$220,000 Settlement for Motor Vehicle Accident

In March 2017 Plaintiff was operating a motor vehicle while traveling southbound with the right of way in a parking lot. At the same time the Defendant was parked in the same parking lot when he carelessly, and/or otherwise recklessly failed to yield to Plaintiff's right of way, failed to make proper observations, and/or otherwise failed to take evasive action when he suddenly and unexpectedly backed out of his parking space, entered into Plaintiff's lane of travel, and struck the passenger-side of Plaintiff's vehicle at an excessive rate of speed without warning.

Plaintiff initially did not present to the hospital because she was under the mistaken impression that she was merely suffering from some soreness that it would resolve on its own. When her pain increased in frequency and intensity, she presented to a chiropractor where she complained of constant and severe pain to her neck that radiated into her arms bilaterally, shoulder pain, and knee pain. She immediately commenced a course of conservative treatment consisting of chiropractic care, physical therapy, and acupuncture. Due to the extensive pain to her neck and bilateral shoulder pain, she was immediately referred to an orthopedist. Physical examination revealed bilateral lumbar paraspinal spasms and tenderness, and decreased range of motion in her lumbar spine with pain. As to her shoulders, the physical examination demonstrated left shoulder decreased range of motion, pain with all movement, pain and tenderness with palpation of the supraspinatus tendon attachment of her left shoulder, and tenderness and pain of her rotator cuff muscles. It was recommended that she undergo physical therapy for her left shoulder and left knee.

She underwent MRI testing of her cervical spine and lumbar spine which demonstrated a central and left sided disc herniation at C5-6 with cord impingement and left sided C6 root encroachment and a left posterolateral disc herniation at L3-4 with associated left neural foraminal stenosis and a central disc herniation at L5-S1 with associated spinal canal and bilateral neural foraminal setenosis. During the course of her treatment and following the results of the MRIs, she was referred for an upper and lower extremity nerve test which was performed in July 2018. This testing revealed evidence of right C6 and left L5 radiculopathy.

Plaintiff was also referred to a pain management doctor whom she consulted in May 2017. In response to her complaints and due to the failure of her pain responding to the conservative course of treatment, she was recommended a translaminar epidural steroid injection at L4-5.

When her shoulder pain persisted, she returned to an orthopedist and was recommended an MRI to her left shoulder. In December 2017, she underwent the recommended MRI which demonstrated left shoulder injuries consisting of a high grade partial thickness tear of the posterior aspect of the supraspinatus tendon measuring 0.9 cm in longitudinal dimension and 0.7 cm in AP dimension with severe tendinosis of the supraspinatus tendon, interstitial tearing of the infraspinatus tendon, tendinosis of the subscapularis tendon, fluid within the subacromial/subdeltoid bursa consistent with bursitis, and adhesive capsulitis.

In February 2018 Plaintiff underwent a lumbar epidural steroid injection. That injection only temporarily alleviated her pain. Plaintiff thereafter consulted with a neurosurgeon in April 2018 and it was recommended that she undergo bilateral L4/5 decompression and posterolateral fusion along with left-sided L2/3, L3/4, L4/5 and L5/S1 discectomies.

In June 2018 she ultimately underwent Left L2 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; Left L3 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve root; Bilateral L4 hemilaminectomies, facetectomy and foraminotomies with decompression of nerve roots; Bilateral L5 hemilaminectomies, facetectomies and foraminotomies with decompression of nerve roots; Left S1 lateral recess decompression and foraminotomy with decompression of nerve root; Open L2-L3 diskectomy; Open L3-L4 diskectomy; Open L4-L5 diskectomy; Open L5-S1 diskectomy; L4-L5 posterolateral arthrodesis; Harvesting of fat grafts; Use of microscope for microdissection; Fluoroscopic guidance for localization; Harvesting of local bone autograft; Bone marrow harvesting for transplantation; Harvesting of morselized posterior iliac crest autograft; Placement of right On-Q local anesthetic catheter; Placement of left On-Q local anesthetic catheter.

She was seen post operatively and was discharged in August 2018. No further treatment was recommended.

The case settled in January 2019 for $220,000.00, prior to the scheduling of a trial.