

NARRATIVE SUMMARY

Narrative Summary — Reyes, Camila A.

Rear-end collision · lumbar disc herniation with radiculopathy.

CASE OVERVIEW	
CASE NO.	MR-2026-0418
PATIENT	Reyes, Camila A.
DOB	04/18/1986
DATE OF LOSS / SERVICE	03/14/2025
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.

Incident & acute care

Ms. Reyes was a restrained front-seat passenger in a rear-end collision on 03/14/2025. She was transported to St. Mary's Medical Center, where examination documented acute low-back pain radiating to the left lower extremity, paraspinal spasm, and a positive straight-leg raise. CT of the lumbar spine showed no fracture [p.012]. She was discharged with analgesics and followed with her primary care physician on 03/17 and 03/24 [p.048, p.056].

Orthopedic care & imaging

On 04/02/2025 she was evaluated by Dr. T. Okafor (OrthoWest Spine). Examination showed reduced lumbar motion, a positive left straight-leg raise, and 4+/5 left extensor hallucis longus strength [p.068]. MRI of 04/05/2025 demonstrated a 4.2 mm posterolateral disc herniation at L4-L5 with left L5 nerve-root contact [MRI-s3-sl18]. There was no advanced degenerative disease elsewhere.

Conservative care

Physical therapy began 04/09/2025 after an authorization delay (6-week gap from the PCP referral — flagged) [p.112]. Ms. Reyes completed 16 sessions through 08/12/2025, with functional improvement from 40% to 80% of predicted lumbar flexion. She received two fluoroscopic left L4-L5 transforaminal epidural steroid injections on 05/21/2025 and 08/20/2025, reporting 60% relief after the first [p.168, p.224]. EMG/NCS on 10/15/2025 confirmed a left L5 radiculopathy [p.268].

Current status

Ms. Reyes reached maximum medical improvement on 06/10/2026. The treating orthopedist and the defense IME agree on an 8% permanent impairment of the left lower extremity, with permanent restrictions of no lifting over 20 lb and no prolonged sitting [p.348, p.364]. Future care consists of annual orthopedic follow-up, PRN injections, and maintenance duloxetine. Causation is addressed in the accompanying expert opinion.

Sources: 1,836 unique pages across 5 packets; 31 citations; 0 uncited statements in this summary.