Ms. Gonzalez was a restrained passenger (her spouse was driving). She felt a hard impact, her head went back and forth, struck the headrest three or four times breaking the clip breaking the clip she wore at the back of her head. She felt pain immediately in her head and neck, and the broken clip was stabbing her in the back.

The police responded. Ms. Gonzalez declined medical evaluation at the scene despite being in pain. After leaving the crash scene, she went straight home by which time she also had pain and numbness in her right arm and pain in her upper, middle, and lower back.

On July 7, 2021, 11 days after the crash, Ms. Gonzalez presented to Dr. Yamelys Sanabria (chiropractic) with complaints of pain in her thoracic spine, bilateral lumbar spine, bilateral shoulders, bilateral arms, bilateral cervical spine, antero-lateral headaches, and paresthesias in both hands. Dr. Sanabria diagnosed cervical and lumbar spine sprain, cervical radiculopathy, cervicalgia, thoracic and lumbar spine pain, bilateral shoulder pain, and headache. Dr. Sanabria initiated treatment modalities and ordered MRIs of the cervical and lumbar spine. Ms. Gonzalez underwent modalities through August 20, 2021.

On July 15, 2021, Ms. Gonzalez underwent the MRIs. The cervical MRI revealed: at C3-4, left paracentral disk herniation with annular tear impinging upon the thecal sac, mild left neural foramen stenosis; at C4-5, and 5-6, central disk herniations with annular tears impinging upon the thecal sac and abutting the spinal cord, mild bilateral neural foramen stenosis; at C6-7, central disk herniation impinging upon the thecal sac, mild bilateral neural foramen stenosis; and straightened lordotic curve of the cervical spine suspicious for ligamentous injury.

The lumbar spine MRI revealed: at L4-5, 2 mm anterolisthesis, anterior and posterior surgical fusion, moderate arthritic hypertrophy of the posterior bony elements resulting in mild circumferential spinal stenosis and mild bilateral neural foramen stenosis; at L3-4, 2 mm retrolisthesis, disk bulge and moderate arthritic hypertrophy of the apophyseal joints and ligamentum flavum resulting in moderate circumferential spinal stenosis and severe bilateral neural foramen stenosis; at L1-2 and 2-3, small disk bulges impinging upon the thecal sac.

On July 28, 2021, Ms. Gonzalez presented to Dr. Roderick Claybrooks (orthopedic surgery) with complaints of pain in her neck radiating to both shoulders/arms and fingers; and lower back pain radiating into the right leg, thigh/foot, and toes. Cervical and lumbar radiography demonstrated cervical kyphosis with anterolisthesis at C4-6; retrolisthesis at L4-5 and instrumented fusion at L4-5 (refer to prior history). Dr. Claybrooks noted nerve root compression on the MRI studies, diagnosed cervical stenosis and facet generated cervical and lumbar spine pain. He recommended surgical intervention for the neck pain (anterior cervical discectomy and fusion at C6-7), bilateral medial branch block injections at L2-5 (progressing to radiofrequency nerve ablations as indicated) and provided Ms. Gonzalez with a cervical and trunk stabilizing program.

On August 2, 2021, Dr. Sanabria referred Ms. Gonzalez for neurological evaluation due to persistent headache and associated dizziness.

On August 3, 2021, Ms. Gonzalez presented to Dr. Marc Sharfman (neurology) with severe right-sided/frontal headaches, cervical and lumbar radicular symptomatology, nausea, dizziness, loss of balance, unsteady gait, vertigo, changes in speech, confusion, light, and noise sensitivity. Dr. Sharfman diagnosed post-concussion syndrome/concussion, acute post-traumatic headache, traumatic vestibulopathy, vertigo, lumbosacral plexus injury, cervical spine nerve root injury; recommended neurodiagnostic testing, brain MRI/DTI, electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral upper and lower extremities and endorsed cognitive behavioral therapy.

On August 4, 2021, Ms. Gonzalez underwent an electroencephalogram (EEG) which revealed a study within normal limits; and neurocognitive testing which revealed a differential diagnosis of post-concussion syndrome.

On August 5, 2021, Ms. Gonzalez underwent an MRI/DTI of the head/brain which revealed: scattered periventricular subcortical and deep white matter foci of increased T2/FLAIR weighted signal (largest in the left posterior frontal lobe prominent at the gray-white matter junction measuring 9 mm); 3 mm focus of decreased signal in the central pons; 3 mm focus of decreased signal in the left posterior temporal lobe consistent with diffuse axonal injury/trauma versus microangiopathic hypertensive etiology; partially empty sella. Diffusion tensor imaging (DTI) with fiber tracking and FA (fractional anisotropy) values of the corpus callosum are decreased in the anterior-inferior fiber tracts.

On August 5, and 12, 2021, Dr. Sharfman performed bilateral upper and lower extremity EMG/NCV studies. The upper extremity studies revealed a right median sensory nerve trauma; the lower extremity studies were normal. Dr. Sharfman recommended a right wrist brace, potential orthopedic evaluation of the right upper extremity; and continued chiropractic care.

On August 16, 2021, Ms. Gonzalez underwent Doppler ultrasound studies of the carotid arteries which revealed normal flow without evidence of atherosclerotic narrowing.

On August 17, 2021, Ms. Gonzalez underwent videonystagmography (VNG) testing with Dr. Sharfman which revealed positive Dix-Hallpike and positional testing consistent with trauma-related peripheral central pathology; caloric results consistent with trauma-related vestibulopathy in the right ear.

Dr. Sharfman recommended vestibular rehabilitation, comprehensive hearing evaluation and Canalith repositioning.

On October 4, 2021, and February 23, 2022, Ms. Gonzalez revisited Dr. Sharfman with persistent headaches and dizziness. Dr. Sharfman encouraged Ms. Gonzalez to pursue vestibular therapy and Botox injections. She was referred to pain management and placed at maximum medical improvement (MMI) with a permanent and partial impairment following the latter consult.

(Ms. Gonzalez underwent evaluation for vestibular therapy, on October 8, 2021, and on January 26, 2022, she re-established chiropractic care with Dr. Sanabria).

On May 16, 2022, Ms. Gonzalez returned to Dr. Sharfman with persistent headaches, neck pain and her whole body ached. She remained at MMI.

On December 14, 2022, and January 2, 2023, Ms. Gonzalez returned to Dr. Roderick and underwent cervical epidural steroid injections at C6-7.

Ms. Gonzalez underwent therapeutic modalities with Dr. Sanabria through November 15, 2023. Height: 5 ft, weight: 160 lbs.

*Pre-crash medical history*

Ms. Gonzalez was in a traffic crash in 2002; she sustained injuries to her lower back and had numbness in her leg. She received chiropractic treatment, [possibly] injection therapy, for approximately two years. Within around 5 years all symptoms were much improved, and the pain had reached a manageable level.

In 2015/16, Ms. Gonzalez developed nerve pain. In October 2017 she had surgery to her lower back (fusion at L4-5) due to spinal stenosis. She had minor residual nerve pain for which she took gabapentin.

Ms. Gonzalez was in another minor traffic crash (rear-end) between 2015 and 2019, without injury.

*Medical and other records reviewed for history*

Egda Gonzalez, deposition May 19, 2023

Chiro Nomad, Dr. Sanabria

SimonMed Imaging. Brain MRI

Headache and Neurological Treatment Institute, Dr. Sharfman

BioSpine Institute, Dr. Claybrooks

Advanced Diagnostic Group, cervical/lumbar MRIs

Professional Care Physical Therapy Rehabilitation, vestibular therapy