SAMPLE INDEPENDENT MEDICAL EVALUATION

LUMBAR SPINE WORK INJURY — QME CAUSATION & IMPAIRMENT EVALUATION

1 PATIENT INFORMATION

PATIENT NAME	Raymond E. Castellano
DATE OF EVALUATION	August 5, 2025
DOB	06/14/1973 (52 yrs)
DATE OF INJURY	June 3, 2024
AGE / SEX	52 / Male
EMPLOYER	Meridian Distribution & Logistics, LLC
MRN / CLAIM ID	WC-2024-118947
INSURANCE / CARRIER	Sentinel Casualty Insurance Co.
ADJUSTER / CASE MANAGER	Lorraine Fisk, Sentinel Casualty
ATTORNEY / LEGAL REPRESENTATIVE	D. Marquez, Esq. (applicant attorney)

2 EXAMINER INFORMATION

EXAMINER NAME	Harold J. Preston, MD
PHONE	(213) 555-0170
CREDENTIALS	MD, Board-Certified Orthopedic Surgeon; QME
FAX	(213) 555-0188
SPECIALTY	Orthopedics (Spine)
PRACTICE / FACILITY NAME	West Coast Orthopedic Evaluation Group

ADDRESS

700 S Flower St, Suite 2100, Los Angeles, CA 90017

3 REFERRAL INFORMATION

Requesting Party:

Sentinel Casualty Insurance Co., through claims adjuster Lorraine Fisk, for a Qualified Medical Evaluation in the matter of the June 3, 2024 industrial low back injury.

Reason for Evaluation:

To determine the nature and extent of the industrial injury, causation and apportionment relative to pre-existing degenerative disc disease, appropriateness of treatment rendered, whether the patient has reached maximum medical improvement, permanent impairment, and work capacity.

Questions to Be Addressed:

(1) Is the current lumbar condition causally related to the June 3, 2024 work injury? (2) What portion, if any, is attributable to pre-existing disease (apportionment)? (3) Has the patient reached MMI, and what is the whole-person impairment? (4) What are the appropriate permanent work restrictions and future medical needs?

TYPE OF EVALUATION

Qualified Medical Evaluation (QME), workers' compensation

RECORDS PROVIDED

412 pages of medical, imaging, and claim records

4 MECHANISM OF INJURY / INCIDENT HISTORY

Reported Injury Event:

The patient reports that on June 3, 2024, while manually repositioning a jammed 55-lb pallet that had shifted off a forklift, he felt a sudden "pop" and sharp pain in his low back radiating into the right buttock and posterior thigh. He was in a twisted, forward-flexed posture at the time. He reported the event to his supervisor the same shift and completed an incident report.

BODY PART(S) INVOLVED

Lumbar spine; right lower extremity (L5 distribution)

IMMEDIATE SYMPTOMS

Acute low back pain, right leg radiation, difficulty straightening

Initial Treatment:

Seen at the employer's occupational clinic on the day of injury; diagnosed with lumbar strain, prescribed NSAIDs and a short course of physical therapy, and placed on modified duty with a 15-lb lifting restriction. Symptoms persisted, prompting further workup.

5 CURRENT COMPLAINTS

PAIN LOCATION

Right lower lumbar region, radiating to right buttock, posterior thigh, lateral calf

PAIN SEVERITY

4–5/10 at rest, 7–8/10 with prolonged standing or bending

PAIN QUALITY

Deep aching in the back; sharp, burning, electric radiation in the leg

RADIATION

Right L5 distribution to the dorsum of the foot

Associated Symptoms:

Intermittent numbness and tingling over the dorsum of the right foot; occasional right-foot "heaviness." No bowel or bladder dysfunction. No saddle anesthesia.

Functional Limitations:

Difficulty with prolonged sitting (>30 min), standing (>20 min), and walking (>2 blocks). Unable to bend, stoop, or lift objects from the floor without significant pain. Sleep interrupted by positional pain. Requires assistance with heavier household tasks.

Work Limitations:

Unable to perform the material-handling and repetitive lifting/bending duties of his usual occupation. Has not returned to full duty since the injury.

6 PAST MEDICAL HISTORY

RELEVANT MEDICAL CONDITIONS
Hypertension (controlled); obesity (BMI 32); type 2 diabetes, diet-controlled

PRIOR SURGERIES
Right knee arthroscopy 2011 (non-industrial); L4-L5 microdiscectomy 11/2024 (industrial)

PRIOR ORTHOPEDIC CONDITIONS
Chronic intermittent low back pain for ~8 years, treated conservatively

MEDICATION HISTORY
Lisinopril, metformin, gabapentin 300 mg TID, naproxen PRN, acetaminophen PRN

PRIOR INJURIES
2016 minor lumbar strain (non-industrial), resolved without imaging or lost time

ALLERGIES
Sulfa — rash

7 OCCUPATIONAL HISTORY

JOB TITLE
Warehouse Forklift Operator / Material Handler

CURRENT WORK STATUS
Off work since 05/2025; previously on modified duty

JOB DUTIES
Forklift operation, manual palletizing, loading/unloading, repetitive lifting 25–60 lb

MODIFIED DUTY STATUS
Modified duty 06/2024–05/2025; employer no longer accommodating restrictions

PHYSICAL DEMANDS
Heavy per DOT classification: frequent lifting/carrying, bending, twisting

TIME MISSED FROM WORK
Approximately 14 weeks total lost time to date, including post-surgical recovery

8 RECORDS REVIEWED

MEDICAL RECORDS
Occupational clinic, PCP, pain management, and surgical notes (2016–2025)

WORK STATUS NOTES
Serial PR-2 and work-status reports 06/2024–06/2025

IMAGING REPORTS
Lumbar X-ray 06/2024; MRI 08/2024 and 04/2025

PRIOR IME REPORTS
None on file

OPERATIVE REPORTS
L4-L5 right microdiscectomy operative report, 11/12/2024

CLAIM DOCUMENTS
DWC-1, incident report, adjuster correspondence

THERAPY NOTES
Physical therapy notes (36 visits) and post-op rehab records

OTHER RECORDS
EMG/NCS report 03/2025

9 PHYSICAL EXAMINATION

GENERAL APPEARANCE

Well-developed, obese male in no acute distress; moves cautiously

GAIT / AMBULATION

Mildly antalgic favoring the right; able to heel-walk with mild right-sided weakness

INSPECTION

No scoliosis; well-healed midline lumbar surgical scar

PALPATION

Tenderness over right L4-L5 paraspinals; no midline step-off

RANGE OF MOTION

Flexion 40°, extension 10°, lateral bending 15° each, all pain-limited

STRENGTH

Right EHL 4/5; right ankle dorsiflexion 4+/5; otherwise 5/5

SENSATION

Diminished light touch over right L5 dermatome (dorsum of foot)

REFLEXES

Patellar 2+ bilaterally; Achilles 2+ left, 1+ right

SPECIAL TESTS

Right straight-leg raise positive at 45°; crossed SLR negative; Waddell signs absent

NEUROVASCULAR STATUS

Distal pulses intact; no edema; capillary refill normal

FUNCTIONAL TESTING

Unable to fully squat; difficulty rising from seated without upper-extremity support

10 IMAGING AND DIAGNOSTIC STUDIES

X-RAY

06/2024: multilevel degenerative changes, L4-L5 and L5-S1 disc space narrowing, no fracture

MRI

08/2024: right paracentral L4-L5 disc herniation with L5 nerve-root impingement, superimposed on multilevel degenerative disc disease. 04/2025: post-surgical changes, mild residual right foraminal narrowing, no recurrent large herniation.

CT

Not performed

ULTRASOUND

Not performed

EMG / NCS

03/2025: chronic right L5 radiculopathy; no acute denervation

LABORATORY STUDIES

Non-contributory

OTHER DIAGNOSTIC STUDIES

None

11 DIAGNOSIS / IMPRESSION

Primary Orthopedic Diagnosis:

Right L4-L5 disc herniation with L5 radiculopathy, status post right L4-L5 microdiscectomy (11/2024), with residual radiculopathy.

Secondary Diagnosis:

Multilevel lumbar degenerative disc disease, L4-L5 and L5-S1.

Pre-Existing Condition:

Pre-existing, asymptomatic-to-mildly-symptomatic multilevel lumbar degenerative disc disease predating the June 2024 injury.

Aggravation / Exacerbation:

The June 3, 2024 industrial event caused an acute disc herniation representing a permanent aggravation of the pre-existing degenerative condition, converting a previously manageable condition into a symptomatic, surgically treated one.

Differential Diagnoses:

Considered and excluded: recurrent disc herniation (not supported by 04/2025 MRI), facet-mediated pain (not the primary generator), and non-organic pain (Waddell signs absent).

12 CAUSATION ANALYSIS

Within reasonable medical probability, the right L4-L5 disc herniation and resulting L5 radiculopathy are causally related to the June 3, 2024 industrial injury. The described mechanism — a sudden loaded, twisting, forward-flexed lifting effort — is consistent with acute disc herniation, and the temporal correlation between the event and the onset of radicular symptoms is clear and well documented. The 08/2024 MRI confirmed an acute paracentral herniation with corresponding nerve-root impingement in the symptomatic distribution. The patient did, however, have pre-existing multilevel degenerative disc disease evident on the earliest imaging, which rendered the disc more vulnerable to injury. Applying apportionment under Labor Code §4663, I attribute approximately 75% of the current permanent disability to the industrial injury (the acute herniation and its surgical and residual sequelae) and approximately 25% to the pre-existing, non-industrial degenerative disc disease that would, more likely than not, have produced some symptoms over time independent of the injury.

13 TREATMENT REVIEW

Treatment Rendered to Date:

Initial conservative care (NSAIDs, activity modification, 36 physical therapy visits), one epidural steroid injection (10/2024) with transient relief, and right L4-L5 microdiscectomy (11/2024), followed by post-operative rehabilitation and a course of gabapentin for neuropathic symptoms.

Response to Treatment:

Surgery relieved the most severe leg pain and improved function, but the patient has residual right L5 radicular symptoms, sensory changes, and mild motor weakness that have plateaued.

Appropriateness of Treatment:

The care rendered was reasonable, medically necessary, and consistent with MTUS/ACOEM guidelines. Conservative measures were appropriately trialed before surgical intervention, and surgery was indicated given persistent radiculopathy with concordant imaging.

Additional Treatment Recommended:

Home exercise program, weight management, and as-needed neuropathic pain medication. A single repeat epidural steroid injection may be considered if symptoms flare.

Treatment Not Medically Necessary:

Repeat lumbar surgery, long-term opioid therapy, and prolonged passive modalities are not supported at this time.

14 MAXIMUM MEDICAL IMPROVEMENT

MMI STATUS

Reached

DATE OF MMI, IF REACHED

July 15, 2025

Rationale:

The patient is more than 8 months post-surgery, has completed appropriate rehabilitation, and has demonstrated a stable clinical picture over the past several months without meaningful further improvement expected. His condition is permanent and stationary.

Future Care Needs:

Anticipated future medical care includes periodic physician follow-up, a self-directed exercise program, occasional physical therapy flare-ups (up to ~6 visits/year), NSAIDs/neuropathic medication as needed, and the possibility of one future epidural steroid injection.

15 IMPAIRMENT RATING

IMPAIRMENT METHODOLOGY

AMA Guides to the Evaluation of Permanent Impairment, 5th Edition

BODY PART / REGION RATED

Lumbar spine (DRE Lumbar Category III)

WHOLE PERSON IMPAIRMENT

13% whole-person impairment (WPI)

PERMANENT PARTIAL IMPAIRMENT

Consistent with permanent partial disability; formal PD rating to be calculated by the rater

Rating Rationale:

The patient meets DRE Lumbar Category III criteria based on radiculopathy with significant signs (positive SLR, dermatomal sensory loss, EMG-confirmed L5 radiculopathy) and prior surgery, corresponding to 13% WPI. Before apportionment, the total impairment is 13% WPI; applying the 75% industrial apportionment yields approximately 10% WPI attributable to the industrial injury.

16 WORK CAPACITY / RESTRICTIONS

CURRENT WORK ABILITY

Capable of light-to-medium work with permanent restrictions; not able to return to usual heavy-duty role

RETURN-TO-WORK RECOMMENDATION

Vocational rehabilitation / modified or alternative position recommended

LIFTING / CARRYING LIMITS

STANDING / WALKING LIMITS

LIFTING / CARRYING LIMITS

No lifting/carrying over 20 lb; no repetitive lifting over 10 lb

STANDING / WALKING LIMITS

No prolonged standing/walking beyond ~30 minutes without a break

SITTING LIMITS

Change position every ~30–45 minutes

PUSHING / PULLING LIMITS

Limit to occasional, light force

REPETITIVE MOTION LIMITS

No repetitive bending, stooping, or twisting of the lumbar spine

OVERHEAD ACTIVITY LIMITS

No restriction (not affected by lumbar condition)

Temporary Restrictions:

Not applicable — patient is at MMI; restrictions below are permanent.

Permanent Restrictions:

Permanent preclusion from heavy lifting and repetitive bending/stooping/twisting, consistent with a limitation to light-to-medium demand work as detailed above.

17 PROGNOSIS

Expected Recovery:

No further significant recovery is expected; the condition is permanent and stationary.

Functional Outlook:

Functional status is stable and adequate for light-to-medium activity with adherence to restrictions and an ongoing exercise program.

Barriers to Recovery:

Obesity and diabetes are modifiable factors that may influence symptom burden; deconditioning and prolonged work absence are additional barriers.

Long-Term Limitations:

Chronic residual right L5 radicular symptoms and permanent lifting/bending restrictions are expected to persist indefinitely.

18 RESPONSES TO REFERRAL QUESTIONS

Question 1: Is the current lumbar condition causally related to the June 3, 2024 work injury?

Response: Yes. Within reasonable medical probability, the right L4-L5 disc herniation and L5 radiculopathy were caused by the described industrial lifting event, superimposed on pre-existing degenerative disc disease.

Question 2: What portion, if any, is attributable to pre-existing disease (apportionment)?

Response: Approximately 75% of the permanent disability is attributable to the industrial injury and approximately 25% to pre-existing, non-industrial degenerative disc disease, per Labor Code §4663.

Question 3: Has the patient reached MMI, and what is the whole-person impairment?

Response: Yes, MMI was reached on July 15, 2025. Total impairment is 13% WPI (DRE Lumbar Category III);

approximately 10% WPI is attributable to the industrial injury after apportionment.

Question 4: What are the appropriate permanent work restrictions and future medical needs?

Response: Permanent restriction to light-to-medium work with no lifting over 20 lb and no repetitive bending/twisting. Future care includes physician follow-up, home exercise, as-needed medication and physical therapy, and possible future epidural steroid injection.

19 SUMMARY AND CONCLUSIONS

Overall Orthopedic Opinion:

Mr. Castellano sustained an industrial right L4-L5 disc herniation with L5 radiculopathy on June 3, 2024, treated with microdiscectomy, now permanent and stationary with residual radiculopathy.

Causation Opinion:

The condition is industrially caused, representing a permanent aggravation of pre-existing multilevel degenerative disc disease.

Treatment Opinion:

Treatment to date was appropriate and guideline-concordant; future care is limited and largely supportive.

MMI / Impairment Opinion:

At MMI as of 07/15/2025 with 13% WPI (approximately 10% WPI industrial after 75/25 apportionment).

Work Capacity Opinion:

Precluded from his usual heavy-duty occupation; capable of light-to-medium work with permanent restrictions; vocational rehabilitation is recommended.

SO SIGNATURE

EXAMINER NAME	CREDENTIALS	SPECIALTY	SIGNATURE	DATE	TIME
Harold J. Preston, MD	MD, QME	Orthopedics	Harold J. Preston, MD	08/05/2025	13:00