SAMPLE — Fictional case for illustration only. Not a real client, claimant, or matter.

Litegy Medical Record Review & Case Analysis Report

Claimant Name: Example, Casey R. (fictional)
Report Date: November 4, 2026
Law Firm: Sample Law Firm
Matter Type: Motor-vehicle collision (rear-end), personal injury

Table of Contents

Illustrative Sample Disclaimer & Fictional Case Snapshot 1

Defense Report: Example, Casey R. 2

Expert Specialty Defense Analysis: Example, Casey R. 5

Plaintiff Report: Example, Casey R. 7

Expert Specialty Plaintiff Analysis: Example, Casey R. 10

Illustrative Sample Disclaimer

Illustrative sample only. This document demonstrates the format and depth of a Litegy medical record review and case analysis report. The claimant, the collision, every provider and facility, all dates, and every record citation in it are invented. Any resemblance to a real person, case, or medical provider is coincidental.

The analysis is AI-generated. No physician, nurse, attorney, or other human expert reviewed, edited, or validated any part of it. The Expert Specialty sections are also AI-generated: they are written from the viewpoint of a named medical specialty and are deliberately one-sided, showing how a defense-retained or plaintiff-retained expert might frame the issues. They are not the opinions of any real expert, not independent medical examinations, and not medical conclusions.

Nothing in this sample is legal advice, medical advice, a diagnosis, or a treatment recommendation. Decisions about a real matter should be made with qualified, licensed professionals who have evaluated the actual records and facts.

Fictional Case Snapshot

Claimant	Casey R. Example (fictional), age 38, retail store assistant manager
Incident	September 12, 2024: rear-end collision while stopped at a red light; claimant was the restrained driver of the struck sedan
Claimed injuries	Cervical strain; right C6 cervical radiculopathy attributed to a C5-6 disc protrusion; post-traumatic headaches
Treatment	Urgent care, primary care, 20 physical therapy visits, cervical MRI, EMG/NCS, two epidural steroid injections, spine surgery consultation
Record set	Fictional records from seven invented sources, cited below as, e.g., “Fictional Urgent Care, Record p. 4”

Defense Report: Example, Casey R.

SAMPLE — Fictional case. AI-generated analysis; no human or expert review.

Executive Summary

Casey R. Example claims that a low-speed rear-end collision on September 12, 2024 caused a cervical disc injury with right-arm radiculopathy, leading to physical therapy, two epidural steroid injections, and a claimed need for lifelong pain care. The defense position is that the collision caused, at most, a self-limited neck strain. The first medical visit, the following day, documented neck pain without any arm symptoms and a non-focal neurological exam. The MRI findings the plaintiff relies on sit alongside multilevel disc desiccation that is chronic in nature, and the chart shows a prior 2023 visit for neck stiffness. Radicular complaints were first described in detail after a seven-week treatment gap, and the EMG/NCS study was normal. The claimant returned to full duty within about two months. The defense should frame the case as a minor strain superimposed on pre-existing, age-typical degeneration and contest the causal link for the injections and any projected future care.

Main Defense Strategies

1. Mechanism and Early Presentation: A Low-Impact Collision with Limited Initial Complaints
2. Pre-existing Degenerative Cervical Disease as the Better Explanation
3. Delayed Radicular Complaints, a Seven-Week Treatment Gap, and a Normal EMG
4. Rapid Return to Full Duty and Preserved Function
5. Contest the Scope and Necessity of Future Care

Objective of Defense Strategy

- Limit the injury attributable to the collision to a cervical strain expected to resolve over a period of weeks to several months.
- Attribute the C5-6 findings and later arm symptoms to pre-existing degenerative disease.
- Use the treatment gap and normal EMG to cut the causal chain for injections and later care.
- Show preserved function through the claimant's early return to full-duty work.
- Reduce or eliminate future-care damages as speculative.

Detailed Strategy Analysis

1. Mechanism and Early Presentation: A Low-Impact Collision with Limited Initial Complaints

Facts and Evidence:

- The crash report estimates the striking vehicle's speed at 15–20 mph, notes minor rear-bumper damage, and records that neither vehicle's airbags deployed (Fictionville Police Dept. Crash Report, p. 1).
- The claimant declined EMS transport at the scene and drove the vehicle home (Fictionville Police Dept. Crash Report, p. 2).
- At Fictional Urgent Care the next day, the claimant reported neck pain rated 6/10, stiffness, and a mild headache, and denied numbness, tingling, or arm weakness. Strength, reflexes, and sensation were documented as intact (Fictional Urgent Care, Record pp. 3–4).
- Cervical X-rays showed no fracture; the only findings were straightening of the cervical curve and mild C5-6 disc space narrowing (Fictional Urgent Care, Record p. 5).

Counter-Arguments:

- **Plaintiff Argument:** Low property damage does not rule out injury, and many neck injuries worsen over the first days.
- **Defense Counter-Argument:** The defense does not need to claim the claimant was uninjured. The point is that the early presentation matches a soft-tissue strain, and the later radicular picture does not follow from a documented neurologically normal exam.

Evidence Path:

- Fictionville Police Dept. Crash Report, pp. 1–2: speed estimate, damage description, airbag status, EMS refusal.
- Fictional Urgent Care, Record pp. 3–4: initial complaints and normal neurological exam.
- Fictional Urgent Care, Record p. 5: cervical X-ray findings, including pre-existing disc space narrowing.

2. Pre-existing Degenerative Cervical Disease as the Better Explanation

Facts and Evidence:

- The MRI describes mild multilevel disc desiccation from C4 to C7, in addition to the C5-6 right paracentral protrusion (Imaginary Imaging Center, Record p. 45).
- X-rays taken the day after the collision already showed C5-6 disc space narrowing, a finding that develops over years (Fictional Urgent Care, Record p. 5).
- In February 2023 the claimant saw Sampleton Family Medicine for neck stiffness after moving furniture and was treated with NSAIDs (Sampleton Family Medicine, Record p. 8).
- The claimant's job involves regular lifting and overhead stocking, which the claimant described at deposition (Claimant Deposition (fictional), p. 22).

Counter-Arguments:

- **Plaintiff Argument:** The claimant had no neck treatment for more than 18 months before the collision and was asymptomatic.
- **Defense Counter-Argument:** A single resolved episode does not make the spine “normal.” The imaging shows a degenerative process that was present before September 2024 and that by itself can produce intermittent neck and arm symptoms.

Evidence Path:

- Imaginary Imaging Center, Record p. 45: multilevel desiccation and C5-6 protrusion.
- Fictional Urgent Care, Record p. 5: disc space narrowing on day-one X-ray.
- Sampleton Family Medicine, Record p. 8: early-2023 neck stiffness visit.
- Claimant Deposition (fictional), p. 22: physical job demands.

3. Delayed Radicular Complaints, a Seven-Week Treatment Gap, and a Normal EMG

Facts and Evidence:

- Intermittent right-hand tingling was first charted 10 days after the collision (Sampleton Family Medicine, Record p. 11).
- Physical therapy discharge on December 18, 2024 recorded pain at 3/10 and “improving” status; three sessions were cancelled or missed (Example Physical Therapy, Record pp. 39–41).
- No care is documented between December 18, 2024 and February 5, 2025, when the claimant first reported radiating right-arm pain to the pain clinic (Hypothetical Spine & Pain Clinic, Record p. 52).
- EMG/NCS on April 2, 2025 found no electrodiagnostic evidence of cervical radiculopathy (Hypothetical Spine & Pain Clinic, Record p. 58).

Counter-Arguments:

- **Plaintiff Argument:** The gap reflects a home exercise program and insurance delays, and EMG often misses sensory radiculopathy.
- **Defense Counter-Argument:** The claimant had access to care and a referral pathway throughout. Whatever the reason for the gap, worsening after it cannot be presumed to come from the collision. The normal EMG remains the only objective nerve test in the file.

Evidence Path:

- Sampleton Family Medicine, Record p. 11: first tingling complaint.
- Example Physical Therapy, Record pp. 39–41: discharge status and attendance log.
- Hypothetical Spine & Pain Clinic, Record p. 52: first radiating-pain visit after the gap.
- Hypothetical Spine & Pain Clinic, Record p. 58: normal EMG/NCS report.

4. Rapid Return to Full Duty and Preserved Function

Facts and Evidence:

- The urgent care work note restricted the claimant to light duty for one week only (Fictional Urgent Care, Record p. 6).
- The claimant testified to returning to full duty in mid-November 2024 and missing nine scheduled shifts in total (Claimant Deposition (fictional), pp. 34–35).
- PT records note the claimant resumed household tasks and “light gym workouts” by November 2024 (Example Physical Therapy, Record p. 33).

Counter-Arguments:

- **Plaintiff Argument:** The claimant went back to work out of financial necessity and works through pain.

SAMPLE — Fictional case for illustration. AI-generated; no human or expert review. Not legal or medical advice.

- **Defense Counter-Argument:** Motivation does not change what the records show. Sustained full-duty work in a lifting-based job is strong evidence against significant ongoing impairment.

Evidence Path:

- Fictional Urgent Care, Record p. 6: one-week light-duty note.
- Claimant Deposition (fictional), pp. 34–35: return-to-work date and missed shifts.
- Example Physical Therapy, Record p. 33: resumed activities.
- Employer attendance and payroll records (to be subpoenaed).

5. Contest the Scope and Necessity of Future Care

Facts and Evidence:

- The spine surgeon concluded the claimant was not a surgical candidate and recommended continued conservative care (Placeholder Orthopedic Associates, Record p. 68).
- The pain clinic's plan says repeat injections may be considered “as needed” and does not set a fixed schedule or duration (Hypothetical Spine & Pain Clinic, Record p. 63).
- The claimant reported about 60% relief lasting six weeks after the first injection (Hypothetical Spine & Pain Clinic, Record p. 60).

Counter-Arguments:

- **Plaintiff Argument:** The surgeon left open future fusion surgery if deficits progress, and injections will be needed indefinitely.
- **Defense Counter-Argument:** A conditional statement about a possible future progression is not a recommendation. The surgeon's actual recommendation is conservative care, and an open-ended “as needed” plan does not support a lifetime cost projection.

Evidence Path:

- Placeholder Orthopedic Associates, Record pp. 66–69: surgical consultation and recommendation.
- Hypothetical Spine & Pain Clinic, Record pp. 60, 63: injection response and plan.

Critical Analysis Sections

1. **Causation Analysis:** The weakest point for the plaintiff is linking the radicular complaints and injections to a low-speed impact, given a normal day-one neurological exam and a normal EMG.
2. **Pre-existing Condition Analysis:** Day-one X-ray narrowing, multilevel desiccation on MRI, and an early-2023 neck-stiffness visit together support a chronic degenerative baseline.
3. **Injury Severity:** Contemporaneous records describe neck pain and stiffness with no deficits. That picture fits a strain rather than a structural disc injury.
4. **Treatment Analysis:** Urgent care, primary care, and the initial PT course are reasonably related to a strain. Care after the seven-week gap, including the EMG and both injections, is open to challenge.
5. **Permanence Assessment:** No treating provider has issued a permanent impairment rating, and the surgeon recommends only conservative care.
6. **Future Treatment Assessment:** Future injections are described as “as needed” and surgery as conditional, so neither supports a reasonably certain projection.
7. **Functional Limitations Assessment:** Full-duty return by mid-November 2024 and resumed gym activity undercut the claimed long-term limitations.

Recommended Medical Experts

Expert specialties and types only. The firm would identify and retain its own experts; none were consulted for this sample.

1. **Orthopedic Spine Surgeon:** To explain that the MRI findings are degenerative and age-typical and that there is no surgical indication.
2. **Neuroradiologist:** To read the X-ray and MRI images and separate chronic changes from any acute traumatic findings.
3. **Physical Medicine & Rehabilitation (PM&R) Physician:** To address the expected recovery time for a cervical strain and the significance of the normal EMG.
4. **Biomechanical Engineer (non-medical):** To analyze collision forces from the crash data and vehicle damage.

SAMPLE — Fictional case for illustration. AI-generated; no human or expert review. Not legal or medical advice.

Expert Specialty Defense Analysis: Example, Casey R.

SAMPLE — Fictional case. AI-generated analysis; no human or expert review.

Specialty perspective: Orthopedic Spine Surgery. This section is AI-generated analysis written from the perspective of an orthopedic spine specialty, framed for the defense. No physician or other human expert wrote or reviewed it.

Executive Summary

From an orthopedic spine perspective, the records describe a cervical strain in a patient with established degenerative disc disease. The day-one exam was neurologically normal. The MRI shows a small protrusion without cord compression, against a background of multilevel desiccation. The later right-arm symptoms are not confirmed by electrodiagnostic testing. Temporary relief from injections does not show what caused the pain, and the treating surgeon found no surgical indication.

Main Defense Strategies

1. Imaging Reflects Age-Typical Degeneration, Not Acute Trauma
2. Clinical Course Consistent with a Self-Limited Cervical Strain
3. Radiculopathy Diagnosis Lacks Electrodiagnostic Confirmation
4. Injection Response Does Not Establish Causation
5. No Surgical Indication; Future Surgery Is Speculative

Objective of Defense Strategy

- Give a spine-specific basis for separating degenerative findings from collision-related injury.
- Limit causally related care to the strain-treatment period (about September–December 2024).
- Challenge the radiculopathy diagnosis and the causal basis for the injections.

Detailed Strategy Analysis

1. Imaging Reflects Age-Typical Degeneration, Not Acute Trauma

Facts and Evidence:

- Desiccation at three levels (C4-C7) shows a diffuse, chronic process (Imaginary Imaging Center, Record p. 45).
- The report notes no edema, fracture, ligament injury, or other acute finding (Imaginary Imaging Center, Record p. 45).
- C5-6 disc space narrowing was visible on X-ray the day after the collision, too soon for a new injury to cause it (Fictional Urgent Care, Record p. 5).

Counter-Arguments:

- **Plaintiff Argument:** A protrusion can be acutely caused or enlarged by trauma even within a degenerated disc.
- **Defense Counter-Argument:** No pre-collision MRI exists to show a change, and nothing in the radiology report distinguishes this protrusion from the common degenerative protrusions seen at this level in adults of the claimant's age.

Evidence Path:

- Imaginary Imaging Center, Record p. 45; Fictional Urgent Care, Record p. 5.

2. Clinical Course Consistent with a Self-Limited Cervical Strain

Facts and Evidence:

- PT pain scores fell from 7/10 at evaluation to 3/10 at discharge (Example Physical Therapy, Record pp. 20, 41).

Counter-Arguments:

- **Plaintiff Argument:** Partial improvement with a plateau shows a persistent structural injury.
- **Defense Counter-Argument:** A residual 3/10 with a home program is a typical strain outcome, and a plateau after 12 weeks is not evidence of a disc injury.

Evidence Path:

- Example Physical Therapy, Record pp. 20, 41.

3. Radiculopathy Diagnosis Lacks Electrodiagnostic Confirmation

Facts and Evidence:

- EMG/NCS found no evidence of cervical radiculopathy (Hypothetical Spine & Pain Clinic, Record p. 58).
- Sensory findings were described as “patchy” and varied between visits (Hypothetical Spine & Pain Clinic, Record pp. 52, 55).

Counter-Arguments:

- **Plaintiff Argument:** EMG is less sensitive for purely sensory root irritation.
- **Defense Counter-Argument:** That limitation is real, but it means the diagnosis rests on subjective, inconsistent findings, not on objective proof.

Evidence Path:

- Hypothetical Spine & Pain Clinic, Record pp. 52, 55, 58.

4. Injection Response Does Not Establish Causation

Facts and Evidence:

- Relief after the first injection was partial (about 60%) and temporary (six weeks) (Hypothetical Spine & Pain Clinic, Record p. 60).
- The second injection was done in May 2025, eight months after the collision (Hypothetical Spine & Pain Clinic, Record p. 61).

Counter-Arguments:

- **Plaintiff Argument:** A positive response confirms that the C5-6 level is the source of pain.
- **Defense Counter-Argument:** Even if the level is confirmed, the source could just as well be the pre-existing degenerative disc. The response says nothing about the collision.

Evidence Path:

- Hypothetical Spine & Pain Clinic, Record pp. 60–61.

5. No Surgical Indication; Future Surgery Is Speculative

Facts and Evidence:

- Strength was normal and there were no myelopathic signs at the surgical consultation (Placeholder Orthopedic Associates, Record p. 67).
- The surgeon recommended a home exercise program and NSAIDs as needed (Placeholder Orthopedic Associates, Record p. 68).

Counter-Arguments:

- **Plaintiff Argument:** The surgeon raised possible fusion surgery if deficits progress.
- **Defense Counter-Argument:** There has been no progression, and a conditional statement about the future is not a recommendation for surgery.

Evidence Path:

- Placeholder Orthopedic Associates, Record pp. 67–68.

Critical Analysis Sections

1. **Injury Identification:** Cervical strain is supported by the records. A traumatic disc injury and radiculopathy are not objectively established.
2. **Pre-existing Conditions:** Multilevel degeneration was present before the collision and was symptomatic at least once, in early 2023.
3. **Maximum Medical Improvement:** PT discharge in December 2024 is a reasonable endpoint for the strain.

Recommended Medical Experts

Expert specialties and types only. The firm would identify and retain its own experts; none were consulted for this sample.

1. **Orthopedic Spine Surgeon:** Primary specialty for this analysis: imaging, surgical indications, and degenerative versus traumatic findings.
2. **Electrodiagnostic Medicine Specialist:** To explain what the normal EMG/NCS does and does not show.

SAMPLE — Fictional case for illustration. AI-generated; no human or expert review. Not legal or medical advice.

Plaintiff Report: Example, Casey R.

SAMPLE — Fictional case. AI-generated analysis; no human or expert review.

Executive Summary

Casey R. Example was a working retail assistant manager with no neck treatment for more than 18 months when a pickup truck struck the claimant's stopped sedan on September 12, 2024. The claimant sought care the next day and reported neck pain at every visit afterward. Right-hand tingling appeared within 10 days, and the MRI showed a right-sided C5-6 disc protrusion with foraminal narrowing that matches the C6-pattern symptoms. Care escalated in an orderly way, from medication and 20 PT visits to imaging and two epidural injections. The claimant still lifts and stocks at work despite pain, and the treating providers anticipate further care. The plaintiff should present the case as an aggravation of a previously quiet spine, supported by consistent complaints, imaging that matches the exam, and reasonable treatment.

Main Plaintiff Strategies

1. Before-and-After Timeline: An Active, Working Claimant Until Impact
2. Consistent Neck Complaints from Day One
3. Objective Findings: MRI Correlates with the Clinical Exam
4. Reasonable, Escalating Conservative Care
5. Ongoing Limitations and Documented Future Care Needs

Objective of Plaintiff Strategy

- Establish the collision as the cause, or at minimum the aggravating cause, of the cervical disc injury and radiculopathy.
- Show that past treatment was reasonable, necessary, and continuous in substance.
- Support future care and non-economic damages through documented ongoing limitations.

Detailed Strategy Analysis

1. Before-and-After Timeline: An Active, Working Claimant Until Impact

Facts and Evidence:

- The only prior neck visit was a single 2023 episode that resolved with NSAIDs, with no follow-up treatment (Sampleton Family Medicine, Record p. 8).
- The claimant worked full duty in a lifting-based job and played recreational softball before the collision (Claimant Deposition (fictional), pp. 18–20).
- Neck pain was reported the morning after the collision and at every visit since (Fictional Urgent Care, Record p. 3).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** The 2023 visit shows a symptomatic pre-existing condition.
- **Plaintiff Counter-Response:** One episode that resolved without further care, followed by more than 18 months of full activity, is the definition of a quiet baseline. The collision changed that baseline.

Evidence Path:

- Sampleton Family Medicine, Record p. 8; Claimant Deposition (fictional), pp. 18–20; Fictional Urgent Care, Record p. 3.
- Coworker and family lay witnesses.

2. Consistent Neck Complaints from Day One

Facts and Evidence:

- Urgent care visit within 24 hours (Fictional Urgent Care, Record p. 3).
- Primary care follow-up within 10 days, documenting new right-hand tingling (Sampleton Family Medicine, Record p. 11).
- PT attended 20 of 23 scheduled visits (Example Physical Therapy, Record p. 41).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** No arm symptoms were reported on day one.

- **Plaintiff Counter-Response:** Radicular symptoms commonly develop over days as inflammation around the nerve root builds. They were charted within 10 days, well before any litigation.

Evidence Path:

- Fictional Urgent Care, Record p. 3; Sampleton Family Medicine, Record p. 11; Example Physical Therapy, Record p. 41.

3. Objective Findings: MRI Correlates with the Clinical Exam

Facts and Evidence:

- MRI: right paracentral C5-6 protrusion with mild right foraminal narrowing (Imaginary Imaging Center, Record p. 45).
- Positive right Spurling test and decreased sensation in the right C6 dermatome (Hypothetical Spine & Pain Clinic, Record p. 53).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** The findings are degenerative and the EMG was normal.
- **Plaintiff Counter-Response:** The side and level of the protrusion match the exam, and a normal EMG does not rule out sensory radiculopathy.

Evidence Path:

- Imaginary Imaging Center, Record p. 45; Hypothetical Spine & Pain Clinic, Record pp. 53, 58.

4. Reasonable, Escalating Conservative Care

Facts and Evidence:

- Progression from medication to PT, then imaging, then injections (Fictional Urgent Care; Example Physical Therapy; Imaginary Imaging Center; Hypothetical Spine & Pain Clinic).
- The first injection gave about 60% relief for six weeks (Hypothetical Spine & Pain Clinic, Record p. 60).
- The gap from December 2024 to February 2025 coincided with the prescribed home exercise program and a pending referral authorization (Claimant Deposition (fictional), p. 47; Example Physical Therapy, Record p. 41).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** The seven-week gap breaks the causal chain.
- **Plaintiff Counter-Response:** The claimant was following the discharge instructions, and symptoms persisted throughout. A short gap while doing prescribed home therapy is a reasonable, compliant course.

Evidence Path:

- Example Physical Therapy, Record p. 41; Claimant Deposition (fictional), p. 47; Hypothetical Spine & Pain Clinic, Record p. 60.

5. Ongoing Limitations and Documented Future Care Needs

Facts and Evidence:

- The claimant reports pain with overhead stocking and has stopped playing softball (Claimant Deposition (fictional), pp. 36–38).
- The pain clinic plans repeat injections as needed (Hypothetical Spine & Pain Clinic, Record p. 63), and the surgeon documented possible future surgery if deficits progress (Placeholder Orthopedic Associates, Record p. 68).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** Full-duty work shows no significant impairment.
- **Plaintiff Counter-Response:** The claimant works through pain out of financial necessity, and the treating providers' plans document a continuing medical need.

Evidence Path:

- Claimant Deposition (fictional), pp. 36–38; Hypothetical Spine & Pain Clinic, Record p. 63; Placeholder Orthopedic Associates, Record p. 68.

Critical Analysis Sections

1. **Injury Identification:** Cervical strain with right C6 radiculopathy associated with a C5-6 disc protrusion; post-traumatic headaches during the first several weeks.
2. **Pre-existing Condition Analysis:** Degenerative changes were present but were quiet apart from one resolved episode in early 2023. The collision turned that condition into a persistent symptomatic one.

SAMPLE — Fictional case for illustration. AI-generated; no human or expert review. Not legal or medical advice.

3. **Resolution Status:** Not resolved. The claimant has ongoing pain and needs periodic injections.
4. **Treatment Justification:** Care was conservative, stepwise, and documented as helpful.
5. **Future Treatment Projection:** Periodic injections, PT flare-up care, medication, and surgical monitoring.
6. **Functional Impact Analysis:** Pain with overhead and lifting work, lost recreational activity, and disrupted sleep reported in PT notes.

Recommended Medical Experts

Expert specialties and types only. The firm would identify and retain its own experts; none were consulted for this sample.

1. **Physical Medicine & Rehabilitation (PM&R) Physician:** To explain the correlation between exam and imaging, and future care needs.
2. **Pain Medicine Specialist:** To support the indication for the injections and their diagnostic value.
3. **Life-Care Planner:** To estimate the cost of future care based on the treating providers' plans.

SAMPLE — Fictional case for illustration. AI-generated; no human or expert review. Not legal or medical advice.

Expert Specialty Plaintiff Analysis: Example, Casey R.

SAMPLE — Fictional case. AI-generated analysis; no human or expert review.

Specialty perspective: Physical Medicine & Rehabilitation (PM&R). This section is AI-generated analysis written from the perspective of a PM&R specialty, framed for the plaintiff. No physician or other human expert wrote or reviewed it.

Executive Summary

From a PM&R perspective, the records describe a spine with mild, mostly silent degenerative changes that became persistently symptomatic after a rear-end impact. The symptoms began promptly, the claimant reported them consistently, and they match the C5-6 findings. Clinical radiculopathy is diagnosed by examination, and a normal EMG does not exclude it. The injection response supports C5-6 as the pain source. The course to date points to a chronic condition that will need periodic care.

Main Plaintiff Strategies

1. Aggravation of a Previously Quiet Degenerative Spine
2. Clinical Radiculopathy Is Diagnosed by Examination
3. The Treatment Gap Reflects a Compliant Home Program
4. Diagnostic Value of the Injection Response
5. Permanence and Future Care Projection

Objective of Plaintiff Strategy

- Give a rehabilitation-medicine basis for causation by aggravation.
- Validate the radiculopathy diagnosis and the necessity of the treatment.
- Support a defensible future-care projection.

Detailed Strategy Analysis

1. Aggravation of a Previously Quiet Degenerative Spine

Facts and Evidence:

- The single 2023 episode resolved without follow-up care (Sampleton Family Medicine, Record p. 8).
- Persistent symptoms have been documented continuously since September 13, 2024 (Fictional Urgent Care, Record p. 3).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** The imaging shows nothing but degeneration.
- **Plaintiff Counter-Response:** Under an aggravation framework, the question is whether the collision made the condition symptomatic. The timing of symptom onset answers that question.

Evidence Path:

- Sampleton Family Medicine, Record p. 8; Fictional Urgent Care, Record p. 3.

2. Clinical Radiculopathy Is Diagnosed by Examination

Facts and Evidence:

- Positive Spurling test and C6 sensory changes on the right (Hypothetical Spine & Pain Clinic, Record p. 53).
- The EMG report notes that the study does not exclude sensory radiculopathy (Hypothetical Spine & Pain Clinic, Record p. 58).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** The sensory findings were inconsistent.
- **Plaintiff Counter-Response:** Fluctuating sensory findings are typical of radicular irritation. The side and dermatome stayed the same at every visit.

Evidence Path:

- Hypothetical Spine & Pain Clinic, Record pp. 53, 55, 58.

3. The Treatment Gap Reflects a Compliant Home Program

Facts and Evidence:

- The PT discharge prescribed a home exercise program and follow-up if symptoms persisted (Example Physical Therapy, Record p. 41).
- The claimant described doing daily home exercises during the gap (Claimant Deposition (fictional), p. 47).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** No care means no symptoms.
- **Plaintiff Counter-Response:** The claimant was receiving prescribed self-directed care. Seeking escalated care when symptoms persisted is appropriate behavior.

Evidence Path:

- Example Physical Therapy, Record p. 41; Claimant Deposition (fictional), p. 47.

4. Diagnostic Value of the Injection Response

Facts and Evidence:

- About 60% relief for six weeks after the right C5-6 injection (Hypothetical Spine & Pain Clinic, Record p. 60).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** The relief does not identify the cause.
- **Plaintiff Counter-Response:** Combined with symptom onset that began with the collision, confirming the level completes the causal picture.

Evidence Path:

- Hypothetical Spine & Pain Clinic, Record p. 60.

5. Permanence and Future Care Projection

Facts and Evidence:

- Residual neck and right-arm symptoms reported at deposition, about 18 months after the collision (Claimant Deposition (fictional), p. 36).
- Treating plans for repeat injections and surgical monitoring (Hypothetical Spine & Pain Clinic, Record p. 63; Placeholder Orthopedic Associates, Record p. 68).

Anticipated Defense Arguments and Counter-Responses:

- **Defense Argument:** Future care is speculative.
- **Plaintiff Counter-Response:** The projections come from the treating providers' own documented plans and the claimant's established response to treatment.

Evidence Path:

- Hypothetical Spine & Pain Clinic, Record p. 63; Placeholder Orthopedic Associates, Record p. 68.

Critical Analysis Sections

1. **Injury Identification:** Cervical strain with aggravation of C5-6 degenerative disease, producing right C6 radiculopathy.
2. **Maximum Medical Improvement:** Not yet reached for the radicular component while injection care is ongoing.
3. **Permanence:** The persistence of symptoms beyond 18 months suggests a lasting partial impairment.
4. **Prognosis:** Guarded. The claimant is likely to have intermittent flare-ups that need periodic care.

Recommended Medical Experts

Expert specialties and types only. The firm would identify and retain its own experts; none were consulted for this sample.

1. **Physical Medicine & Rehabilitation (PM&R) Physician:** Primary specialty for this analysis: causation, impairment, and rehabilitation needs.
2. **Pain Medicine Specialist:** To address the indications for and diagnostic value of the injections.

End of sample. Fictional case prepared to illustrate report format. AI-generated analysis; not reviewed by any physician, attorney, or other human expert; not legal or medical advice.