

\$265,000 Total Settlement for Motor Vehicle Accident

In May 2016, Plaintiff was the front seat passenger of a motor vehicle traveling south operated by Defendant 1 who failed to observe Defendant 2 attempt to make a lane change from the right lane into the left lane, colliding with the vehicle driven by Defendant 2 and seriously injuring Plaintiff.

Defendant 2 was also negligent because he failed to make proper observations and take evasive actions. The responding police officer, attributed the accident to Defendant 1 for performing an unsafe lane change and cutting off Defendant 2. Defendant 1 was issued a citation for careless driving, in violation of N. J.S.A. 39:4-97.

Plaintiff immediately felt neck and lower back pain and was evaluated by emergency medical personnel at the scene of the accident, but ultimately declined to go to the hospital. The day following the accident, she sought treatment with a pain management doctor and was recommended that she undergo physical therapy. Pursuant to that recommendation, she consulted with a chiropractor and immediately commenced a course of conservative treatment consisting of chiropractic care, physical therapy and acupuncture. During the course of her treatment, she was referred for diagnostic testing. In August 2016, she underwent an MRI to her cervical spine which revealed a central posterior protruded disc herniations with adjacent spondylitic changes at C4-5 and C5-6 as well as a central posterior protruded disc herniation at C6-7 which abuts the anterior spinal cord. As to her lumbar spine, the MRI indicated grade 1 anterolisthesis at L4-5. In September 2016 she underwent an EMG study which revealed evidence of acute left L4-5 radiculopathy. In November 2016, she underwent an upper extremity EMG study which revealed acute left C6-7 radiculopathy.

Unfortunately, despite her diligent participation in conservative care, her neck and lower back pain failed to resolve. During the course of her treatment, she consulted with a neurosurgeon who recommended that Plaintiff undergo flexion and extension x-rays. In October 2016, she underwent those X-rays which revealed grade 3 anterolisthesis of L4 relative to L5 which increases in flexion and decreases in extension. During that time, she also underwent two lumbar epidural steroid injections. The first injection temporarily improved plaintiff's pain for approximately a month. The second

injection with was performed in January 2017 did not provide any relief. Shortly after, she returned to her neurosurgeon to discuss her X-rays. At that time, the doctor noticed that the degree of spondylolisthesis on the more current study has worsened and is now a grade 1 to 2. Based upon her symptoms, complaints and diagnostic testing, the doctor recommended she undergo an L4-5 decompression and fusion procedure with instrumentation. Plaintiff there after consulted with a few doctors and sought a second and third opinions.

Plaintiff chiropractic treatment and physical therapy concluded in June 2017.

In September 2018, she ultimately underwent open decompressive laminectomies, L4-5; Right L4-5 decompressive facetectomy; Frameless stereotactic guided pedicle screw fixation, L4-5; L4-5 transforaminal interbody fusion with PEEK spacer; Posterolateral fusion, L4-5; Harvest and fashioning of autologous bone graft; Use of intraoperative microscope; and Intraoperative fluoroscopy with immediate interpretation. She was examined post operatively and was ultimately discharged.

In August 2018, the case settled as to Defendant 2 for the \$15,000.00 policy limit. In January 2019, the case settled as to Defendant 1 for \$250,000.00.