\$100,000 Award for a Motor Vehicle Accident

June 1, 2017

Christopher L. Musmanno, Esq., Chair of the Personal Injury Department and Certified Civil Trial Attorney with the law firm of Einhorn, Barbarito, Frost & Botwinick, PC in Denville, NJ, announces a \$100,000 settlement for a motor vehicle accident.

In September 2014, Plaintiff was a passenger in a motor vehicle which was stopped for a red light when the defendant struck Plaintiff's vehicle in the rear at an excessive rate of speed without warning.

As a result of this accident, Plaintiff sustained a central herniation at C6-7 which appears acute, with associated encroachment of the anterior aspect of the spinal canal; left paracentral and posterolateral disc herniation at L5-S1 with left lateral recess stenosis; left posterior lateral disc herniation at L3-4; and left L4-5, left L5-S1 and left C6-7 radiculopathy.

Initially, Plaintiff did not present to the hospital but a few days after the accident, consulted a chiropractor and immediately commenced a course of conservative management consisting of chiropractic care, physical modalities and acupuncture treatment. He was thereafter referred to a pain management specialist. In light of Plaintiff's severe objective findings, subjective complaints and due to the failure of his injuries to respond to physical therapy, his pain management doctor administered a left transforaminal epidural steroid injection at L3-L4 and L5-S1 in January 2015 and again in December 2015. With respect to his neck, plaintiff's pain management doctor administered a cervical epidural steroid injection at C6-C7. When the injections failed to alleviate his symptoms, plaintiff ultimately underwent left L3 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; left L4 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; left L5 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; left S1 lateral recess decompression of foraminotomy with decompression of nerve roots; left S1 lateral recess decompression of foraminotomy with decompression of nerve root; open L4-L3 diskectomy; open L5-S1 diskectomy.