

\$230,000 Settlement for Motor Vehicle Accident

In April 2017 Plaintiff was operating a motor vehicle when the Defendant negligently failed to maintain her lane of travel, failed to operate her vehicle commensurate with the roadway conditions, and/or otherwise failed to take evasive action when she crossed over the double yellow lines, entered Plaintiff's lane of travel, and struck his vehicle head on at a high rate of speed without warning. Defendant was traveling at such a high rate of speed that her vehicle was oriented in a perpendicular fashion at the time she entered Plaintiff's lane of travel. The impact occurred so suddenly and unexpectedly that Plaintiff could not avoid the collision. The force of the impact was so great that Plaintiff's vehicle was totaled. As contained on the business record of the police report, Defendant admitted to responding officer that the crash was "her fault" and that she lost control of her vehicle as she was attempting to navigate a curve in the roadway. Defendant further admitted that her vehicle became perpendicular to Plaintiff's vehicle and that Plaintiff had no time to avoid the collision. The officer attributed this accident to the Defendant, issuing her a citation for failure to maintain her lane in violation of N.J.S.A. 39:4-88.

Initially, Plaintiff did not seek medical attention as he mistakenly believed that he was suffering from some soreness and that it would resolve on its own. As his pain continued to get worst with time, he presented to a chiropractor where he complained of severe pain radiating down his left arm. He also complained of lower back pain radiating down his legs bilaterally. In response to these complaints, he commenced a course of conservative treatment which consisted of chiropractic care, acupuncture therapy and physical therapy.

During the course of his treatment, he was referred for diagnostic testing in order to ascertain the nature and extent of his injuries. In July 2017 he underwent cervical spine and lumbar MRIs which revealed a central disc herniation at C4-5 with encroachment on the anterior aspect of the spinal canal. His lumbar spine MRI revealed a central disc herniation at L2-3 with associated compressive deformity on the anterior aspect of the dural sac. Based upon the severity of Plaintiff's injuries and failure to respond to physical modalities, Plaintiff was referred to a pain management doctor. Plaintiff

was examined by the pain management doctor in August 2017. Upon examination, the doctor noted that Plaintiff suffered from diminished pinprick sensation in the C6 distribution on the left compared to the right. Upon review of his objective findings and subjective complaints, the doctor opined that Plaintiff was suffering from left sided cervical radiculopathy secondary to a herniated disc complicated by facet syndrome in addition to left sided lumbar radiculopathy complicated by lumbar facet syndrome. Based on those findings, plaintiff was recommended a course of cervical and lumbar epidural steroid injections. In September 2017 Plaintiff underwent a lumbar epidural steroid injection at L4-5 and the recommended cervical epidural steroid injection at C6-7. In addition, in November 2017 he underwent left-sided transforaminal epidural steroid injections at L2-3 and L3-4. Plaintiff concluded his chiropractic treatment and physical therapy in September 2017.

When his injections failed to respond, Plaintiff was recommended an upper and lower extremity EMG/NCV. In November 2017, he underwent the recommended EMG/NCV test which revealed positive findings for right multi-level cervical radiculopathy: right C4-5, right C5-6, right C6-7, and right C7-8. In addition, his lower extremity EMG/NCV test revealed positive findings for left multi-level lumbar radiculopathy: left L3-4, left L4-5, and left L5-S1. Plaintiff did not undergo additional treatment for his cervical spine following his cervical epidural steroid injection.

While Plaintiff was undergoing pain management, he also consulted with a neurosurgeon. He was then recommended lumbar discography which he completed in March 2018. When his pain failed to resolve, he was recommended surgery.

In May 2018, he ultimately underwent, left L2 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; left L3 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; left L4 lateral recess decompression and foraminotomy with decompression of nerve root; open L2-L3 discectomy; open L3-L4 discectomy; harvesting of fat grafts; use of microscope for microdissection; fluoroscopic guidance for localization; and placement of left On-Q local anesthetic catheter.

The case settled in February 2019 for the amount of \$230,000.00, prior to the scheduling of a trial.