Mr. Nicholson’s body was thrown around during the impact, and although he had pain and stiffness straight away, Mr. Nicholson declined EMS evaluation at the crash scene.

However, on March 5, 2021, 2 days after the crash, Mr. Nicholson presented to the Memorial Heights Emergency Center with complaints of pain in his lower back. He underwent a CT scan of the lumbar spine which was negative for acute osseous abnormality. Mr. Nicholson was diagnosed with lumbar spine sprain and released home to primary care follow up in 3 days.

On March 10, 2021, 7 days after the crash, Mr. Nicholson presented to Dr. Marony Demian (chiropractic) with complaints of sharp pain in his neck, lower back, left hip, left shoulder and muscle spasms throughout his entire spine. Dr. Demian initiated treatment modalities and recommended modalities 2-3 times a week through July 30, 2021 (his projected completion date for rehabilitative therapy).

On March 10, 2021, Mr. Nicholson underwent MRIs of the left hip and left shoulder. The left hip study revealed: focal mild soft tissue contusion of the far lateral aspect of the left gluteus maximus muscle adjacent to the greater trochanter.

The left shoulder MRI revealed: a grade 1 strain of the supraspinatus tendon and minimal acromioclavicular joint arthrosis and minimal subacromial/subdeltoid bursitis.

On March 22, 2021, Mr. Nicholson underwent MRIs of the cervical and lumbar spine. The cervical spine study revealed: at C3-4, a broad-based posterior central disk herniation, (1 mm), flattening the anterior aspect of the thecal sac; at C4-5, a broad based posterior central disk herniation (2-2.5 mm) flattening the anterior aspect of the spinal cord, moderate left neural foraminal stenosis; at C5-6, a broad based posterior central disk herniation (2-2.5 mm) with an associated annular tear, flattening the anterior aspect of the spinal cord.

The lumbar spine study revealed; at L5-S1, a diffuse disk herniation (3.5 mm) with an associated posterior central annular tear, flattening the anterior epidural fat and resulting in moderate bilateral neural foraminal stenosis; at L4-5, a broad based right neural foraminal disk herniation (2 mm) resulting in mild right neural foraminal stenosis; and mild free fluid in the pelvis.

On April 22, 2021, Mr. Nicholson presented to Dr. Teodulo Aves (pain management) with persistent pain in his neck, headache, lower back pain with intermittent sharp shooting pains to both legs, and pain in his left shoulder and left hip. Dr. Aves diagnosed panniculitis, cervicalgia, muscle spasms, low back pain and lumbar radiculopathy. He recommended continued therapy, lumbar epidural steroid injections, cervical facet injections at C4-6, and a steroid injection for the left shoulder.

On April 27, 2021, Mr. Nicholson underwent a transforaminal epidural steroid injection (TFESI) at L4-5 on the left, performed by Dr. Mark Filley (pain management).

Dr. Filley also performed a left shoulder steroid injection; and a cervical facet block injection on the left at C4-6 (with good relief).

On June 1, 2021, Dr. Filley performed a TFESI on the left at L5-S1.

On July 2, 2021, Mr. Nicholson presented to Dr. Jose Rodriguez (orthopedic surgery) with complaints of pain in his *right* shoulder and left leg. Physical examination elicited pain over the right rotator cuff. Dr. Rodriguez diagnosed *right* rotator cuff tendinitis, recommended continuing therapy to strengthen the shoulder and hip, and prescribed Diclofenac 50 mg, twice daily.

On July 15, 2021, Mr. Nicholson returned to Dr. Aves who recommended a third lumbar ESI, and orthopedic consultation for the left shoulder and left hip.

On July 16, 2021, Mr. Nicholson presented to Dr. Anthony Owusu (orthopedic surgery) with neck pain, low back pain radiating into the left lower extremity, and left arm pain and stiffness. Dr. Owusu diagnosed cervical disk disorder, cervicalgia, cervical and lumbar radiculopathy, lumbar spinal stenosis, and low back pain. He recommended a lumbar laminectomy and decompression at L5-S1.

On September 25, 2021, Dr. Owusu performed a third lumbar epidural steroid injection (ESI), bilaterally at L4-5 and L5-S1.

On November 2, 2021, Dr. Filley performed bilateral C4-6 cervical facet block injections due to increasing neck pain.

On December 20, 2021, Mr. Nicholson returned to Dr. Owusu with persistent neck pain and lumbar radicular symptomatology. Dr. Owusu recommended proceeding with the lumbar laminectomy and decompression at L5-S1 and discussed the need for an anterior cervical discectomy and fusion at C3-4 in the future.

On January 7, 2022, Mr. Nicholson presented to Dr. Dushi Parameswaran (orthopedic surgery) with persistent lateral left sided hip and left shoulder pain. Dr. Parameswaran recommended continuing conservative treatment for the shoulder and hip with additional recommendations for a corticosteroid injection for the left shoulder (subacromial space). Dr. Parameswaran proceeded with the left shoulder subacromial injection.

**On January 24, 2022, Mr. Nicholson underwent an L5-S1 partial laminectomy and discectomy at L5-S1, performed by Dr. Owusu.**

On February 2, 2022, Mr. Nicholson recommenced therapeutic treatment with Dr. Demian, He was released from therapy on March 24, 2022.

On April 25, 2022, Dr. Owusu discussed proceeding with an ACDF at C4-5 and to commence rehab therapy for the lumbar spine.

**On May 9, 2022, Mr. Nicholson underwent an anterior cervical discectomy and fusion (ACDF) at C4-5, performed by Dr. Owusu.** Height: 5 ft 5 inches**,** Weight: 180 lbs.

*Pre-crash medical history*

Non-contributory for post-crash diagnoses

*Medical and other records reviewed for history*

Plaintiff’s response to Interrogatories

Memorial Heights Emergency Center

Sugarland Sports Medicine & Injury Clinic, Dr. Demian

Upright MRI

Viking Surgery Center

Radiology Providers of Texas, Dr. Aves

Spine & Joint Institute of Texas, Dr. Owusu

Paramount Surgical Center

Next Generation Ortho and Spine, Dr. Owusu

Memorial Heights Emergency Center

Orthopedic Institute for Spinal Disorders, Dr. Rodriguez