

\$295,000 Settlement for Motor Vehicle Accident

In April 2016, Plaintiff was stopped on Landing Road in Roxbury, New Jersey. At the same time Defendant was traveling directly behind Plaintiff at the aforementioned location when he negligently failed to make proper observations, failed to maintain a reasonably safe following distance and/or otherwise failed to take evasive action when he struck Plaintiff's vehicle in the rear without warning. Defendant admitted to responding Police Officer that he observed Plaintiff's vehicle stopped but could not stop in time, causing him to collide with Plaintiff's vehicle. As contained in the Police Report, Defendant was at fault for the happening of this accident.

Plaintiff immediately complained of neck pain at the scene of the accident. However, she did not seek medical attention as she was under the mistaken impression that she was merely suffering from some minor soreness and that my injuries would quickly resolve. Shortly after the accident, Plaintiff contacted her primary care physician and was advised that she should to go to the emergency room. Pursuant to the doctor's advice, she presented to the hospital and related to the emergency room staff her complaints of pain to the neck and also advised them she was experiencing a tingling sensation down my right arm. She underwent an x-ray test to her cervical spine, the results of which were unremarkable for fractures and/or subluxations. Plaintiff was diagnosed with a cervical strain and discharged with instructions to follow up with a doctor.

She consulted an orthopedist who reviewed her cervical spine x-ray films and found a disc disruption at C6-7. She was instructed to follow up on a monthly basis and referred to a chiropractor. In May 2016, Plaintiff consulted with a chiropractor and commenced a course of conservative treatment consisting of chiropractic care and acupuncture treatment. During the course of her treatment she underwent diagnostic studies which revealed a right paracentral disc herniation at C6-7 with associated encroachment of the anterior aspect of the spinal canal. Her EMG/NCV study revealed right C4 radiculopathy. During this time, Plaintiff was also referred to a pain management specialist, who recommended that she participate in injection therapy. When her pain failed to alleviate during the course of conservative treatment and consistent with the recommendation for pain management,

Plaintiff underwent a number of surgical procedures. In September 2016 she underwent a cervical epidural steroid injection. Following that injection, she continued to experience axial neck pain. As a result, in October 2016 she underwent a cervical medial branch block at C4 through C7.

Unfortunately, the cervical epidural injection did nothing for her pain and the facet block only temporarily relieved her neck pain for one week. Therefore, she consulted with a neurosurgeon who recommended she undergo a C3 through C6 radiofrequency ablation, which was also recommended by her pain management doctor. In November 2016, Plaintiff Ovalles underwent the recommended bilateral C3, C4, C5 and C6 radiofrequency ablation. Following this procedure, however, Plaintiff's pain grew progressively worse. As such, she returned to her neurosurgeon's office in December 2016. Given Plaintiff's failure to respond to chiropractic treatment, cervical epidural steroid injections, a cervical medial branch block and a radiofrequency ablation, her surgeon recommended an anterior C6-C7 discectomy and fusion procedure with instrumentation which was performed in December 2016. She followed-up postoperatively with her surgeon three times and was discharged in February 2017.

Subsequent to Mrs. Ovalle's anterior cervical discectomy and fusion surgery, her voice became very hoarse and she had vocal difficulties including, fatigue and lack of projection. As a result, she consulted an ENT who diagnosed her with dysphonia and vocal cord paralysis. Speech pathology and evaluation were ordered as well as voice therapy. A follow-up examination did not show improvement in her vocal cord functions and additional treatment was discussed. In October 2017 she underwent a videostroboscopy and was recommended a microlaryngoscopy with injection which she underwent in November 2017. She was examined post-operatively and was discharged in January 2018 with a good recovery.

The case settled for the remaining policy limit of \$295,000.00, prior to the scheduling of a trial.

No lost wage claim asserted. No defenses with respect to liability or damages.