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September 9, 2014

Nitasha Bansal
Liberty Mutual Insurance Company
399 Campus Drive
Somerset, New Jersey 08873

Re: Mark Cava
Claim No.: 2116264303
Date of Accident: 11/18/11
Date of Examination: 9/9/14

Dear Ms. Bansal:

Below was an independent medical evaluation on examinee, Mark Cava, who was seen in my office in independent medical evaluation on the date of 9/9/14.

History of Accident

This is a male, date of birth 10/31/90, 23 years of age at the time of the examination, who was involved in a motor vehicle accident on 11/18/11. At that time, he was the driver of a car that was struck on the rear by another vehicle. He was stopped at the time of the accident.

At the time of accident, the examinee complained of pain in the neck and lower back and was taken to Hackensack Hospital by ambulance where x-rays were done. He was released that same day. He was told that there were no fractures and was given no braces, crutches, immobilizations, or splints.

He came under the care of his primary care physician, Dr. Raza and had an MRI done of his lumbar spine by Dr. Raza. He had been treated with medication and then was referred to Dr. Matarese where he was placed in a course of physical therapy for approximately three times a week for a couple of months.

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The examinee states he was doing well at that time and was released from Dr. Matarese's care and released from physical therapy and then recently this past winter in February 2013 had increased pain in his lower back. He came under the care of a chiropractor, Dr. Weber, and was treated from February 2013 to March 2014. Presently, he is not under the care of any physicians.

Current Complaints

Present complaints include neck and lower back pain. The neck pain has significantly gotten better and is no longer present.

The lower back pain is made worse with prolonged positions such as sitting, standing, and also gets some pain with sleeping. It varies. Some days are worse than others. He has some difficulty lifting 120 lbs.

He occasionally gets pain that radiates to his right leg to his mid thigh and has not had any recent episodes radiating pain in the past several months. He denies any increasing symptoms with sneezing or coughing and again, there is no radicular pain, numbness, or paresthesias in the upper extremities.

Past History

The examinee denies hypertension, diabetes, peptic ulcer disease, respiratory problems, or endocrine disturbances.

Past surgical history is unremarkable.

Previous injury to the neck and lower back denied. Recent injuries to the neck and lower back denied.

Social History

He is 23 years of age, single. He denies tobacco. He denies alcohol use.

Review of Systems

He denies any bladder or bowel dysfunction. He denies any loss of consciousness. He is left-hand dominant.

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Physical Examination

He is a 23-year-old male, alert and oriented x3. He is in no apparent distress. He is able to get on and off the examination table without difficulty. He is approximately 5'6" in height and 175 lbs in weight.

Head is atraumatic and normocephalic.

Cervical spine, nontender. He has full active range of motion in all planes tested. He has forward flexion 50°, extension 60°, and lateral rotation 80°. Nontender in the cervical spine posteriorly. No step-offs. No spasms.

The examinee's upper extremity sensation is intact to light touch with 6-mm two-point discrimination in all digits tested. Reflexes of the biceps, triceps, and brachioradialis 2+ equal and active bilaterally.

Negative Tinel's and negative Phalen's test medial nerve of the wrist. Negative Tinel's test medial nerve proximal forearm and elbow.

Motor examination is 5/5 in bilateral shoulder abduction, elbow flexion and extension, wrist flexion and extension, intrinsics of the hand, and finger flexion. No evidence of any thenar or hypothenar atrophy.

Negative Spurling's test. Negative Lhermitte's sign. Negative Hoffmann's sign.

Examination of the thoracolumbosacral spine reveals minimal tenderness in the lower lumbar spine, midline. No spasms. No step-offs. Nontender bilateral SI joints. He is able to forward flex to 2 inches from fingertips to toes. Negative straight leg raise testing in the sitting and supine positions.

Sensation is intact to light touch in both lower extremities. Ankle jerk and knee jerk 2+ equal and active bilaterally. Downgoing Babinski. Absent clonus. He was able to stand on heels and toes without difficulty. Gait is unremarkable.

Motor examination in hip flexion, knee extension, ankle dorsiflexion and plantar flexion, inversion, and EHL 5/5 bilaterally. Sensation is intact to light touch in both lower extremities.

Review of Records

I reviewed the following records:

1. MRI report and MRI films on a CD of the lumbar spine from 1/14/12.
2. Answers to interrogatories and deposition.
3. An accident report from 11/18/11.
4. Notes of emergency room from Hackensack University Medical Center from date of 11/19/11.
5. Notes of Dr. Matarese from the date of 1/27/12, 2/15/12, and 3/5/12.
6. Notes of Dr. Raza, dated 11/23/11 and 12/7/11.
7. Notes of Dr. Raza, dated 12/15/11.
8. Physical therapy notes from High Mountain Physical Therapy & Sports Medicine from the dates of 2/7/12 and 2/17/12 and including also notes of 3/5/12 physical therapy.
9. Photographs of the vehicle.
10. Miscellaneous medical records.

Review of Special Tests and X-Rays

1. A CD of an MRI of the lumbar spine from 1/14/12 was reviewed. In my review of the films, there were no disc herniations, just a small disc bulge at L5-S1, otherwise, unremarkable. The radiologist's report revealed a small central disc herniation at L5-S1 with slight indentation of thecal sac.

Impression and Discussion

The examinee is a 23-year-old male, who was involved in a motor vehicle accident on the date of 11/18/11. He sustained sprains to the cervical and lumbosacral spines and has no permanency as a result of the injury sustained from the motor vehicle accident of 11/18/11. He is neurologically intact and has essentially unremarkable examination and there is no correlation of any subjective findings.

It should be noted for work history at the time of the accident, he was employed installing doors. He missed three weeks of work and now has been released and is presently working as an apprentice doing general contracting.

Based upon this examination, the examinee has no permanency as a

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result of the cervical and lumbosacral sprains. There is no need for any further treatment. The diagnosis of cervical sprain and lumbosacral sprain is related to the motor vehicle accident. There is no history of any comorbidities of prior injuries of pre-existing conditions and he has excellent function of his spine.

Extremities neurologically intact and has no permanency based upon this exam and review of records.

All history was obtained from the examinee and from any medical records made available for my review. All complaints expressed by the examinee as they relate to the above-noted history were documented. The examination was complete and accurate relating to the above incident. At the conclusion of the examination, the examinee left in the same condition as that noted upon arrival. No dissatisfaction was voiced.

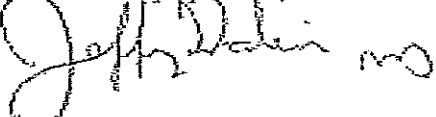
I declare that the information contained within this document was prepared and is the work product of the undersigned and is true to the best of my knowledge and information.

As is customary, I am being paid for my time examining this individual and reviewing the medical records provided to me in preparation of this report, as well as for any future services, which may be required such as review of additional records, and/or future legal services referable to the above case.

The above are my opinions expressed within a reasonable degree of medical probability.

If I can be of further assistance to you regarding this matter, please feel free to contact me.

Sincerely yours,



/S/ JEFFREY F. LAKIN, M.D.

JFL: et/gt/ck/ kf