from April 17, 2019 to October 17, 2019.

Mr. Palmer bases his motion upon the following grounds:

1. On October 9, 2018, Mr. Palmer was sentenced to Bureau of Prisons custody for 60 months. The Court allowed Mr. Palmer to self-surrender and ordered him to report to the designated facility by noon on January 17, 2019.

2. On November 17, 2018, Mr. Palmer was in a vehicle accident on 8900 South Redwood Road, West Jordan, Utah, when a vehicle crossed two lanes of traffic and hit Mr. Palmer's vehicle broadside. On November 17, 2018, Mr. Palmer suffered a fracture of the cervical spine at the c-6 vertebrae. While surgery was not necessary, the accident triggered significant pain and other problems.
3. On January 7, 2019, counsel for Mr. Palmer filed a motion to extend his self-surrender date to April 17, 2019 and the Court granted Mr. Palmer's request. That continuance was sufficient for the trauma recovery.
4. However, now, based on newly developed complications resulting from the accident, further surgery(s) is required. Mr. Palmer seeks at least another 120 days continuance of his self-surrender date. That continuance is specifically based on the following:
 5. Mr. Palmer's physician, Dr. Jahangir Imani, referred Mr. Palmer to Dr. Mark Reichman for an evaluation based on the significant pain and inability to swallow Mr. Palmer developed post-accident. Mr. Palmer cannot clear his throat and has difficulty swallowing even small solid objects. Mr. Palmer also now suffers from neck pain radiating to the interscapular region and upper extremities and has numbness in his arms to the thumb region. (See attached clinical notes from Dr. Reichman).
 6. Dr. Reichman's clinical diagnosis is a diffused idiopathic skeletal hypertrophy located at C5-6 and C6-7 with compression of the esophagus.

There is also a fracture through one of the osteophytes, which likely occurred at the time of the accident. With regard to the skeletal hypertrophy, Dr. Reichman's expert opinion is that the only option is surgical resection.

7. Dr. Reichman has scheduled Mr. Palmer for the above procedure on April 11, 2019 at the Intermountain Medical Center. According to Mr. Palmer's physician, the estimated date that Mr. Palmer could leave their active care is approximately 90 days, with a follow-up examination. The emanating pain will then be addressed.

Based on the foregoing, Mr. Palmer moves this Court to extend the date on which he must report to the Federal Bureau of Prisons facility to October 17, 2019.

DATED this 8th day of April, 2019.

/s/ Robert K. Hunt

ROBERT K. HUNT

Assistant Federal Public Defender

Attachment

*Clinical Notes from Mark V.
Reichman, M.D.*

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CHARLES C. RICH, M.D., P.C.
PAUL A. HOUSE, M.D., P.C.

Patient: Wayne Palmer
Patient Number: 88106196
Date of Birth: [REDACTED] 1955

Date of Service: 03/18/2019
Provider of Services: Mark V. Reichman MD

Referring Provider: Jahangir Imani MD
Referring Provider Fax : (801) 475-7322
Primary Care Provider:
Primary Care Fax:

Chief Complaint

The patient is a 63-year-old male seen in neurosurgical consultation on referral from Dr. Jahan Imani for evaluation and treatment advice regarding cervical disc disease.

History of Present Illness

The patient's main complaint is swallowing. He has difficulty clearing his throat and has difficulty swallowing even small solid objects. The onset of this was following a motor vehicle accident on 11/17/2018. He does have neck pain radiating to the interscapular region and upper extremities, right more so than left. He has numbness in his arms to the thumb region. These symptoms are improving gradually; however, the swallowing and clearing his throat are becoming progressively more bothersome for him.

Wayne Palmer is a 63 year old male.

• A change in activities of daily living was observed: using support while sleeping and avoids pressure to the back of the neck 11/17/18 to present • A change in work duties was observed: decreased keyboard time 11/17/18 to present • Symptoms improved with change of work duties • Symptoms improved with change of daily activities • Difficulty with activities of daily living

Current Medication

- Aspirin Low Dose 81MG Oral Tablet Delayed Release 0 days, 0 refills
- CBD Oil Oral 1 ml QD, 0 days, 0 refills
- Ibuprofen 800MG Oral Tablet 0 days, 0 refills
- Jardiance 25MG Oral Tablet 0 days, 0 refills
- Lisinopril 20MG Oral Tablet 0 days, 0 refills
- Trulicity 0.75MG/0.5ML Subcutaneous Solution Pen-injector 0 days, 0 refills
- Tylenol PM Extra Strength 500-25MG Oral Tablet 0 days, 0 refills

Allergies

Patient: 88106196 - Wayne Palmer Date: 03/18/2019-

- Glucophage (Metformin)
- Statin Medications

Past Medical/Surgical History

Reported:

Medical: Previous hospitalizations 11/2017 at IMC due to MVA.

Diagnoses:

Nonorganic sleep apnea

Procedural:

- Continuous positive airway pressure ventilation

Surgical:

- Appendectomy 1981
- Shoulder surgery 08/2000
- 2015 x2 Bilateral shoulder surgery
- 05/2016 x2 left shoulder surgery
- 09/2016 to 12/2016 left shoulder surgery
- 10/2016 PE of the left lung
- Knee surgery 2004

Previous Therapy

Ice used 11/17/18 to present, with improvement, Medication taken 11/17/18 to 01/01/19 with improvement while on medication, muscle relaxants: Cyclobenzaprine taken, with slight improvement, and NSAIDS: Ibuprofen and Tylenol PM used 11/17/18 to present, with slight improvement.

Social History

Behavioral: No tobacco use and no smoking electronic cigarettes.
Alcohol: No consumption of alcohol.
Drug Use: Denies illicit drug use.
Work: Working full time in real estate and finance.
Marital: Currently married.

Family History

Stenosis

Coronary artery disease mother and grandmother
Acute myocardial infarction father- fatal at the age of 71
Hypertension mother
Diabetes mellitus father
Alcoholism father
Cancer mother- Bladder

Review Of Systems

Encounter Background Information: PSFH and ROS was entered by my ancillary staff. I have reviewed and agree.

Systemic: Recent weight change: gain.

Head: Headache.

Endocrine: Muscle weakness. Previous history of sexual complaints.

Musculoskeletal System: History of cervical Oswestry scale was 28.

Physical Findings

Appearance: This is a morbidly obese 63-year-old male.

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Orientation: The patient is oriented to person, place, time, and situation.
Recent & Remote Memory: Within normal limits.
Mood & Affect: Within normal limits, appropriate.
Cardiovascular: Regular rate and rhythm without murmur.
Skin: Normal without discoloration.
Lymphatic: No palpable lymphadenopathy.
Language Function: Within normal limits, intact and appropriate.

Musculoskeletal & Neurologic Testing:

Gait & Station: Normal.

Range of Motion: Significant range of motion loss cervical spine and moderate range of motion loss lumbar spine.

Stability: Normal cervical and lumbar spine.

Comprehensive: Normal cervical and lumbar spine. No misalignment, asymmetry, crepitation, masses, or other defects.

Muscle Tone: Normal in the upper and lower extremities.

Muscle Strength of the Upper and Lower Extremities:

	Right	Left
Deltoid	5/5	5/5
Biceps	5/5	5/5
Triceps	5/5	5/5
Grasp	5/5	5/5
Hip Flexors	5/5	5/5
Quadriceps	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantar Flexion	5/5	5/5

Deep Tendon Reflexes:

	Right	Left
Biceps	Absent	Absent
Triceps	Absent	Absent
Brachioradialis	Absent	Absent
Patella	Absent	Absent
Achilles	Absent	Absent

Sensation: No detectable deficits to pinprick or fine touch.

Coordination: Normal in upper and lower extremities.

• Vitals taken 03/18/2019 03:53 pm

Pulse Rate-Sitting	107 bpm
Respiration Rate	18 per min
Height	69 in
Weight	270 lbs
Body Mass Index	39.9 kg/m ²
Body Surface Area	2.35 m ²
Pain Level	0

Radiologic Studies

I personally reviewed and interpreted the patient's cervical spine MRI study. He has typical degenerative disc disease and disc bulges at C3-4, C4-5, C5-6, and C6-7. At each of these levels there is dehydration and collapse of the disc. There are chronic disc bulges associated with bridging osteophytes producing moderate canal and foraminal narrowing. The main issue is

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related to diffuse idiopathic skeletal hypertrophy at C5-6 and C6-7. There are very large anteriorly projecting osteophytes consistent with DISH. The large osteophytes severely compress the esophagus and progress against the trachea.

Plan

This patient has diffuse idiopathic skeletal hypertrophy located at C5-6 and C6-7 with compression of the esophagus. This would explain his difficulty swallowing. There is a fracture through one of the osteophytes which likely occurred at the time of the accident and may be the etiology for increasing swelling and increasing swallowing since that time. His radiculopathic signs and symptoms are actually quite mild. I have discussed the option of treatment with him at length. With regard to the skeletal hypertrophy, the only good option is surgical resection. This would include anterior cervical exploration with resection of the diffuse idiopathic skeletal hypertrophy at C5, C6, and C7. I would not recommend treatment of the disc disease at the present time. I have advised him that he should try extensive conservative management after he recovers from the initial operation. This will likely occur for a period of 2 to 3 months following the initial procedure. Hopefully the radiculopathic signs and symptoms can be resolved with nonsurgical management. I have discussed this with Wayne at length with the indications, inherent risks, etc. He would like to proceed with this option and is scheduled for the above procedure on 04/11/2019 at Intermountain Medical Center.

D:MVR

cc: Jahan Imani, MD
Fax: 801-475-7322

Mark V. Reichman MD
Electronically signed by: Mark Reichman Date: 03/18/2019 19:04