IME REPORT — DRAFT

Independent Medical Evaluation — Report Draft

Examiner: J. Whitfield, MD · 04/09/2026 · Independence IME Center

CASE OVERVIEW	
CASE NO.	**MR-2026-0418**
PATIENT	Reyes, Camila A.
DOB	**04/18/1986**
DATE OF LOSS / SERVICE	**03/14/2025**
EXAMINER	J. Whitfield, MD
EXAMINATION DATE	**04/09/2026**
MATTER TYPE	Personal injury — motor vehicle collision
PREPARED FOR	Mercer & Hale LLP
ATTORNEY	J. Alvarez, Esq.
PREPARED BY	S. Okafor, RN
DATE PREPARED	**08/13/2026**

AI does the reading. You make the calls — always.

Purpose: Independent orthopedic evaluation — records review, examination, causation, impairment, and work-status opinion.

Records reviewed

- St. Mary's Medical Center — ED records, 03/14/2025 (p.001-p.047)
- Lakeside Family Medicine — office notes, 03/2025-07/2026 (p.048-p.057, p.370)
- OrthoWest Spine — consult and follow-ups, 04/2025-06/2026 (p.068-p.073, p.156-p.364)
- St. Mary's Imaging — MRI lumbar 04/05/2025, series 3, 24 slices
- North Texas Pain & Spine — notes and procedure records, 05/2025-05/2026 (p.168-p.356)
- NeuroDiagnostics Center — EMG/NCS 10/15/2025 (p.268)
- Meridian Physical Therapy — evaluation and notes, 04/2025-01/2026 (p.112-p.310)
- Pharmacy records — 03/2025-07/2026 (p.450)

History (as reported by examinee)

Ms. Reyes is a 39-year-old (DOB 04/18/1986) who reports a rear-end collision on 03/14/2025. She describes immediate low-back pain radiating to the left leg, which persisted through the period of treatment. She denies prior lumbar complaints or treatment. She reports current pain at 3-4/10 with activity-related flares, and states she avoids lifting over 20 lb and prolonged sitting.

Physical examination

FINDING	RESULT
Lumbar ROM	Flexion 60 degrees (reduced); extension 15 degrees; side bending 15/18 degrees
SLR	Left positive at 55 degrees; right negative at 80 degrees
Motor	Left EHL 4/5; left hip flexor 5/5; plantar flexion 5/5; right side 5/5
Sensory	Diminished light touch in left L5 dermatome; otherwise intact
Reflexes	Patellar and Achilles 2/4 bilaterally; no clonus; Babinski downgoing
Gait	Normal; left toe-walk mildly weak
Provocative	No sciatic tension on the right; facet loading unremarkable

Diagnoses

- M51.16 — L4-L5 disc herniation with radiculopathy
- M54.16 — Left L5 radiculopathy
- S39.012 — Acute lumbar strain (resolved)

Causation opinion

Within reasonable medical probability, the L4-L5 disc herniation and left L5 radiculopathy were caused by the 03/14/2025 collision. Basis: acute symptom onset at the collision; mechanism consistent with axial loading and rotation; objective findings within 22 days; no prior lumbar treatment for nine years.

Impairment

8% permanent impairment of the left lower extremity, reflecting the partial L5 sensory and motor deficits documented on examination. No whole-person conversion applied.

Work status and restrictions

Permanent: no lifting over 20 lb; no prolonged sitting over 45 minutes; no ladder or scaffold work; no repetitive bending.

Future care

Annual orthopedic follow-up; PRN epidural steroid injections; maintenance duloxetine; no surgery recommended at this time.

J. Whitfield, MD

Draft prepared by MedRecords AI from source-cited findings and reviewed by the examiner, who verified the examination data and opinions before signature. This is a demonstration draft.