	CASE FILE	REPORT DATE	REVISION	CONTROL NO.
	CASE-20260617-GP4KGJ	2026-09-08	FINAL	IMV-8

INDEPENDENT MEDICAL VALIDATION · FORENSIC REVIEW DOSSIER

Independent Physician Determination & Validation Record

Independent physician review of forensic medical evidence — bodily injury claim, settlement and case evaluation purposes.

PATIENT / CLAIMANT	INDEPENDENT MEDICAL EVALUATOR
[redacted] Case CASE-20260617-GP4KGJ	**Christopher J. M. Cummins, MD, M.T. (ASCP)** LTC, USAR · 721 W. Brookhaven Circle, Memphis, TN 38117 · 901-767-8077

This dossier records an independent physician review of the medical and forensic evidence presented in the above bodily injury claim: medical records, diagnoses, causation, injury severity, functional consequences, permanent impairment, prognosis, and future medical care. Every determination is traceable: source finding → medical standard or instrument → applicable criteria → patient-specific application → result.

CONTENTS

PART ONE · METHODOLOGY OF INDEPENDENT MEDICAL VALIDATION

PART TWO · CASE-SPECIFIC VALIDATION — [redacted]

BATES-CONTROLLED · [redacted] · CONTROL IMV-8

Dossier index

DOCUMENT MAP · BATES-CONTROLLED

Part One — Methodology of Independent Medical Validation

REF	AREA	BATES RANGE
A	Purpose and scope of Independent Medical Validation	000003
B	Evidence subject to independent review	000004–000005
C	26-point medical validation framework	000006
D	Impairment as the medical anchor; consequences of injury	000007–000008
E	Functional and patient-reported evidence	000009
F	Causation, apportionment, prognosis, MMI and future care	000010–000011
G	Methodology, reliability, independence, reproducibility	000012–000015
H	Independent physician determination; case-specific reference rule	000016

Part Two — Case-Specific Validation: [redacted]

SEC	DETERMINATION AREA	STATUS	BATES RANGE
I	Evaluator statement; medical history document register	REVIEWED	000017–000018
II	Clinical evaluation register; diagnoses (27 ICD entries); procedures	REVIEWED	000018–000020
III	Symptom & complaint register — intensity, frequency, radiation, effects	REVIEWED	000021–000023
IV	Impairment determination — AMA Guides 5 Edition, DRE, regional & WPI	VALIDATED	000024–000025
V	Stability, MMI, prognosis, future-care determination	VALIDATED	000026
VI	Case-specific authorities and methodological references	CITED	000027
VII	Independent physician determination — adopted opinions	ADOPTED	000028

Scope of validation. Findings the evaluator declined to adopt, qualified, or modified are flagged in-line at the point of determination. The presence of information within the underlying records or forensic analysis does not require the Independent Medical Evaluator to accept it.

Purpose and scope

PART ONE · METHODOLOGY

Independent Medical Validation (“IMV”) provides an additional level of independent physician review of the medical and forensic evidence presented in a bodily injury claim. The purpose is straightforward:

> **To determine whether the medical findings, impairment analysis, causation opinions, functional consequences, prognosis, future medical needs and other injury-related conclusions presented for consideration are medically supportable based upon the underlying evidence.**

The IMV is not intended merely to summarize the treatment record, repeat conclusions previously made by treating providers, or automatically endorse findings generated through an analytical process. It is an independent medical review and determination of the evidence relied upon to establish the nature, severity, permanence and consequences of the claimed injuries.

The Independent Medical Evaluator reviews the available medical history, clinical examinations, diagnostic findings, treatment, medical inventories, standardized assessments and forensic analysis and determines which findings and medical conclusions he or she can independently support.

What Independent Medical Validation does

SCOPE OF DETERMINATION

A bodily injury claim may contain extensive medical documentation yet still leave important questions unanswered. The presence of a diagnosis does not, by itself, establish the full nature, severity, permanence or consequence of an injury. Independent Medical Validation therefore evaluates the relationship among:

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INJURY → DIAGNOSIS → OBJECTIVE FINDINGS → IMPAIRMENT → FUNCTIONAL CONSEQUENCES → CAUSATION →
PROGNOSIS → FUTURE MEDICAL NEEDS
```

The process is designed to determine whether those elements are supported by the medical and forensic evidence and whether the resulting conclusions can be independently supported by the reviewing physician.

Evidence subject to independent review

MEDICAL AND CLINICAL EVIDENCE

Depending upon the individual case and the information available, the Independent Medical Evaluator may review and consider the following medical and clinical evidence:

- Medical history
- Pre-accident medical history
- Prior injuries and accidents
- Treating-provider records
- Physical and clinical examinations
- Diagnoses
- Diagnostic imaging and testing
- Objective clinical findings
- Symptoms and complaints
- Mechanism of injury
- Treatment rendered
- Treatment response
- Referrals and specialty evaluations
- Prescriptions and prescribed care
- Treatment continuity, delays or gaps in care

> The presence of information within the underlying records or forensic analysis does not require the Independent Medical Evaluator to accept it. The evaluator independently determines the medical significance and supportability of the evidence reviewed.

Impairment and functional evidence

STANDARDIZED & STRUCTURED MEASURES

- Objective findings of permanent impairment
- Regional impairment
- Spine impairment, where applicable
- Whole Person Impairment
- Activities of Daily Living
- Duties Under Duress
- Loss of Enjoyment
- Functional loss
- Human Life Functional Loss
- Quality-of-Daily-Living effects
- Loss of Services
- Patient-reported outcome measures
- Electronic patient-reported outcomes (ePROs)
- Trauma inventories
- Psychometric instruments, where applicable

Medical determinations subject to review

DETERMINATION CATEGORIES

- Stability of the medical condition
- Maximum Medical Improvement
- Prognosis
- Future treatment
- Future medical needs
- Causation
- Pre-existing conditions
- Apportionment, where applicable
- Other medically relevant findings specific to the individual claim

26-point medical validation framework

REVIEW & DETERMINATION POINTS

Independent Medical Validation provides for review across 26 medical validation and determination points, where applicable to the individual case, rather than relying upon a diagnosis, imaging study, impairment percentage or isolated medical finding in and of itself. The framework includes:

PT	VALIDATION POINT
01	Injury types according to involved body parts, functions, systems and organs
02	Physical examination findings
03	Clinical evaluation and objective assessment tools
04	Injury mechanism and its relationship to identified injury types
05	Functional loss, including applicable ICF considerations
06	Diagnoses and applicable ICD classifications
07	Symptoms and complaints: intensity, frequency, duration, type, radiation and effects
08	Duties Under Duress
09	Loss of Enjoyment
10	Treatment in relation to diagnoses and medical necessity
11	Prescriptions in relation to treatment and diagnoses
12	Referrals in relation to identified injuries
13	Diagnostics, laboratory findings and specialty evaluations

PT	VALIDATION POINT
14	Immobilization or supportive devices, where applicable
15	Stability of the medical condition
16	Static versus stable injured body parts or conditions
17	Overall medical determinations
18	Prognosis of individual injured body parts or conditions
19	Overall prognosis
20	Future treatment plan
21	Future treatment needs and costs, where medically supportable
22	Maximum Medical Improvement for involved body parts or conditions
23	Spine Impairment Summary, where applicable
24	Specific Disorders of the Spine, where applicable
25	Regional impairment
26	Whole Person Impairment

FRAMEWORK NOTE · THIS PRESERVES THE 26 AREAS IDENTIFIED IN THE CURRENT IMV METHODOLOGY WITHIN A CLEARER MEDICAL-VALIDATION STRUCTURE.

Impairment as the medical anchor

DETERMINATION LOGIC

A diagnosis establishes the existence of a medical condition. An impairment determination addresses a different question: *what measurable permanent loss or alteration of function has resulted from that condition?*

Where permanent impairment is evaluated, the applicable edition of the AMA *Guides to the Evaluation of Permanent Impairment* provides the referenced medical framework for impairment determination. The impairment-validation process identifies and documents, where applicable:

The objective clinical or diagnostic findings associated with permanent impairment

The specific findings relied upon

The medical analysis of those findings

The applicable AMA Guides edition

The applicable chapter, table, figure, category or criteria

The relationship between documented findings and applicable impairment criteria

The resulting regional and/or Whole Person Impairment determination

Impairment provides the medical anchor. The remaining forensic analysis evaluates what the impairment and underlying injuries have meant to the individual patient.

> An impairment percentage should not be viewed in isolation. It may be considered together with the patient's documented injuries, functional limitations, Activities of Daily Living, Duties Under Duress, Loss of Enjoyment, Loss of Services and other medically relevant consequences.

Beyond diagnosis: documenting the consequences of injury

FORENSIC QUESTIONS

Conventional medical records are principally created to document diagnosis, treatment and clinical progress. They are not necessarily designed to comprehensively measure and communicate every permanent, functional, behavioral and quality-of-life consequence associated with a bodily injury. Forensic medical evaluation therefore asks additional questions:

Q	FORENSIC EVALUATION QUESTION
01	What was injured?
02	What objective evidence supports the injury?
03	Has the injury resulted in permanent impairment?
04	What functions have been lost, limited or altered?
05	How has the injury affected the patient's Activities of Daily Living?
06	What activities can now be performed only with difficulty, limitation or duress?
07	Has the injury affected household services and responsibilities?
08	Has it affected recreation, socialization or enjoyment of life?
09	Are there documented behavioral, emotional, cognitive or sleep-related consequences?
10	Are those consequences medically consistent with the injuries and evidence being evaluated?
11	What consequences are temporary, ongoing, stable or permanent?

This is the distinction between simply identifying and treating an injury and evaluating the documented consequences of that injury upon the individual patient.

Functional and patient-reported evidence

STANDARDIZED INSTRUMENTS

Where appropriate, the IMV may consider standardized and structured patient-reported evidence as part of the overall medical evaluation. This may include:

- Activities of Daily Living
- Duties Under Duress
- Loss of Enjoyment
- Human Life Functional Loss
- Quality-of-Daily-Living effects
- Loss of Services
- Trauma inventories
- Electronic Patient-Reported Outcomes
- Behavioral inventories
- Cognitive inventories
- Sleep-related inventories
- Psychometric instruments

Patient-reported evidence can provide information concerning functional, behavioral, emotional and quality-of-life consequences that may not be fully captured through imaging, diagnostic coding or routine treatment documentation alone. Such evidence is not considered in isolation. Where utilized, it should be evaluated within its appropriate scope and considered together with the patient's history, clinical findings, diagnostic evidence, treatment history and other available medical information.

> **Limitation.** No individual patient-reported measure, inventory or psychometric result is represented as independently establishing medical causation or permanent impairment unless the applicable methodology and supporting medical evidence support such a conclusion.

Causation and apportionment

ANALYTICAL FACTORS

The occurrence of a medical condition following an event does not, by itself, establish medical causation. Where causation is addressed, the Independent Medical Evaluator considers whether the available evidence medically supports a causal relationship between the subject event and the injury or condition being evaluated. The analysis may include, where applicable:

- Mechanism of injury
- Temporal relationship
- Diagnoses
- Objective clinical findings
- Diagnostic findings
- Pre-accident medical history
- Prior accidents or injuries
- Pre-existing conditions
- Pre-accident symptoms
- Pre-accident functional limitations
- Post-accident symptoms and findings
- Treatment course
- Response to treatment
- Alternative medical explanations
- Apportionment, where medically supportable

Where pre-existing conditions or previous injuries are present, their existence alone does not determine whether they caused the patient's present impairment or functional limitations. The evaluator considers the available evidence regarding the patient's pre-event and post-event medical and functional status.

> The Independent Medical Evaluator's role is to determine what causal conclusions, if any, can be supported within the applicable standard of **reasonable medical probability**.

Prognosis, Maximum Medical Improvement and future care

Independent Medical Validation may also evaluate the patient's medical status beyond the immediate treatment period. Where supported by the available medical evidence, this may include:

Stability	Whether the involved condition has stabilized.
Maximum Medical Improvement	Whether the condition has reached a point at which substantial further material recovery is medically anticipated.
Prognosis	The anticipated medical course of the patient's condition.
Future Treatment	Whether continued or future medical care is medically indicated.
Future Medical Needs	The nature and anticipated duration of future services that the Independent Medical Evaluator determines are medically supportable.
Future Medical Costs	Where future medical costs are presented for physician consideration, the underlying medical services, assumptions and basis for those costs should be identifiable.

Fact versus forecast. Future-care opinions distinguish existing documented medical facts from anticipated future medical needs.

Why Independent Medical Validation matters

AUDIT TRAIL

A bodily injury claim can contain hundreds or thousands of pages of medical information. Volume of documentation, however, is not the same as independent validation of the medical conclusions being presented. Independent Medical Validation asks:

> **Does the totality of the medical and forensic evidence support the conclusions being presented about what happened to this patient and the consequences of those injuries?**

The process creates an identifiable medical progression:

01	**MEDICAL RECORDS**
02	**DOCUMENTED FINDINGS**
03	**APPLICABLE MEDICAL CRITERIA**
04	**IMPAIRMENT**
05	**FUNCTIONAL CONSEQUENCES**
06	**CAUSATION / APPORTIONMENT**
07	**PROGNOSIS / FUTURE CARE**
08	**INDEPENDENT PHYSICIAN DETERMINATION**

The objective is not to predetermine the answer. The objective is to make the basis of the medical opinion identifiable, reviewable and medically supportable.

Medical methodology and reliability

TRANSPARENT & REPRODUCIBLE ANALYSIS

Independent Medical Validation is structured to provide a transparent and, where applicable, reproducible medical analysis of the evidence reviewed. The Independent Medical Evaluator identifies, where applicable:

THE MEDICAL EVIDENCE REVIEWED

Medical history, clinical examinations, diagnostic findings, treatment information, standardized assessments, impairment data and other patient-specific medical evidence.

THE MEDICAL METHODOLOGY APPLIED

Applicable medical standards, impairment criteria, diagnostic methodologies and standardized instruments actually utilized in the evaluation.

THE PATIENT-SPECIFIC APPLICATION

The relationship between the patient's documented findings and the medical criteria or methodology being applied.

THE INDEPENDENT MEDICAL DETERMINATION

The findings and medical conclusions the reviewing physician independently determines are supportable and expressly adopts as his or her own.

This structure is intended to permit the medical basis of the resulting opinions to be identified, reviewed and, where applicable, reproduced.

Medical and methodological references

The medical standards, classification systems, standardized instruments and methodological references utilized within an individual IMV are identified where applicable to the specific patient and medical determination. Only standards actually applied in the case-specific validation that follows are represented as having been used — see Section VI.

AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT

Where permanent impairment is evaluated, the applicable edition, chapter, table, figure, category or criteria is identified as appropriate. Impairment methodology may include Diagnosis-Related Estimates (DRE), Diagnosis-Based Impairment methodologies applicable to the edition utilized, Specific Disorders of the Spine, Spine Impairment Summary, Regional Impairment and Whole Person Impairment.

INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)

Where utilized, ICD provides standardized classification of diagnoses and medical conditions.

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)

Where utilized, ICF provides a framework for consideration of function, activity limitations and participation restrictions associated with health conditions.

ABBREVIATED INJURY SCALE (AIS)

Where utilized, AIS provides a standardized method of classifying injury severity.

STANDARDIZED PATIENT-REPORTED OUTCOME MEASURES AND EPROS

Where utilized, the specific instrument is identified together with its intended purpose, scoring methodology and relevant patient result.

TRAUMA INVENTORIES

Where utilized, the specific inventory and the functional, behavioral or other construct it is designed to assess is identified.

PSYCHOMETRIC INSTRUMENTS

Where utilized, the specific instrument, construct measured, scoring methodology, interpretation and appropriate clinical correlation is identified.

MEDICAL LITERATURE AND PROFESSIONAL STANDARDS

Where peer-reviewed medical literature, clinical guidelines or professional standards materially support a medical determination, the specific authority relied upon is identified where appropriate.

Independence and scope of review

NON-DELEGATION OF JUDGMENT

The Independent Medical Evaluator's opinions are based upon the medical and forensic evidence specifically identified as reviewed in the individual report. The evaluator is not required to adopt the conclusions of a treating provider, referring provider, analytical platform, standardized instrument or prior evaluator. Each material medical conclusion is subject to the evaluator's independent review and professional medical judgment.

Where the available evidence does not adequately support a proposed finding or conclusion, the Independent Medical Evaluator may modify, qualify or decline to adopt that conclusion. Accordingly:

> **Validation within this report represents an independent medical determination — not automatic confirmation of the underlying forensic analysis.**

Analytical software, databases, calculations, standardized instruments and structured medical processes may assist in identifying, organizing, processing or presenting information. They do not replace the independent medical judgment of the reviewing physician.

DETERMINATION FLAGS USED IN PART TWO

VALIDATED — independently adopted by the evaluator

QUALIFIED — adopted with stated limitation

NOT ADOPTED — declined on review

Transparency and reproducibility

METHODOLOGICAL PROGRESSIONS

Where a medical determination depends upon a calculation, classification, score, table, category or standardized methodology, the IMV identifies sufficient underlying information to permit the basis of that determination to be understood and, where applicable, reproduced.

General progression

```
SOURCE FINDING → MEDICAL STANDARD OR INSTRUMENT → APPLICABLE CRITERIA → PATIENT-SPECIFIC
APPLICATION → RESULT
```

Impairment analysis

```
CLINICAL FINDING → AMA GUIDES EDITION → CHAPTER / TABLE / CRITERIA → APPLICATION → IMPAIRMENT
DETERMINATION
```

Standardized patient-reported and psychometric instruments

```
INSTRUMENT → PURPOSE → PATIENT RESPONSE / SCORE → INTERPRETATION → CLINICAL CORRELATION
```

This transparency permits the reviewing physician and other qualified medical reviewers to examine the relationship between the underlying evidence and resulting medical determination.

Independent physician determination

MATTERS INDEPENDENTLY DETERMINED

Whether identified injuries and diagnoses are medically supported

Whether objective findings support the conditions being evaluated

Whether impairment methodology has been appropriately applied

Whether the resulting impairment determination is medically supportable

Whether functional consequences are medically consistent with documented injuries

Whether causation is medically supportable

Whether apportionment is indicated

Whether Maximum Medical Improvement has been reached

Whether the prognosis is medically supportable

Whether future care is medically probable and necessary

Which ultimate medical conclusions the evaluator independently adopts

The medical opinions expressly adopted within the case-specific IMV are therefore those of the Independent Medical Evaluator.

Case-specific reference requirement

CITATION DISCIPLINE

Only medical standards, instruments, methodologies and references actually applicable to or relied upon in the individual case are represented as having been used in that patient's Independent Medical Validation. Where an edition, chapter, table, standardized instrument, calculation, classification or published medical authority materially supports a medical conclusion, the applicable reference is identified within the corresponding case-specific analysis.

> **Transition.** Part Two contains the Independent Medical Evaluator's review, findings and medical determinations specific to the individual patient. The conclusions that follow represent those findings and opinions that the Independent Medical Evaluator has reviewed and independently determined to medically support.

PART TWO · CASE-SPECIFIC INDEPENDENT MEDICAL VALIDATION

Medical Validation

[redacted]

Review, findings and medical determinations of the Independent Medical Evaluator specific to the individual patient — Sections I–VII, [redacted], control IMV-8.

INDEPENDENTLY VALIDATED
REPRODUCIBILITY INITIATIVE
#IMV-8 09/08/2026

PATIENT / CLAIMANT

[redacted]

Case CASE-20260617-GP4KGJ

INDEPENDENT MEDICAL EVALUATOR

Christopher J. M. Cummins, MD, M.T. (ASCP)

LTC, USAR · 721 W. Brookhaven Circle, Memphis, TN 38117 · 901-767-8077

Certification of the Independent Medical Evaluator

I, Doctor Cummins, MD, have not provided direct care to this patient but have conducted a **comprehensive independent medical review** of all available medical records, clinical evaluations, imaging, laboratory findings, and relevant medical documentation. My analysis follows established **peer-reviewed methodologies, evidentiary medical standards, and authoritative guidelines** for determining medical impairment and future medical needs. I have systematically validated 26 key case factors, including **causation, impairment ratings, prognosis, maximum medical improvement (MMI), and future medical requirements.** The findings and conclusions presented herein are submitted in **admissible legal format**, following governing **medical-legal authorities and evidentiary rules**, to establish a preponderance of the evidence. Based on my review, I conclude to a **reasonable degree of medical certainty** that the **injuries, diagnoses, impairments, functional losses, and prognostic determinations** listed below resulted directly and proximately from the accident in question.

EXECUTED BY CHRISTOPHER J. M. CUMMINS, MD, M.T. (ASCP), LTC, USAR · MEMPHIS, TENNESSEE · SEPTEMBER 8, 2026 · SIGNATURE AT SECTION VII

Medical history documents

SEC I · SOURCE REGISTER

1.01 MEDICAL OFFICE RECORDS		1.02 HOSPITAL RECORDS		1.03 FROM OTHER SOURCE	
REVIEWED	ENCLOSED	REVIEWED	ENCLOSED	REVIEWED	ENCLOSED
✓	✓	—	—	—	—

1.04 FROM CLIENT		1.05 DELAY IN SEEKING CARE		1.06 GAPS IN TREATMENT	
REVIEWED	ENCLOSED	REVIEWED	ENCLOSED	REVIEWED	ENCLOSED
✓	✓	—	—	—	—

Clinical evaluation documents

SEC II · SOURCE REGISTER

2.01 PHYSICAL EXAMINATION		2.02 INJURIES — ICD CODED		2.03 SYMPTOMS DOCUMENTED	
REVIEWED	ENCLOSED	REVIEWED	ENCLOSED	REVIEWED	ENCLOSED
✓	✓	✓	✓	✓	✓

2.04 LABORATORY TESTS		2.05 SPECIAL TESTS		2.06 DIAGNOSTIC PROCEDURES	
REVIEWED	ENCLOSED	REVIEWED	ENCLOSED	REVIEWED	ENCLOSED
—	—	—	—	✓	✓

2.07 SPECIALIST'S EVALUATION		2.08 MEDICAL VALIDATION DETERMINATION	
REVIEWED	ENCLOSED	REVIEWED	ENCLOSED
—	—	✓	✓

SOURCE KEY · ✓ = DOCUMENT CLASS REVIEWED AND/OR ENCLOSED IN THE UNDERLYING RECORD · — = NOT PRESENT IN THE RECORD AS REVIEWED. ABSENCE OF A DOCUMENT CLASS IS ITSELF A REVIEW FINDING AND IS WEIGHED IN THE DETERMINATIONS THAT FOLLOW.

Diagnosis register — 27 entries

SEC II · ICD CLASSIFICATION

NO	ICD-10	DIAGNOSIS
01	S06.0X0A	Concussion without loss of consciousness, initial encounter
02	F06.8	Other specified mental disorders due to known physiological condition
03	G93.9	Disorder of brain, unspecified
04	G62.9	Polyneuropathy, unspecified
05	R20.8	Other disturbances of skin sensation
06	V49.40XA	Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter
07	M54.2	Cervicalgia
08	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
09	M50.22	Other cervical disc displacement, mid-cervical region
10	V43.52XA	Car driver injured in collision with other type car in traffic accident, initial encounter
11	Y04.0XXA	Assault by unarmed brawl or fight, initial encounter
12	M53.2X1	Spinal instabilities, occipito-atlanto-axial region
13	F41.1	Generalized anxiety disorder
14	R41.89	Other symptoms involving cognitive functions
15	F39	Unspecified mood disorder
16	F43.2	Adjustment disorders
17	F51.5	Nightmare disorder
18	R45.86	Behavioral and emotional concussion
19	G47.00	Insomnia, unspecified
20	F43.21	Adjustment disorder with depressed mood
21	F43.22	Adjustment disorder with anxiety
22	Z59.82	Problems driving or riding in vehicles
23	F45.42	Pain disorder with related psychological factors
24	G47.9	Sleep disorder, unspecified
25	M54.10	Radiculopathy, site unspecified
26	F32.0	Major depressive disorder, single episode, mild
27	F32.1	Major depressive disorder, single episode, moderate

REGISTER NOTE · ENTRIES REPRODUCE THE DIAGNOSES DOCUMENTED IN THE UNDERLYING RECORD AND PRESENTED FOR VALIDATION. THE EVALUATOR'S ADOPTION OF THE INJURY SET, AND ANY QUALIFICATION, IS RECORDED AT SEC IV AND SEC VII.

Procedures / surgeries of record

SEC II

NO	PROCEDURE
01	Re-Examination (Expanded Problem Focused)
02	X-Ray Cervical Spine (4-5 views)

Symptom & complaint register

SEC III · INTENSITY / FREQUENCY / RADIATION

COMPLAINT	INTENSITY	FREQUENCY	TYPE	RADIATION	FURTHER EFFECTS
Post Traumatic Headache (PTH)	10 Emergency (ER Visit)	Occasional 25-50% of the day	Dull, Throbbing, Stabbing	Left side, Right side, Back	Stress, Noise, Light
Tension Headache	1-3 Mild	Intermittent 0-25% of the day	Dull, Throbbing, Stabbing	Top, Back	Noise, Light, Activity
Eye	4-6 Moderate	Frequent 51-75% of the day	Tunnel vision, Cracks in visual field, Colored spots	Right side	Phone screen
Face	1-3 Mild	Constant 76-100% of the day	Nose, Burning	Left side, Right side	Touch, Heat, Cold
Shoulder	10 Emergency (ER Visit)	Intermittent 0-25% of the day	Numbness	Left side, Right side	Arm towards chest
Chest	7-9 Intense	Constant 76-100% of the day	Dull, Burning, Numbness	Left side, Center	Breathing, Pulling
Mid-back	4-6 Moderate	Frequent 51-75% of the day	Burning	Left side	Pulling
Lower Arm Pain	1-3 Mild	Frequent 51-75% of the day	Increased sensitivity, Decreased sensitivity, Strain sprain	Left side, Right side	Repeated movement
Wrist Pain	10 Emergency (ER Visit)	Constant 76-100% of the day	Dull	Left side, Right side, Front	Twisting, Overuse
Upper Leg	1-3 Mild	Intermittent 0-25% of the day	Throbbing, Burning	Left side, Right side	Squat, Weight bearing
Lower Leg	1-3 Mild	Frequent 51-75% of the day	Decreased sensitivity, Strain sprain	Left side, Right side	Walking
Knee	7-9 Intense	Intermittent 0-25% of the day	Aching, Throbbing	Right side	Laterally bend knee out, Walking
Foot	1-3 Mild	Intermittent 0-25% of the day	Throbbing, Shooting, Burning	Left side, Right side	Walking, Putting on shoes

COMPLAINT	INTENSITY	FREQUENCY	TYPE	RADIATION	FURTHER EFFECTS
Hip	4-6 Moderate	Constant 76-100% of the day	Dull, Shooting	Left side	Sitting, Twisting, Moving leg out

Sensory & spinal complaints of record

SEC III · RADICULAR / DERMATOMAL

R20.8 Other Disturbances of Skin Sensation

Documented symptom inventory — by domain

SEC III · TRAUMA & BEHAVIORAL INVENTORIES

DOMAIN	DOCUMENTED FINDINGS
Tingling / Paresthesia	Documented on examination
Decreased Sensation	Documented on examination
Skin Disturbance	Documented on examination
Dermatomal Pattern	Documented on examination
Abnormal Sensation	Documented on examination
Physical Symptoms	Loss of consciousness, Blurred vision, Double vision
Memory & Cognitive	Feeling slowed down mentally, Taking longer than usual to think, Confusion, Poor judgement or decision making
Mood & Emotional	Mood swings, Extreme worry or anxiety, Change in personality
Daily Life Impact	Feeling of doom or hopelessness, Change in hobbies or recreational interests, Difficulty with work or daily responsibilities, Feeling isolated or withdrawn
Stress & Trauma	Flashbacks or nightmares, Distressing dreams, Feeling like future is limited, General ongoing feeling of unease
Neck / Radiating Pain	Tension or knots in neck and shoulder, Shortness of breath, Shoulder stiffness, Numbness or tingling index middle ring
Neurological Symptoms	Vertigo, Sudden leg weakness or falling, Vision problems, Hearing disturbances or changes

INVENTORY FINDINGS ABOVE ARE PATIENT-REPORTED EVIDENCE. CONSISTENT WITH THE METHODOLOGY AT PART ONE, NO INDIVIDUAL INVENTORY RESULT IS REPRESENTED AS INDEPENDENTLY ESTABLISHING CAUSATION OR PERMANENT IMPAIRMENT; EACH IS WEIGHED TOGETHER WITH THE CLINICAL AND DIAGNOSTIC RECORD IN THE DETERMINATIONS AT SEC IV AND SEC VII.

Impairment determination — AMA Guides, 5 Edition

SEC IV · RATED FINDINGS

All identified impairments are listed for clarity; impairments within the same category are combined to avoid duplication, presenting a single value as per AMA Guidelines. Ratings derive from the impairment values associated with each documented impairment. Where applicable, DRE (Diagnosis-Related Estimates) categories are presented for the spinal regions as supporting reference.

BODY PART / SYSTEM · RATED FINDING	AUTHORITY	DRE / CLASS	IMPAIRMENT	DETERMINATION
AOMSI Spinal Instabilities - C1 or C2	Ch.15 · Tbl 15-3C · pp.378-379	4	**25%**	VALIDATED
• **Abnormal Deep Tendon Reflex** • **Unilateral Spinal Nerve Root Motor Impairment/ Loss of Strength**	Ch.15 · Tbl 15-7 IB · pp.404	3	**10-15%**	VALIDATED
• **Extreme Worry** • **Feeling depressed or tearful** • **Mood swings** • **Poor judgement** • **Problems driving or riding in vehicles** • **Sleep Disorders** • **Sleeping more than usual**	Ch.13 · Tbl 13-8 · pp.325	1	**7%**	VALIDATED
Radiculopathy	Ch.13 · Tbl 13-23 13-24 · pp.346-348	2	**10-25%**	VALIDATED

PROGRESSION · CLINICAL FINDING → AMA GUIDES EDITION → CHAPTER / TABLE / CRITERIA → PATIENT-SPECIFIC APPLICATION → IMPAIRMENT VALUE. EACH VALUE IS TRACEABLE LEFT-TO-RIGHT SO THAT ANY QUALIFIED REVIEWING PHYSICIAN CAN REPRODUCE THE DETERMINATION FROM THE CITED AUTHORITY.

Diagnostic Related Estimate category

SEC IV · COMBINED DETERMINATION

4

DRE Cervical Category IV — 25%

Loss of motion segment integrity, bilateral or multi-level radiculopathy, compression fracture greater than 50%, developmental fusion.

Total Whole Person Impairment

COMBINED PER AMA GUIDES COMBINATION METHOD · DUPLICATE CATEGORIES MERGED

25.0% WPI

Medical determinations — future treatment, prognosis, MMI

SEC V · ADOPTED DETERMINATIONS

FUTURE TREATMENT

Definite · 76-100%

Medical certainty of occurring. Due to the nature of the injuries, future passive care must remain an option.

KARNOFSKY PERFORMANCE STATUS

KPS 60

I require assistance or someone else has to take over one or more daily tasks or household duties that I used to do before the accident.

STABILITY OF MEDICAL CONDITION

18–24 mo

Suggested timeframe for the involved conditions.

Prognosis — overall

The prognosis overall is ongoing complaints with ongoing treatment required.

The prognosis for stable body parts that are medically determined to have future occurrence, are listed in section XI of this report.

The prognosis is a body part is determined stable, in that it is not changing or fluctuating, however continued care is prescribed for that part at stable MMI as it is medically determined that further care will reduce future pain or prevent future incidence of worsening.

The prognosis reveals some body parts as static or stable as well some which are not yet at MMI.

The prognosis requires the need for treatment due to moderate injuries.

The prognosis requires the need for treatment due to ligamentous injuries.

The applicable AMA Guides DRE classification provides a 25% Whole Person Impairment value when the documented findings satisfy the criteria for the applicable Category IV spinal condition. The impairment determination should correspond to the specific spinal region and findings documented by the physician.

When flexion and extension radiographs are subjected to Computerized Radiographic Mensuration Analysis (CRMA), the resulting measurements may provide objective quantitative data for the physician's evaluation of spinal motion and potential alteration of motion segment integrity.

The clinical significance of AOMSI extends beyond the immediate presentation because persistent alteration of spinal motion-segment integrity may contribute to chronic pain, functional limitation, and progressive degenerative changes. The extent of any future progression should be based upon the physician's prognosis and the applicable medical evidence.

Quantitative radiographic measurement provides an objective means of assessing spinal translation and angular motion. The clinical significance of the measurements must be determined by the qualified physician using the applicable AMA Guides criteria and the client's complete clinical history.

Stability of medical condition

18 to 24 months

Future treatment plan

Future treatment is definite, with a 76-100% medical certainty of occurring.

Due to the nature of the injuries, future passive care must remain an option.

MMI exists however, future care of involved stable body part(s) is/are required.

MMI is attained on parts listed with future care for chronic/stable body parts.

Probability of future recurrence · MMI by body part

BODY PART	MEDICAL PROBABILITY	OUTCOME	MMI STATUS	DETERMINATION
Neck	76-100%	Definite	STABLE	VALIDATED

MMI RULE APPLIED · MMI EXISTS; FUTURE CARE OF INVOLVED STABLE BODY PART(S) IS REQUIRED. MMI IS ATTAINED ON PARTS LISTED, WITH FUTURE CARE FOR CHRONIC / STABLE BODY PARTS.

Treatment of record

SEC V

NO	TREATMENT
01	Medical Determination
02	Medical Validation

Case-specific authorities and methodological references

SEC VI · APPLIED IN THIS CASE ONLY

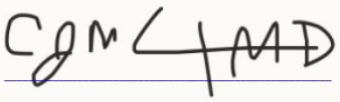
The following authorities and classification systems were specifically applied in the evaluation of this case. Only the standards actually used in support of the findings presented in this report are cited below.

AUTHORITY	APPLICATION IN THIS CASE
AMA Guides 5 Edition, Ch. 15, Table 15-3C (p. 378-379)	Impairment rating criteria applied to the body part(s) evaluated, per the evaluating physician's determination.
AMA Guides 5 Edition, Ch. 15, Table 15-7 IB (p. 404)	Impairment rating criteria applied to the body part(s) evaluated, per the evaluating physician's determination.
AMA Guides 5 Edition, Ch. 13, Table 13-8 (p. 325)	Impairment rating criteria applied to the body part(s) evaluated, per the evaluating physician's determination.
AMA Guides 5 Edition, Ch. 13, Table 13-23 13-24 (p. 346-348)	Impairment rating criteria applied to the body part(s) evaluated, per the evaluating physician's determination.
Diagnosis-Related Estimates (DRE); Abbreviated Injury Scale (AIS)	Applied to classify and quantify injury severity for the spinal and related regions documented in this case.
International Classification of Diseases (ICD)	Used to document and classify all diagnoses identified in this case.
Radiculopathy classification standards	Applied to evaluate documented nerve-root involvement findings in this case.
Karnofsky Performance Status Scale (KPS)	Applied as the functional performance measurement tool to quantify the claimant's ability to perform ordinary tasks.
Stability of Medical Condition classification	Applied per AMA Guides criteria distinguishing static from stable injury states for documented body parts.
Probability-based prognosis assessment	Reasonable-medical-probability determinations for future recurrence, per evidence-based prognosis standards.
Maximum Medical Improvement (MMI) determinations	Assessed per body part in accordance with AMA Guides criteria and applicable state standards.
Future medical care assessment standards	Future treatment necessity determined by injury severity, prognosis, and applicable medical guidelines.
***Cain v. Bain*, 709 S.W.2d 175 (Tex. 1986)**	Governing standard for “greater weight” challenges among varying medical opinions in this case.
International Classification of Functioning, Disability and Health (ICF)	Applied in the evaluation of loss of function documented for this claimant.

Independent physician determination — adopted opinions

Based on my independent medical review and application of **recognized medical-legal evaluation standards**, I, Doctor Cummins, MD, find the above assessment to be **medically valid and legally sufficient**. My conclusions are based on **a comprehensive review of medical records, documented injuries, clinical findings, impairment assessments, and corroborating evidence,** which demonstrate the necessity and reasonableness of the reported diagnoses, impairment ratings, and future medical considerations. These determinations have been made to a **reasonable degree of medical certainty** and conform to **evidence-based standards, forensic medical guidelines, and governing authorities** in the evaluation of personal injury cases.

SIGNATURE OF INDEPENDENT MEDICAL EVALUATOR



Christopher J. M. Cummins, MD, M.T. (ASCP), LTC, USAR

EXECUTED SEPTEMBER 8, 2026 · MEMPHIS, TENNESSEE
CONTROL IMV-8

INDEPENDENTLY VALIDATED

CUMMINS FORENSIC MEDICAL REVIEW · CONTROL IMV-8

THE DETERMINATIONS ABOVE ARE THE INDEPENDENT PROFESSIONAL OPINIONS OF THE SIGNING PHYSICIAN. ANALYTICAL SOFTWARE, STANDARDIZED INSTRUMENTS, AND STRUCTURED PROCESSES ASSISTED IN ORGANIZING AND PRESENTING INFORMATION; THEY DID NOT REPLACE THE EVALUATOR'S INDEPENDENT MEDICAL JUDGMENT. THE VALIDATION MARK SHOWN IS THE MARK OF THE EVALUATOR'S OWN REVIEW PRACTICE AND DOES NOT REPRESENT ANY GOVERNMENTAL OR THIRD-PARTY CERTIFICATION.