# $100,000 Settlement for Motor Vehicle Accident

In August 2016, Plaintiff was the operator of a motor vehicle which was fully stopped at an intersection when the Defendant negligently struck the Plaintiff's vehicle head-on after failing to make proper observations and/or attempting to make a left hand turn directly in front of Plaintiff's vehicle at the traffic light. As contained in the business record of the police report, the defendant told responding Police Officer that he was attempting to make a left turn and he did not see Plaintiff's vehicle.

Immediately following the accident, Plaintiff was transported via ambulance to the hospital. At the hospital she complained of pain to her neck and back. She was examined and discharged with the instruction to follow-up with a specialist. She consulted with a chiropractor and indicated that her present complaints were pain in her neck and lower back which radiated into her arms and legs. In response to these complaints, she commenced a course of conservative treatment which consisted of chiropractic care and physical therapy. During the course of her treatment, she was also referred to a pain management doctor.

In September 2016, she underwent an MRI of her cervical spine which revealed a central and left posterior protruded disc herniation at C4-5 with extrinsic pressure on the anterior spinal cord; as well as an anterior and posterior protruded disc herniation with adjacent spondylitic change with extrinsic pressure on the anterior spinal cord at C5-6; and an anterior and posterior protruded hernaition with adjacent spondylitic change at C6-7. Following her diagnostic testing, she consulted with an orthopedist and based on his findings, he recommended that Plaintiff undergo physical therapy and consult with a neurologist.

Plaintiff's neck pain persisted despite therapy. She was feeling tingling, burning, aching-like sensation that radiated from the back of her neck across into her left forearm. Based on those complaints, she was recommended a cervical epidural steroid injection which she underwent in November 2016. She also underwent an EMG/NCV which revealed left C5 radiculopathy; left carpal tunnel syndrome; left tarsal tunnel syndrome; and left peroneal motor axonal neuropathy. Unfortunately, the injection only

provided minimal relief for her pain so her pain management doctor recommended a second epidural steroid injection with fluoroscopic guidance which she underwent in December 2016. When Plaintiff's left shoulder continued to cause her discomfort she was referred for an MRI which she underwent on January 2017. The MRI indicated tendinosis in both supraspinatus and infraspinatus tendon and the subacromial subdeltodi bursitis. She concluded her chiropractic treatment and physical therapy in March 2017. With regard to her left shoulder, she underwent an injection in March 2017.

In July 2017, Plaintiff underwent left and right sided facet blocks/radiofrequency ablations including left C4, C5 and C6 radiofrequency ablations. When Plaintiff's cervical pain failed to resolve following her course of conservative treatment, she consulted with a neurosurgeon in July 2017 and based on her complaints, she was recommended for surgical intervention.

In November 2017, Plaintiff ultimately underwent C4-C5 interbody arthrosdesis and discectomy with decompression of spinal cord and nerve roots; C5-C6 interbody arthrosdesis and discectomy with decompression of spinal cord and nerve roots; C6-C7 interbody arthrosdesis and discectomy with decompression of spinal cord and nerve roots; C4-C5-C6-C7; Placement of C4-C5 intervertebral PEEK cage; Placement of C5-C6 intervertebral PEEK cage; Placement of C6-C7 intervertebral PEEK cage; Harvesting of cranial tongs; Flouroscopic guidance for localization; Harvesting of right structural anterior iliac crest autograft; Harvesting of right morselized anterior iliac crest autograft; Reconstruction of ilium; Harvesting of local bone autograft; Placement of actifuse; Bone marrow harvesting for transplantation; Use of microscope for microdissection and discectomies; Placement of right iliac crest ON-Q local anesthetic catheter. She was examined post-operatively and discharged in March 2018.

This matter settled for a total amount of $100,000.00, prior to the scheduling of a trial.