# $617,000 Settlement for Motor Vehicle Accident

In June 2015, Plaintiff was operating a motor vehicle when the Defendant, traveling directly behind Plaintiff's vehicle, negligently, carelessly, and recklessly operated the aforesaid motor vehicle, by failing to make proper observations take evasive actions, and otherwise failed to maintain proper following distance causing him to violently strike the rear of Plaintiff's vehicle.

Following this accident, Plaintiff was taken via ambulance to the hospital. He was evaluated and released. However, Plaintiff continued to experience unrelenting pain and sought treatment at an urgent care. He complained of neck and lower back pain. The treating physician noted tenderness upon palpitation in his neck and lower back and pain. He was prescribed a soft collar, CT scans and x-rays and commenced physical therapy. In July 2015, he consulted with a specialist where he complained of neck, lower back and pains shooting down his right leg. Plaintiff was recommended diagnostic testing. In August 2015, he underwent MRI studies of lower back which revealed anterior protruded disc herniation with adjacent spondylitic change at the T11-12 level along with disc bulging at L3-4, L4-5 and L5-S1. On December 1, 2015, a left foraminal disc protrusion at C2-3 which narrows the left neural foramen; diffuse disc bulging at C3-4 asymmetric to the left impinging upon the thecal sac and spinal cord with the most pronounced unicate spurring on this level on the left with severe left foraminal narrowing; diffuse disc bulging at C4-5 impinging upon the thecal sac and spinal cord with resultant central canal stenosis; diffuse disc bulging at C5-6 impinging upon the thecal sac and annular tear. He received physical therapy for approximately three- four months

During the course of his treatment, he was recommended for pain management treatment. Over a course of approximately one and half years, he underwent multiple pain management procedures in hopes to relieve his pain. The procedures were as follows: March 2016: Lumbar Caudal Epidural Steroid Injection; May 2016: Lumbar Caudal Epidural Steroid Injection; June 2016: Bilateral L3, L4 and L5 medial branch blocks; July 2016: Left C5, C6, C7 medial branch blocks; July 2016: Left C5, C6, C7 medial branch radiofrequency ablation; August 2016: Bilateral L3, L4 and L5 medial branch blocks; September 2016: Bilateral L3, L4, and L5 medial branch radiofrequency ablation; September 2017:

Bilateral L3, L4, and L5 median branch blocks; November 2017: Lumbar Caudal Epidural Steroid Injection.

Despite multiple procedures, Plaintiff's cervical pain did not resolve. In June 2018, he consulted with a neurosurgeon who recommended an updated MRI which indicated a left foraminal C2-3 herniation, contributing to moderate-to-severe left sided foraminal stenosis at this level; a central and left paracentral disc herniation at C3-4, which is contributing to central canal stenosis and severe left and moderate right-sided foraminal stenosis, mistakenly referred to as a bulge on the report; a broad-based central posterior disc herniation at C4-5 impinging the cervical cord with severe diminished central spinal canal diameter of 5mm with severe bilateral stenosis; central broad based disc herniation with cord impingment with severely reduced central spinal canal diameter of 5.5 mm and severe bilateral foraminal stenosis; and a disc bulge at C6-7 with a canal diameter measuring 8.2 mm with severe left and moderate right foraminal stenosis. Plaintiff's neurosurgeon also reviewed the December 2015 MRI and noted disc herniations at C2-3, C3-4, C4-5 and C5-6 are mistakenly referred as bulges instead of herniations. Based upon Plaintiff' s injuries, the doctor strongly recommended an inferior C2 to superior C7 decompression and lateral mass fixation/fusion procedure with instrumentation, to which Plaintiff consented.

In July 2018, Plaintiff underwent the following surgery: Bilateral C3 laminectomies, facetectomies and foraminotomies with decompression of spinal cord and nerve roots; Bilateral C4 laminectomies, facetectomies and foraminotomies with decompression of spinal cord and nerve roots; Bilateral C5 laminectomies, facetcctomi cs and foraminotomies with decompression of spinal cord and nerve roots; Bilateral C6 laminectomies, facetectomies and foraminotomies with decompression of spinal cord and nerve roots; Bilateral C7 laminectomies, facetectomies and foraminotomies with decompression of spinal cord and nerve roots; C3-C4-C5"C6-C7 posterior segmental instrumentation; Bilateral C3-C4 posterolateral arthrodesis; Bilateral C4-C5 posterolateral arthrodesis; Bilateral C5-C6 posterolateral arthrodesis; Bilateral C6-C7 posterolateral arthrodesis; Application of Mayfield pin. Headrest; Use of microscope for microdissection; Harvesting of local bone autograft; Fluoroscopic guidance for localization; Harvesting of morselized left posterior iliac crest autograft; Bone marrow harvesting for transplantation; Placement of right On-Q local anesthetic catheter; Placement of left On-Q local anesthetic catheter.

Following his surgery, Plaintiff developed a postoperative wound infection requiring readmission to the hospital. He was started on two intravenous antibiotics through a PICC line and discharged two days later.

In October 2018, Plaintiff commenced post-surgery physical therapy until November 2018. He was thereafter discharged.

The case settled at Mediation for the amount of $617,000.00.