The impact whipped Mr. Tucker’s head forward and backwards causing him to strike his head against the headrest. Within minutes he developed pain in his neck. EMS did not respond, but around 1-1.5 hours after the crash, Mr. Tucker drove himself to the Great Plains Health ED where he complained of pain in his cervical spine, upper and lower thoracic and lumbar spine, and headache.

Mr. Tucker underwent a CT scan of the cervical spine which was negative for acute osseous abnormality (but evidenced disk protrusions at C5-7 with moderate canal and foraminal stenosis; and C3-5 pseudo bulge, grade 1 anterolisthesis and mild canal/foraminal stenosis). Mr. Tucker also underwent a CT scan of the head which was negative for acute intracranial abnormality. He was diagnosed with cervical disk disorder with radiculopathy, back strain, prescribed a Medrol Dosepak and Norco, and released home to primary care follow up.

Mr. Tucker started therapy at Sandhills Physical Therapy; attended twice a week but, due to minimal relief, stopped attending after 3 weeks.

On March 29, 2021, Mr. Tucker underwent MRIs of the cervical spine and right shoulder. The cervical spine study revealed: at C3-4, shallow left eccentric disk protrusion, mild canal/lateral recess stenosis, mild right moderate left foraminal stenosis; at C4-5, shallow disk protrusion, severe canal/lateral recess stenosis, moderate foraminal stenosis; at C5-6, shallow disk protrusion, severe canal/lateral recess stenosis, moderate right/severe left foraminal stenosis; at C6-7, shallow disk protrusion, severe canal/lateral recess/foraminal stenosis.

The right shoulder MRI revealed: a partial-thickness tear of the supraspinatus and tendinosis throughout the rotator cuff.

In April 2021, Mr. Tucker started getting pain in his bilateral upper extremities and increasing pain in his right shoulder.

On April 14, 2021, Mr. Tucker presented to Dr. Wayne Warren (neurosurgery). He complained of pain in his neck radiating down both arms and between both shoulder blades, bilateral numbness and tingling, cold right hand, daily headaches, and worsening neuropathy in his feet (refer to prior history). Dr. Warren diagnosed whiplash injury, cervical spine stenosis, recommended conservative treatment, and referred Mr. Tucker to pain management.

On May 7, 2021, Mr. Tucker underwent an X-ray of the thoracic spine which was negative for acute osseous abnormality.

On May 17, 2021, Mr. Tucker underwent a brain MRI which was negative for acute intracranial abnormality.

On June 8, 2021, Mr. Tucker underwent upper extremity electromyography/nerve conduction velocity (EMG/NCV) studies which revealed: mild sensory axonal polyneuropathy; mild C5-6-7-8-T1 cervical radiculopathy affecting the right arm; mild to moderate bilateral median neuropathy (carpal tunnel-refer to prior history).

On June 9, 2021, Mr. Tucker presented to Dr. Stephanie Marcy (interventional pain management/anesthesiology). She prescribed gabapentin 300 mg, and Cymbalta 30 mg, referred Mr. Tucker to an orthopedic hand specialist and discussed bilateral occipital nerve block injections, cervical paraspinal trigger point injections, cervical medial branch blocks/radiofrequency nerve ablations as future treatment options.

On June 21, 2021, Mr. Tucker presented to Dr. Anil Kumar (neurology) for evaluation of possible papilledema (highlighted following a routine eye examination in April 2021). He had blurred vision, dizziness, and headaches. MRI/MRV brain imaging was negative for intracranial pathology. Dr. Kumar recommended neuro-ophthalmology evaluation; diagnosed papilledema, intracranial hypertension, and prescribed Diamox 500 mg twice daily.

On June 30, 2021, Mr. Tucker presented to Dr. Amrita-Amanda Vuppala (neuro-ophthalmology). He complained of buzzing in both ears, lightheaded/dizziness with position changes, headaches behind the right ear and eye fatigue. Ocular examination was limited due to already starting the Diamox. Dr. Vuppala opined that Mr. Tucker’s difficulty with focusing may be more related to headaches and head injury, as examination was negative for signs of major convergence insufficiency or tracking abnormality or papilledema. Dr. Vuppala recommended stopping the Diamox and to re-evaluate in 3-4 months.

On July 8, 2021, Mr. Tucker presented to Dr. Michael Joyner (orthopedic hand surgery). He had increasing numbness and tingling in his left hand. Dr. Joyner diagnosed left carpal tunnel syndrome (CTS) with recommendations for a left carpal tunnel release along with a steroid injection to the right wrist for recurrent CTS.

On July 8, 2021, Dr. Marcy performed a cervical epidural steroid injection at C7-T1 (with 75-80% relief).

On November 15, 2021, Dr. Marcy performed bilateral trigger point injections targeting occipital/sternocleidomastoid/scalenes/cervical and trapezius muscles.

On January 13, 2022, Dr. Marcy performed a second cervical ESI at C7-T1, producing less than 25% relief.

On March 28, 2022, Mr. Tucker updated the cervical MRI which revealed: at C5-6, severe canal stenosis, moderate right and moderate to severe left foraminal stenosis; at C6-7, shallow disk protrusion, moderate to severe canal stenosis, moderate right and moderate to severe left foraminal stenosis.

On April 26, 2022, Mr. Tucker presented to Dr. Chinyere Obasi (neurosurgery) with pain in his neck and bilateral arms. Dr. Obasi diagnosed cervical radiculopathy localizing to the C6 dermatome and foraminal stenosis. He recommended epidural steroid injections at C5-7 versus an anterior cervical discectomy and fusion at both levels. Mr. Tucker opted for injection therapy.

On March 22, 2023, Mr. Tucker returned to Dr. Obasi. Radicular neck symptoms persisted. Dr Obasi recommended pursuing an anterior cervical discectomy and fusion at C5-6 and 6-7.

On August 31, 2023, Dr. Obasi noted significant (moreso on the left) neck pain, left scapular pain, hand numbness (he was dropping things), ulnar nerve entrapment, and decreased range of motion in the cervical spine. An updated cervical MRI, obtained August 30, 2023, revealed: moderate left neural foraminal stenosis at C3-4 and 6-7; multilevel degenerative changes with mild spinal canal stenosis at C5-6 and 6-7. Dr. Obasi reiterated his surgical recommendations.

**On September 1, 2023, Dr. Obasi performed an anterior cervical discectomy and fusion at C5-6 and 6-7.** Height: 5 ft 11 inches, Weight: 280 lbs.

*Pre-crash medical history*

Right shoulder strain (work-related) in 2019. Mr. Tucker was undergoing treatment (steroid injections) and therapy for the right shoulder just prior to the subject crash.

On February 4, 2021, he was evaluated at Great Plains due to persistent pain across the top and lateral aspects of his right shoulder with radiating symptoms into his neck, biceps, and into his right forearm. He also complained of some tingling sensations associated with the pain. He received a steroid injection in the right shoulder (subacromial) joint on January 11, 2021.

On January 14, 2021, he underwent an X-ray of the right shoulder which revealed: mild to moderate degenerative changes, severe joint space narrowing at the acromioclavicular joint.

Mr. Tucker was under the care of neurology for polyneuropathies of unknown origin, for around 12 years prior, affecting his hands, elbows, feet, and wrists. In 2019, he underwent a right carpal tunnel release.

*Medical and other records reviewed for history*

Neal Tucker, deposition

Great Plains Health, Drs. Marcy/Kumar/Vuppala

Sandhills Physical Therapy

Central Nebraska Spinal Surgery Center

Dr. Obasi records

Truhlsen Eye Institute, Dr. Vuppala