

(Summary of Verdict/Settlement)

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Superior Court, Los Angeles County, California.

*Doe vs. Doe*

**TOPIC:**

**Synopsis:** Man seriously wounded in a bad car accident.

**DOCKET NUMBER:** N/A

**Case Name:** Plaintiff Driver v. Defendant Company and Defendant Driver / Employee

**Court:** Los Angeles Superior Court - Central District

**Case Type:** Personal Injury - Auto

**Settlement :** \$600,000.00

**Date of Settlement :** March 14, 2014

**Plaintiff Counsel:** Michael Ehline of Ehline Law Firm PC; James P. Carr and Tyler J. Barnett of Yuhl Carr LLP; and

**Defense Counsel:** Jeffrey Cabot Myers, Esq., Kirk & Zurawski

**Facts:** This injury lawsuit stems from an auto collision that took place on Saturday, March 10, 2012 at approximately 10:15 a.m., at the intersection of West 6th Street and Lorraine Boulevard in Los Angeles, California. Plaintiff was traveling eastbound on 6th Street at approximately 35 miles per hour when he was broadsided by Defendant Company's employee, who was driving southbound on Lorraine Boulevard. The southbound travel lane on Lorraine Boulevard is a right turn only lane controlled by a stop sign. There is a right turn arrow on both the stop sign and painted on the ground. Defendant's employee failed to yield the right of way and rather than turn right, he proceeded to enter the intersection in violation of the stop sign and street markings.

Defendant's employee was also traveling at an unsafe speed when he entered the intersection causing Plaintiff's vehicle to flip over twice from the collision. Plaintiff's vehicle was totaled from the collision. Defendant accepted 100% liability for causing the collision.

**Injuries:** The fire department responded to the scene of the incident and recommended that he be examined by a physician. The next day he experienced unbearable pain in his whole body, especially in the neck and spine, with pain radiating down his right leg. He presented himself to an urgent care facility where medications were prescribed. Plaintiff returned to urgent care due to persisting pain in his middle and lower back. The doctor there administered a pain injection for back spasms, refilled medication and recommended an MRI.

Plaintiff then followed with orthopedic surgeon Arthur Kreitenberg, MD who started him on physical therapy treatments for six to eight months, initially three times a week along with home exercises. The physical therapy helped his neck significantly and slightly improved his lower back pain. At the beginning physical therapy helped his lower back pain but eventually it did not provide any relief. Dr. Kreitenberg administered a steroid injection in the lower back, which provided relief for about a month, after with the pain returned. He received a second injection in January 2013. Within a few weeks after the second injection, the pain returned more intensely than before. Since physical therapy and injections were no longer providing relief, he decided to explore what his options were surgically.

The MRI results presented a bulging disk in the neck and a slipped disk in the lower back. The clinical finding of lumbar radiculopathy was corroborated by the MRI finding of disc protrusion at L4-5 and foraminal stenosis at L5-S1 level. There was evidence of a 5.6 mm central disc protrusion at L4-5 level which produces biforaminal encroachment. Additionally, there was evidence of facet arthropathy with neuroforaminal stenosis at L5-S1 bilaterally. The clinical finding of neck and right shoulder pain was corroborated by the MRI finding of loss of normal cervical lordosis, posterior disc protrusion at C5-6 level, which measures approximately 3 mm in the AP diameter producing significant lateral recess compression. Disc was left

paracentral in location.

Neurosurgeon Fardad Mobin, MD recommended a posterior lumbar decompressive surgery at L4-5, microdiscectomy with possible annular repair, and lumbar decompressive surgery at L5-S1 level. Plaintiff sought a second opinion from Dr. Kreitenberg who referred him to Neurosurgeon Carl Laurysen, MD. Dr. Laurysen recommended and ultimately performed a discectomy, facetectomy and coflex procedure (which was video taped for litigation use). The coflex device is used in conjunction with decompression treatment and provides stabilization to the spine and a unique "flexion" design that helps provide patients with more mobility. Until now, the standard treatment has been spinal fusion which can limit movement.

**Medical Bills** : Approximately \$175,000.00 (gross; all on liens).

**Plaintiff Experts** : None reported, except as above.

**Defense Experts** : None reported.

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