\$450,000 Settlement for Motor Vehicle Accident

In August 2015 plaintiff was fully stopped in traffic when Defendant negligently failed to maintain proper observations, failed to maintain reasonably safe following distance and/or otherwise failed to take evasive action when she struck plaintiff's vehicle in the rear at an excessive rate of speed without warning.

Plaintiff presented via personal transportation on the day of this accident to the hospital where she complained of severe neck pain radiating down her arms bilaterally. She was examined, administered pain medication and discharged under the instructions to follow up with an orthopedic specialist. Several days later she presented to a chiropractor and based on her complaints, she commenced a course of conservative management, consisting of chiropractic care, physical therapy and acupuncture. Plaintiff experienced very little by way of improvement to her symptoms and complaints despite participating diligently in physical modalities. She was thereafter referred for diagnostic testing; specifically, MRI testing to her cervical spine and lumbar spine. The cervical spine MRI revealed (1) central disc herniation at C4-5 with encroachment on the anterior aspect of the spinal canal in contiguity with the anterior aspect of the spinal cord; (2) right paracentral disc herniation at C5-6 with encroachment on the anterior aspect of the spinal canal in contiguity with the anterior aspect of the spinal canal; and (3) central disc herniation at C6-7 with encroachment on the anterior aspect of the spinal canal. With regard to her lumbar spine, she the MRI test revealed bulging discs at L1-2 and at L4-5. During the course of her treatment, she consulted a pain management doctor and was recommended injection therapy and advised to continue physical therapy. She underwent a course of conservative treatment until February 2016. In addition to consulting a pain management doctor, Plaintiff consulted a neurosurgeon in April 2016 and was recommended cervical epidural steroid injections. In July 2016 she underwent an upper extremity EMG report which is abnormal revealing evidence of bilateral C5-C6 radiculopathy more prominent on the right.

When her pain failed to resolve within time, she ultimately elected to undergo the recommended injections and underwent two cervical epidural injections in January and February 2017. The injections

only temporarily relieved her pain. In December 2017, she underwent bilateral C3, C4, C5 and C6, medial branch facet blocks and then proceeded with bilateral C3, C4, C5 and C6 radiofrequency ablations in February 2018.

Following these procedures, she ultimately continued to experience constant and severe posterior neck pain and as a result, returned to her treating neurosurgeon and was recommended for surgery. In June 2018, she underwent the recommended surgery which was as follows: C4-C5 interbody arthrodesis and discectomy with decompression of spinal cord and nerve roots; C5-C6 interbody arthrodesis and discectomy with decompression of spinal cord and nerve roots; C5-C75 interbody arthrodesis and discectomy with decompression of spinal cord and nerve roots; C5 corpectomy with decompression of spinal cord; C4-C5-C6-C7 anterior instrumentation; Placement of C4-C5 intervertebral PEEK cage; Placement of C5-C6 intercerebral PEEK cage; Placement of C6-C7 intercerebral PEEK cage; Application of cranial tongs; Fluroscopic 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 Stratofuse; Bone marrow harvesting for transplantation; Use of microscope for microdissection and the corpectomy; Placement of right iliac crest On-Q local anesthetic catheter. She followed up post operatively and was discharged with a good recovery.

The case settled on for \$450,000.00, prior to the scheduling of a trial.

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