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NEW JERSEY LOCATIONS

PARAMUS/RIDGEWOOD – BERGEN COUNTY  
PISCATAWAY – MIDDLESEX COUNTY  
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CHERRY HILL – CAMDEN COUNTY  
MAYS LANDING – ATLANTIC COUNTY  
KEARNY – HUDSON COUNTY  
MERCERVILLE/EWING – MERCER COUNTY

Dale Howarth  
Liberty Mutual  
Marlton Executive Park  
701 Route 73 South, Suite 201  
Marlton, NJ 08053

RE: [REDACTED]  
DATE OF BIRTH: 11/19/51  
CLAIM NO.: 229593300003  
DATE OF INJURY: 6/2/12  
DATE OF EVALUATION: 10/22/14

Dear Ms. Howarth:

The above claimant, [REDACTED] was seen in the Freehold office for an independent medical evaluation on October 22, 2014.

Submitted for my review:

1. New Jersey Police – Police Report – DOI: 6/2/12
2. Mark C. Zientek, D.C. – chiropractic note – 6/8/12
3. Robert Wood Johnson University Hospital – emergency room – 6/2/12
4. Diagnostics – radiology – 7/21/12
5. Diagnostics – MRI – 8/11/12
6. Superior Court of New Jersey – plaintiff's answers to defendant's demand interrogatories
7. Superior Court of New Jersey – plaintiff's answers to Form A

HISTORY:

The history is that of a 62 year old male who was involved in a motor vehicle accident on 6/2/12. At that time, he was the driver of a car that was struck by another vehicle on the driver's side. At the time of the accident, he complained of pain in his neck and lower back. He was taken to Robert Wood Johnson University Hospital by ambulance. He had complaints of pain in his neck

October 22, 2014

and lower back. He was evaluated in the emergency room that same day and had imaging studies performed. He was told there was no fracture. He was not given a brace, crutches or immobilization.

He followed up with a chiropractor, Dr. Zientek, who performed chiropractic treatment approximately three times a week for several months.

He is presently not treating with any physician. He is presently not undergoing any physical therapy or chiropractic care.

**PRESENT COMPLAINTS:**

The patient states he has occasional pain in his neck that does not radiate into the upper extremities. There is no weakness of the upper extremities. His conditions have significantly improved with chiropractic treatment. He no longer has any lower back pain but does get occasional discomfort with certain activities such as lifting but his symptoms have significantly improved following the chiropractic treatment. He has no numbness, tingling, paresthesias or radiation to the lower extremities. He states he is presently doing fine and has made marked improvement with the chiropractic care.

**PAST MEDICAL HISTORY:**

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

**PAST SURGICAL HISTORY:**

He denies any recent surgery.

**PREVIOUS/RECENT INJURIES:**

Previous injuries to the neck and lower back are denied.

Recent injuries to the neck and lower back are denied.

**SOCIAL HISTORY:**

He denies tobacco use. He denies alcohol use.

**WORK HISTORY:**

He works as a landscaper. He missed two months of work secondary to the accident. He is presently working.

REVIEW OF SYSTEMS:

He denies any bladder or bowel dysfunction. He denies any loss of consciousness.

PHYSICAL EXAMINATION:

Physical examination is that of a 62 year old male, alert and oriented times three, in no apparent distress. He is able to get on and off the examination table without difficulty.

Examination of the cervical spine reveals minimal tenderness in the midline of the cervical spine lower and bilateral paravertebral musculature. He has full active range of motion with 50 degrees of forward flexion, 60 degrees of extension, and lateral rotation to the left and right 80 degrees.

Upper extremity reflexes of the bicep, triceps and brachial radialis are 1+, equal and reactive bilaterally. On motor examination, shoulder abduction, elbow flexion and extension, wrist flexion and extension, intrinsic of the hands and finger flexion are 5/5 bilaterally. Sensation is intact in both upper extremities. There is 6 mm two-point discrimination in all digits tested in both hands. There is a negative Tinel's and a negative Phalen's test of the median nerve at the level of the wrist, and a negative Tinel's test at the median nerve at proximal forearm and elbow. There is a negative Spurling's test, a negative Hoffmann's sign, and a negative Lhermitte's sign. It should be noted that his right hand has a contracture of the 5<sup>th</sup> finger consistent with a Dupuytren's Contracture. There is no atrophy of the muscles of the upper extremities.

Examination of the thoracic spine and lumbosacral spine reveals minimal tenderness in the lower lumbar spine midline and the bilateral paravertebral musculature. He is able to forward flex to 2 inches fingertips to toes. There is negative straight leg raise testing in the sitting and supine positions. There is no tenderness in the bilateral sacroiliac joints or the bilateral sciatic notches. The patient's sensation is intact to light touch in both lower extremities. Ankle and knee jerk reflexes are 1+, equal and reactive bilaterally. There is downgoing Babinski and absence of clonus. Motor examination reveals hip flexion, knee extension, ankle dorsiflexion and plantar flexion, inversion and EHL are 5/5 bilaterally. Gait is unremarkable. He is able to stand on his heels and toes without difficulty.

2 inches

REVIEW OF SPECIAL TESTS AND X-RAYS:

An MRI report of the lumbar spine performed on 8/11/12 revealed Grade 1 spondylolisthesis of L5 and S1, L4-L5 central disc herniation causing moderate central ventral compression of the thecal sac, and an L3-L4 annular bulge with some proximal foraminal narrowing, left greater than right. It should be noted in the body of the report that the spondylolisthesis revealed facet degenerative arthritic changes at this level.

October 22, 2014

CONCLUSIONS:

Clearly, based upon this examination and records submitted to my review, the claimant had a preexisting degenerative spondylolisthesis. He presently is asymptomatic. He sustained sprains to the cervical and lumbosacral spines as a result of the motor vehicle accident of 6/2/12. He is neurologically intact in the upper and lower extremities. He has no signs of any radiculopathy. The findings are of minimal tenderness to the cervical and lumbosacral spines. He is neurologically intact.

There is no need for any further treatment or diagnostic testing. The claimant sustained sprains to the cervical and lumbosacral spines as related to the motor vehicle accident of 6/2/12. The length of treatment has been appropriate. The treatment has been reasonable and necessary. The diagnosis of strains of the cervical and lumbosacral spines is supported by the objective findings.

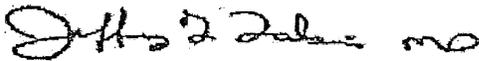
There is a preexisting history of a preexisting condition of spondylolisthesis which is well demonstrated in the MRI report as the patient has significant degenerative changes. The spondylolisthesis is therefore unrelated to the motor vehicle accident.

Presently, the claimant can return to work full duty without restrictions. The claimant has reached maximum medical improvement in my field of specialty. The claimant is not totally or partially disabled. The claimant did not sustain any permanent injury as related to the motor vehicle accident.

All the above opinions are expressed within reasonable medical probability.

If you have any further questions, please feel free to contact me.

Respectfully yours,



Jeffrey F. Lakin, MD

JFL/cd

(DS5347579)