



NAVICASE

MEDICAL RECORD REVIEW

SAMPLE REPORT. Prepared to show the format and depth of a NaviCase deliverable. The patient, providers, facilities, records, and events described here are entirely fictitious. Any resemblance to actual persons or events is coincidental.

June 3, 2026

RE: Daniel R. Marsh
DOB: 09/14/1968
Case Reference: NC-2026-104
Date of Incident: 03/06/2025

The following observations are drawn directly from the furnished records and are reported objectively. They are not medical opinions. Citations are to the page numbers of the compiled records production ("CR") and of Plaintiff's Answers to Interrogatories ("Rogs").

PRESENTATION AND ONSET

03/06/2025: The crash report lists Mr. Marsh's injury severity as "C" (possible injury), records that he was not transported, and notes that both vehicles were driven from the scene (CR 2). The first medical encounter is the Bayline Regional emergency department visit at 7:38 PM the same evening, where the complaint was right-sided low back pain without numbness or weakness (CR 19-22).

TREATMENT GAPS AND FOLLOW-UP

03/06/2025 to 04/29/2025: The emergency department discharge instructed follow-up with the primary care physician in three to five days (CR 27). The next clinical encounter documented in the furnished records is the Atlantic Spine & Joint Institute evaluation of 04/29/2025, 54 days later (CR 221-224). The Marquez chart, printed 04/02/2026, contains no visit between 01/17/2025 and 03/28/2026 (CR 58, 174-176).

07/03/2025 to 07/21/2025: The Harbor Physical Therapy attendance log documents no visits during this interval, and 24 completed visits of 36 scheduled overall (CR 322-324).

03/28/2026: The final Marquez encounter, for medication refills, records no musculoskeletal complaints and makes no reference to the accident or to the treatment then in progress (CR 174-176).

COMPLAINT CONSISTENCY

Side of radiation. The emergency department notes of 03/06/2025 record right-sided low back pain, and the visit diagnosis is acute right-sided low back strain (CR 19, 26). The Callahan

history of 04/29/2025 records pain radiating into the left leg, and all subsequent injections were performed on the left (CR 221, 573, 584).

Left shoulder onset. The left shoulder complaint first appears in the Callahan note of 07/22/2025, four and a half months after the incident, recorded as present "since the accident" (CR 246). No earlier furnished record, including the emergency department visit and the physical therapy initial evaluation, documents a shoulder complaint (CR 19-27, 320-321).

SUBJECTIVE-OBJECTIVE CORRELATION

03/06/2025: Pain was rated 8/10 at triage while the examination recorded negative straight leg raise bilaterally, 5/5 strength, and intact sensation and reflexes (CR 19-22).

04/29/2025: The Callahan examination likewise recorded negative straight leg raise, full strength, and intact reflexes alongside a constant 8/10 pain report with left leg radiation (CR 221-224). The neurologic examination remained normal at the Summit Pain Associates evaluation of 09/18/2025 (CR 571).

PRE-EXISTING CONDITIONS AND PRIOR EVENTS

06/03/2021: Lakeside Orthopedic Urgent Care treated Mr. Marsh for lumbar strain after lifting mulch, with a Medrol dose pack and cyclobenzaprine (CR 190-191). Lumbar radiographs of 06/11/2021 documented mild degenerative disc disease at L4-L5 and lower lumbar facet arthropathy, four years before the incident (CR 193).

04/29/2025: The Atlantic Spine & Joint Institute intake form answers "No" to prior injury or treatment of the low back (CR 220).

IMAGING OBSERVATIONS

The lumbar MRI of 05/13/2025 describes disc desiccation, a 3 mm broad-based bulge, and facet arthropathy at L4-L5, characterized in the impression as degenerative, with no herniation, stenosis, nerve root compression, or acute finding (CR 196-198). The same level showed disc space narrowing and facet arthropathy on the radiographs of 06/11/2021 (CR 193). The left shoulder MRI of 07/30/2025 describes tendinosis, a small partial articular-sided tear, and acromioclavicular arthrosis, with no acute finding (CR 200-201).

PROCEDURE INDICATIONS

06/17/2025: The documented indication for the left L4-L5 transforaminal epidural steroid injection was radicular left leg pain (CR 240-241). The examinations of 03/06/2025, 04/29/2025, and 09/18/2025 each recorded a normal neurologic examination with negative straight leg raise

(CR 19-22, 221-224, 571). The second injection of 11/06/2025 followed a reported 60 percent relief of two weeks' duration from the first (CR 581, 584).

RECORDS-INTERNAL INCONSISTENCIES

06/17/2025: The Callahan narrative records pain "now 9/10 at its worst" while the patient-completed intake form for the same visit circles 5/10 for current pain (CR 239-240).

08/14/2025: The Harbor Physical Therapy discharge summary narrative records goals "partially met" while the checkbox section of the same document marks "all goals met at discharge" (CR 558-559).

BILLING OBSERVATIONS

The Harbor Physical Therapy statement totals \$6,840 for 24 completed visits (CR 560). The Summit Pain Associates ledger reflects charges of \$4,850 for each of the two injection encounters (CR 638-639). The Atlantic Spine & Joint Institute ledger carries its full balance under a letter of protection, with no payments posted (CR 308-310). The Sentinel Casualty personal injury protection loss history shows benefits exhausted as of 12/02/2025 (CR 641).

SWORN TESTIMONY AND THE RECORD

Prior treatment. In his sworn Answers to Interrogatories, Mr. Marsh stated that he had no injuries or treatment to his low back before the accident (Rogs 6), and in his Responses to Request for Admissions he denied prior treatment to the same body parts (CR 702). The Lakeside Orthopedic Urgent Care record of 06/03/2021 and the lumbar radiographs of 06/11/2021 document evaluation and treatment of the low back four years earlier (CR 190-193).

Constancy of symptoms. The interrogatory answers describe the pain as constant and daily since the incident (Rogs 7). The Marquez refill encounter of 03/28/2026 records no musculoskeletal complaints (CR 174-176), and the Callahan re-evaluation of 03/12/2026 records intermittent pain rated 4/10 (CR 302).

This concludes the record analysis. The observations above are reported from the furnished records and are not medical opinions. Please do not hesitate to contact me with any questions or concerns.