SETTLEMENT DEMAND LETTER

August 1, 2026

VIA EMAIL
kmills@harborclaims.com
Harbor Program Insurance Services, LLC
P.O. Box 1000
Fresno, CA 93701

Our Client	**:**	**Jane Doe**
Your Insured	**:**	**Fleetline Leasing Trust LSR, ClearFlow Plumbing Services LSE Harbor Program Insurance Services, LLC**
Your Insured's Driver	**:**	**Robert Hale**
Claim Number	**:**	**SC0000003-001**
Date of Loss	**:**	**July 17, 2024**

Dear Karen Mills:

This firm represents Jane Doe concerning the injuries she suffered as a result of a motor vehicle collision (MVC) that occurred due to the negligence of your insured's driver on July 17, 2024.

As particularly set forth below, please accept our client's settlement demand in the amount of $2,094,001.63. If this amount exceeds your insured's available policy limits, please consider this a policy limits demand. Acceptance of the policy limits is conditioned upon a receipt of a certified copy of the policy declarations _____. Our client will be responsible for any and all liens that may attach to this settlement. **This settlement offer shall remain open for 30 days from the date of this letter, July 30, 2026.**

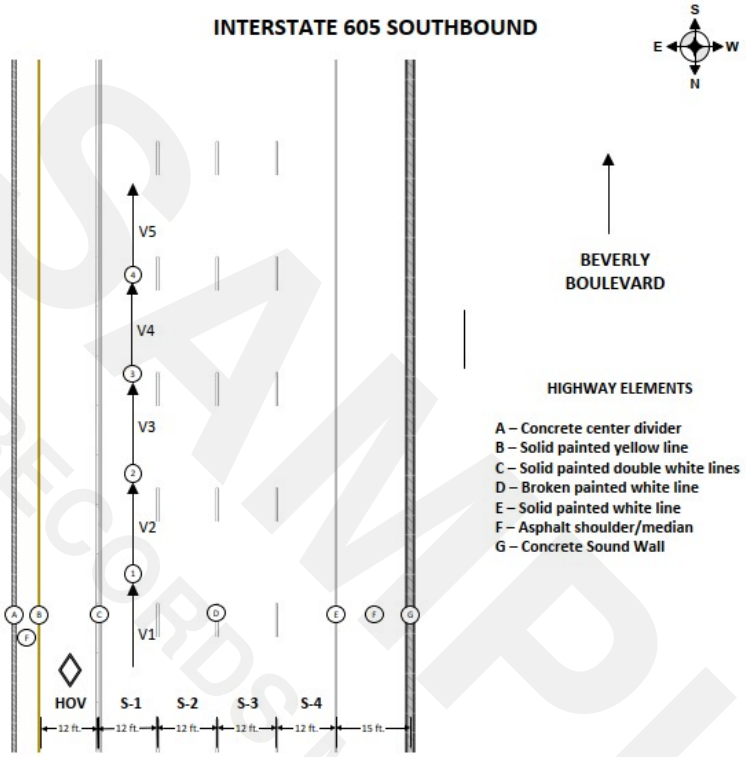
FACTS AND LIABILITY

On the morning of July 17, 2024, at approximately 7:59 a.m., Jane Doe was the restrained driver of her 2017 Infiniti Q50, traveling southbound in the #1 lane of Interstate 605 (San Gabriel River Freeway), approximately 1,200 feet north of Beverly Boulevard, in the City of Whittier, Los Angeles County. The weather was clear, it was daylight, and the roadway was dry. As traffic ahead of her came to a stop, Ms. Doe safely brought her vehicle to a stop behind the vehicles ahead of her. Your insured's driver, Robert Hale, driving a 2018 Ford 350 Cutaway owned by Fleetline Leasing Trust and leased to ClearFlow Plumbing Services, was traveling directly behind her at approximately 50 to 55 mph and failed to slow in a timely manner. The front of Mr. Hale's vehicle violently struck the rear of Ms. Doe's vehicle, propelling her vehicle forward into the rear of a 2013 Toyota Prius ahead of her and setting off a five-vehicle chain-reaction collision. Ms. Doe's vehicle came to rest blocking the HOV lane.

The force of the impact caused Ms. Doe's airbag to deploy and her head to strike the steering wheel and airbag. The California Highway Patrol officer documented that she was "in and out of consciousness" at the scene, and she was transported by Los Angeles County Fire ambulance, in a cervical collar, to the emergency department of Eastside Medical Center Montebello (formerly Eastside Hospital).

SAMPLE

The Department of California Highway Patrol Traffic Crash Report No. 9999-2024-00001 determined that Mr. Hale was at fault for the collision by violating California Vehicle Code (CVC) 22350 stating that "No person shall drive a vehicle upon a highway at a speed greater than is reasonable or prudent having due regard for weather, visibility, the traffic on, and the surface and width of, the highway, and in no event at a speed which endangers the safety of persons or property."



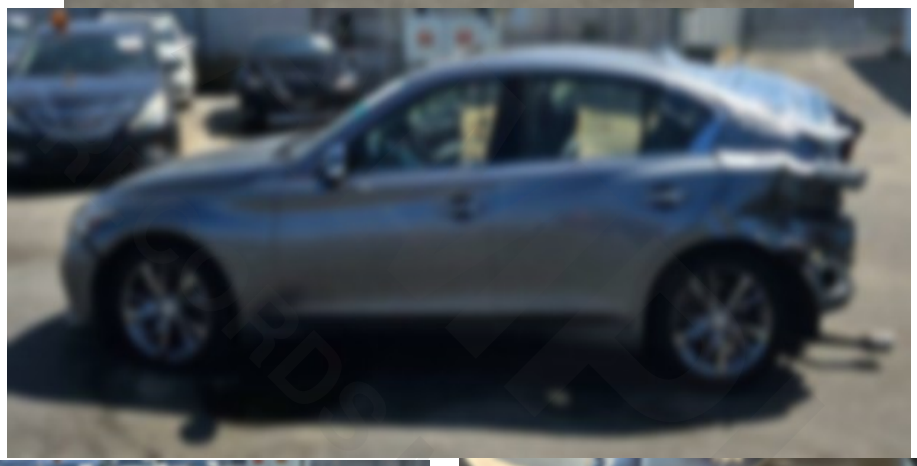
PROPERTY DAMAGE

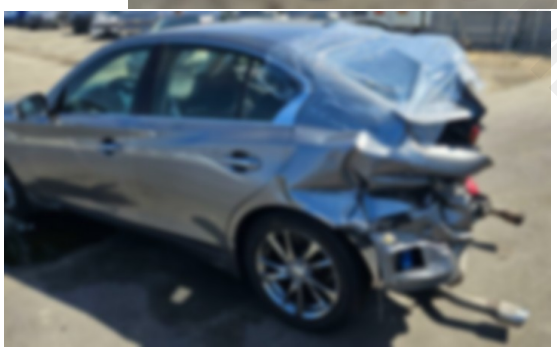
As a result of the MVC, Ms. Doe's vehicle sustained significant damage to its crushed trunk, broken-out rear window, crushed rear bumper, crumpled right and left quarter panels, crushed rear light assembly, buckled passenger doors, broken/detached muffler, bent hood, crushed front bumper, and broken/detached front light assembly. Ms. Doe's vehicle was deemed totaled and towed from the scene.

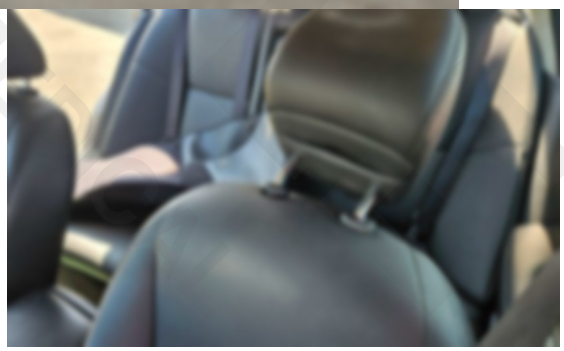
PHOTOGRAPHS OF MS. DOE'S DAMAGED VEHICLE

SAMPLE
RECORDS IMPEDIMENTA









FINANCIAL RESPONSIBILITY

On the date of the subject MVC, Ms. Doe was in compliance with the laws of the State of California, insured by Golden State Auto Insurance Company, policy number CAAP0000000001.

SUMMARY OF PHYSICAL INJURIES

As a result of the MVC, Ms. Doe, who was 53 years old at the time, sustained the following injuries:

ICD 10 Code	Description
S06.9XAA	Intracranial injury
S09.90XA	Head injury, unspecified, initial encounter
F07.81	Post-concussional syndrome
S06.0X0A	Concussion
M50.21	Other cervical disc displacement, high cervical region at C2-C3(1.5 mm) & C3-C4(1.4 mm)
M50.221	Other cervical disc displacement at **C4-C5** level (1.9 mm)
M50.222	Other cervical disc displacement at **C5-C6** level (2.4 mm)
M51.24	Other intervertebral disc displacement, thoracic region at T3-T4 (1.7 mm), T8-T9 (1.7 mm), T9-T10 (1.6 mm), & T10-T11 (1.9 mm)
M51.26	Other intervertebral disc displacement, lumbar region at T12-L1 (3.5 mm), L2-L3 (2.2 mm), L3-L4 (4.1 mm), & L4-L5 (2.6 mm)
M51.27	Other intervertebral disc displacement, lumbosacral region at L5-S1 4.1 mm)
S13.4XXA	Sprain of ligaments of cervical spine/Whiplash injury of neck
S16.1XXA	Cervical strain
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.4XXD	Sprain of ligaments of cervical spine (whiplash), subsequent encounter
S16.1XXA	Strain of neck muscle, fascia and tendon, initial encounter
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S46.812A	Strain of left trapezius muscle, initial encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
M54.12	Radiculopathy of cervical region
M54.16	Radiculopathy of lumbar region
M51.86	Intervertebral disc disorders of the lumbar region
S30.0XXD	Contusion of lower back and pelvis, subsequent encounter
F43.10	Post-traumatic stress disorder
G43.909	Migraine
M54.81	Occipital neuralgia
G44.329	Post-traumatic headache
R51.9	Headache
M50.90	Cervical disc disease

SAMPLE RECORDS WEBCAM

M54.2	Cervicalgia
S46.812A	Left trapezius strain
	Lumbar disc disease
S33.5XXA	Sprain of ligaments of lumbar spine
S39.012A	Lumbar strain
M54.50	Lower back pain
M54.9	Back pain
S30.0XXA	Pelvis contusion
R41.89	Symptoms and signs involving cognitive functions and awareness
R46.89	Symptoms and signs involving appearance and behavior
M79.18	Myalgia
R42	Dizziness and giddiness
F51.02	Adjustment insomnia
V44.5XXA / V44.5XXD	Car driver injured in collision with heavy truck or bus, traffic accident
V49.88XA	Motor vehicle collision, driver (as described in the records)

TREATMENT OF INJURIES

EMERGENCY DEPARTMENT (ED) VISIT FOLLOWING THE MVC

On July 17, 2024, Ms. Doe was brought by ambulance to Eastside Medical Center Montebello (formerly Eastside Hospital) Emergency Department (Mario L. Vega, MD) wearing a cervical collar. She reported that she was the seatbelted driver of a vehicle that was stopped on the freeway when it was rear-ended by a large truck traveling at about 60 to 65 mph. She stated that the airbag deployed, that she struck her head several times, and that she lost consciousness. She complained of generalized pain in the head, neck, back and hip, with severe neck pain rated 9/10, a headache, and back pain rated 7/10.

The exam showed a bruise (contusion) with a swelling of blood under the skin (hematoma) and an abrasion in the middle of the forehead, tenderness of the neck muscles and the upper back (thoracic) muscles, an abrasion on the left forearm, bruising of the left arm, and a small bruise on the front of the left knee. CT scan of the brain, cervical and thoracic spine, CT angiogram of the chest, abdomen and pelvis, and X-ray of the chest were performed. The results were unremarkable. She was given IV morphine, Zofran and Toradol, with improvement of her symptoms. She was diagnosed with a head injury, cervical strain, thoracic spine strain, and multiple contusions. She was prescribed Motrin 600 mg, told not to drive while on the medication, and discharged home to follow up with her physician in one to two days.

TELEMEDICINE URGENT CARE EVALUATION

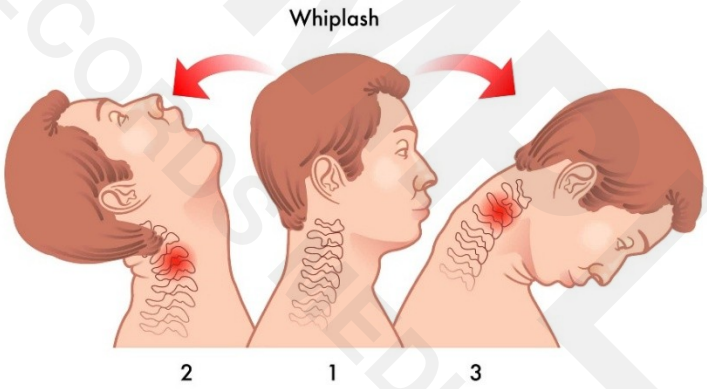
Later that same day, July 17, 2024, Ms. Doe had a video visit with Pacific Health Partners, Prompt Care Online (Megan Ross, PA). She reported that she was rear-ended by a truck, hit her head, and had a bruise and swelling on her forehead, as well as neck and back pain. She stated that her pain was still high, that she felt "off," and that the Toradol given in the emergency department had not helped. A

small bruise was noted on the middle of the forehead. She was advised to go to urgent care that day for an in-person evaluation.

URGENT CARE EVALUATION

On July 18, 2024, Ms. Doe presented to Pacific Health Partners Urgent Care, Pasadena (Keith John Moretti, MD) complaining of dizziness, headache, a bruise on her forehead, and pain in the neck, head and arms. She also reported sweating, nausea, and a possible loss of consciousness. She stated she had been rear-ended on the freeway by a box truck the day before and taken by ambulance to the emergency department. She had not filled the ibuprofen prescription.

The exam showed that she was in mild distress, with a 1.3 cm swelling of blood (hematoma) on the middle of the forehead, diffuse tenderness of the neck with reduced range of motion (ROM), bruising at the inside of the left elbow, and bruising of both groin areas. X-ray of the pelvis was performed with result showing unremarkable findings. Dr. Moretti reviewed the outside CT imaging of the head, neck and thorax. She was diagnosed with whiplash injury of the neck and contusion of the pelvis. She was given a Toradol injection and Zofran, was fitted with a soft cervical collar, and was prescribed Percocet 10-325 mg for pain. She was to return in about two weeks.



OFFICE VISIT FOR PAIN IN HER HEAD, NECK, AND BACK

On July 24, 2024, Ms. Doe presented to Pacific Health Partners Family Practice, Pasadena (Julia Marie Santos, MD) for a follow-up visit one week after the car accident. She complained of severe, constant neck, back and head pain with constant headaches, and stated she tended to get dizzy, nauseous and unsteady. She requested an MRI and further evaluation. She was taking Aleve and CBD.

The exam showed tenderness of the back of the neck muscles with reduced ROM. She was diagnosed with neck pain, back pain, left trapezius (upper shoulder muscle) strain, and chronic migraine. She was prescribed meloxicam (Mobic) 15 mg, was advised to start physical therapy for the neck, back, shoulders and hips, and was told to follow up with neurology and continue her Topamax and Frova.

CHIROPRACTIC INITIAL TREATMENT

On July 30, 2024, Ms. Doe presented to Apex Spine Institute (Henry J. Walsh, DC) for an initial chiropractic evaluation. She reported that on July 17, 2024, she was stopped on the 605 freeway when she was rear-ended by an F350 truck going 65 mph. She stated that she braced for impact, the airbag deployed, and she hit the steering wheel; afterward she felt disoriented, dizzy, nervous, scared and weak. She complained of constant headaches rated 8/10 on both sides, described as dull, tight and throbbing; neck pain rated 9/10 with tingling; low back pain rated 9/10, described as burning, sharp, shooting and stabbing with radiating pain; and pain rated 9/10 in the mid and upper back, both shoulders, arms, elbows (with numbness), wrists, hips, buttocks, thighs, knees, legs and calves. She also reported disrupted sleep, memory loss, dizziness, ringing in the ears (tinnitus), jaw (TMJ) pain, and an upset stomach. All symptoms were getting worse and affected her activities at a level of 10/10.

The exam showed reduced and painful ROM in the neck (cervical) and mid to lower back (thoracolumbar) regions. The orthopedic test results showed positive findings in the cervical and lumbar areas on both sides. She was diagnosed with sprain of the cervical, thoracic and lumbar spine, cervical, thoracic and lumbar subluxation, post-traumatic headaches, dizziness, nausea, sleep disruption, muscle spasm, right jaw (TMJ) disorder, and pain in both shoulders, arms, elbows, wrists, hips, thighs, knees and legs. X-rays of the cervical, thoracic and lumbar spine were taken on this date; however, the X-ray report was not included in the records provided. Chiropractic treatment was started daily for the first week, then three times per week for four weeks.

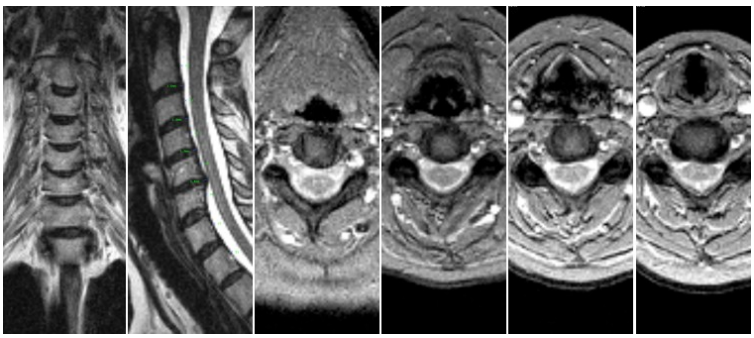
IMAGING PROCEDURES

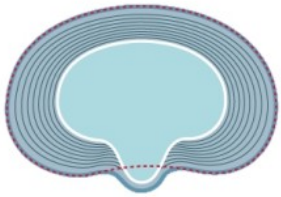
On August 9, 2024 and August 10, 2024, Ms. Doe underwent CT of the abdomen, and MRI of the cervical, thoracic and lumbar spine, respectively, at Precision MRI, Bellflower (read by Nathan Shaw, MD), with results showing the following:

- CT of the abdomen (08/09/2024): results showed unremarkable and incidental findings.

MRI OF CERVICAL SPINE

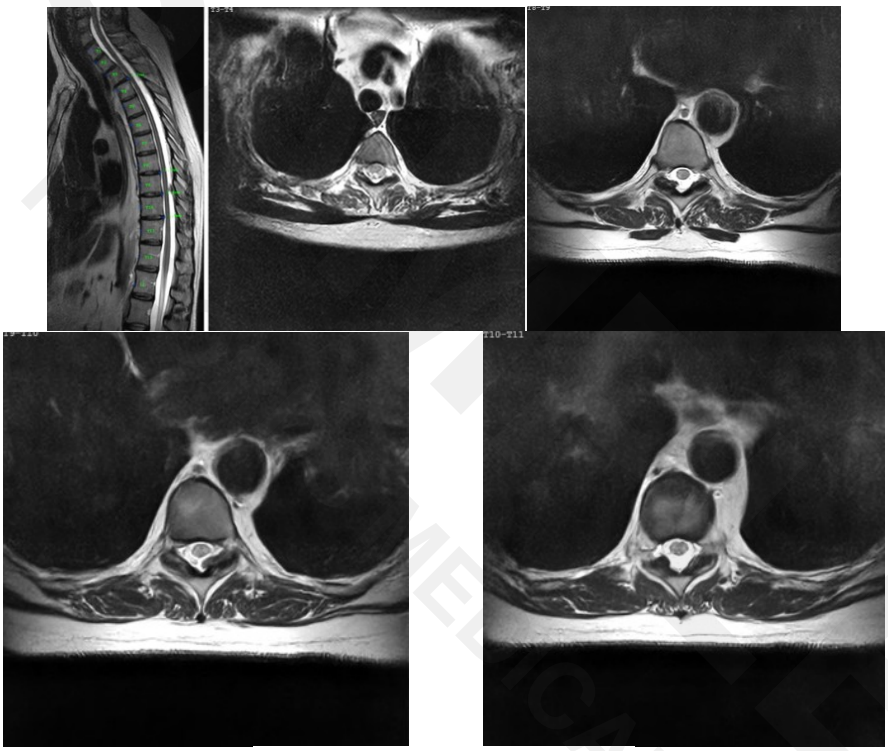
- MRI of the cervical spine: mild straightening of the normal cervical curve, denoting muscle spasm, and multilevel disc protrusions at C2-C3 (1.5 mm), C3-C4 (1.4 mm), C4-C5 (1.9 mm), and C5-C6 (2.4 mm). At C5-C6, the disc material touched the front of the spinal cord and caused mild narrowing of the spinal canal.

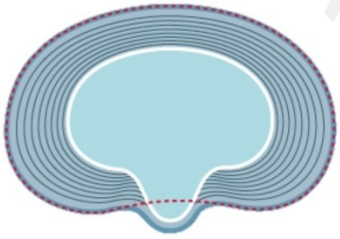




MRI OF HER THORACIC SPINE

- MRI of the thoracic spine: multilevel disc protrusions at T3-T4 (1.7 mm), T8-T9 (1.7 mm), T9-T10 (1.6 mm), and T10-T11 (1.9 mm). These caused mild narrowing of the opening where the nerve exits the spine (neural foraminal narrowing) on the right at T8-T9 and on the left at T9-T10.

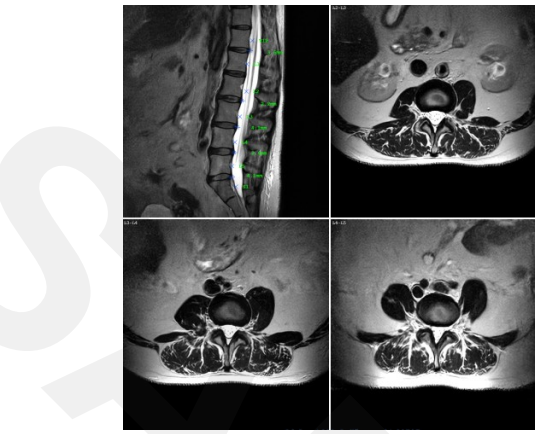


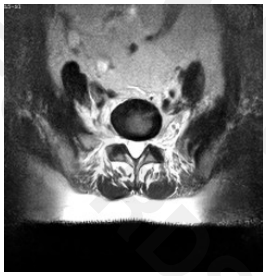


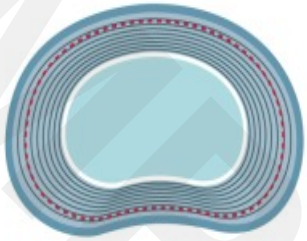
MRI OF HER LUMBAR SPINE

- MRI of the lumbar spine result: straightening of the normal lumbar curve, and slight backward slipping of one vertebra on the one below (grade I retrolisthesis) at T12-L1, L3-L4 and L5-S1. There were multilevel disc protrusions at T12-L1 (3.5 mm), L2-L3 (2.2 mm), L3-L4 (4.1 mm), and L5-S1 (4.1 mm), and a 2.6 mm disc deformity at L4-L5. At L5-S1, there was a

tear in the outer ring of the disc (annular fissure), with moderate narrowing of the nerve openings on both sides (bilateral neural foraminal narrowing), mild narrowing of the side channels of the spinal canal on both sides (lateral recess stenosis), and the disc was pressing against the exiting nerve roots on both sides.





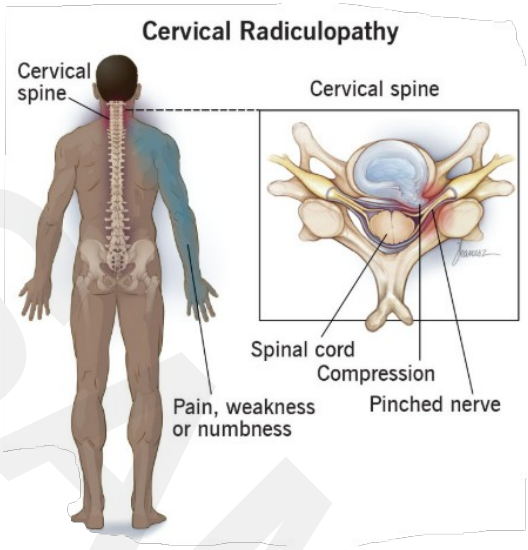


PAIN MANAGEMENT EVALUATION

On August 22, 2024, Ms. Doe presented to Pinnacle Pain Management at Apex Spine Institute (Paul Harmon, MD, Pain Management) for an initial pain management consultation. She reported that she was the restrained driver on the freeway when a vehicle rear-ended her, launching her forward and grazing the vehicle in front, after which she collided with the center divider. She stated that she hit her head on the steering wheel twice, the airbags deployed, and she was taken by ambulance to Eastside Medical Center. She complained of neck pain radiating to the shoulders, worse with turning her neck; persistent headaches; and lower back pain with occasional radiation to both legs, worse with prolonged sitting, standing and walking. She also reported stress and anxiety since the accident, causing loss of sleep and mental clarity. She rated her overall pain 8/10 and had been in chiropractic therapy for two weeks without lasting relief.

The exam showed reduced ROM in the cervical and lumbar spine. The orthopedic test results showed positive findings in the cervical and lumbar areas on both sides. There were trigger points (tight, painful knots) in the neck muscles on both sides and tenderness of the lower back muscles on both sides. Dr. Harmon reviewed the cervical, thoracic and lumbar MRIs. She was diagnosed with cervical and lumbar radiculopathy (pinched nerve), sprain of the cervical and lumbar spine ligaments, cervical and lumbar spondylosis, and concussion without loss of consciousness. A lumbar epidural steroid injection and a cervical epidural steroid

injection were recommended. Because she hit her head twice in the collision, an MRI of the brain (TBI protocol) was ordered, and a psychological evaluation was recommended. She was to follow up in four weeks.



PROCEDURE REPORT

On August 29, 2024, Ms. Doe underwent a cervical epidural steroid injection at the C7-T1 level under X-ray guidance (fluoroscopy) at Apex Surgery Center /Summit Anesthesia Group performed by Paul D. Harmon, MD. She tolerated the procedure well with no complications. She was discharged with written instructions.

INITIAL PSYCHOLOGY EVALUATION

On September 1, 2024, Ms. Doe had an initial psychology evaluation with Scott Fuller, PsyD, at Clear Path Psychology, Inc. (**Exhibit 8**) for complaints of anxiety, depression, loss of interest, decreased appetite, energy, and productivity, excessive worrying, fatigue, and headaches. She reported having an inability to make decisions, irritability, panic symptoms, post-traumatic stress disorder symptoms, restlessness, agitation, sleep disturbance, and inability to concentrate. She reported that since the MVC, she had experienced recurrent anxiety and depression, significant distress related to the MVC, unwanted memories and flashbacks, avoidance of places and situations that reminded her of the MVC, and difficulties with memory and attention/focus. She experienced significant pain in her neck, back, and hips, along with constant and daily headaches. She stated having difficulty with dressing and bathing and indicated that she required assistance with self-care activities. She stated that she was initially treated in the ED but felt that she received poor care. She experienced dizziness and decreased movement involving multiple limbs. She reported having bruising throughout her body and a bloody laceration to her arm. She mentioned that she got a rental vehicle after the MVC. She rated the pain level in her back as 8-9/10, which she attributed to multiple bulging discs. She rated the pain level in her neck and hip as 7-8/10, headaches as 7-8/10, as well as mood disturbances and anxiety rated at 7-8/10. She was noted to have impaired concentration, attention, and memory, and her mood was anxious, sad, and irritable. She experienced anxiousness, anger, and

sadness. Her Patient Health Questionnaire (PHQ)-2 score was 2, indicating positive screening for depressive symptoms, while her Generalized Anxiety Disorder-7 (GAD-7) score was 7, indicating ***anxiety symptoms***.

Ms. Doe was diagnosed with post-traumatic stress disorder. Dr. Fuller stated that Ms. Doe had a significant disruption in her sense of safety following the MVC, which had contributed to a cyclical and compounding psychological process, such as anxiety and depression, that she was unable to resolve. Consequently, the repercussions on her lifestyle, sense of identity, and well-being were tremendous. Prior to the MVC, she shared a close connection with her friends and family that completely deteriorated after the MVC. Her post-traumatic stress disorder significantly impacted quality of life, cognitive functioning, ability to work, and activities of daily living. Dr. Fuller stated that based on a review of Ms. Doe's clinical history and the course of symptoms, there was a marked change in her functioning following the MVC, and it was continuing. ***Dr. Fuller opined that there was a clear, temporal, and proximate relationship between the mechanism of injury and the development of her psychological injury, involving post-traumatic stress disorder (PTSD) that led to the need for treatment. Dr. Fuller further opined that the findings of the psychological evaluation were directly related to the physical and psychological effects of the MVC.*** The findings were indicative of moderate to high levels of symptom severity, warranting psychotherapy treatment services. She was referred to a neuropsychologist for cognitive assessment and evaluation, a behavioral health provider for 12 sessions of weekly psychotherapy, and a psychiatric evaluation for medication support. She was to be provided with behavioral health treatment interventions not limited to cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), exposure-response prevention (ERP), eye movement desensitization and reprocessing (EMDR), and mindfulness-based stress reduction psychotherapy interventions. She was advised to continue treatment with a pain management specialist, neurologist and chiropractor. The importance of establishing a regular sleep pattern and the role of sleep quality in post-injury recovery was discussed. A plan was made to continue to monitor her mood, anxiety levels and the progress over the course of treatment. She was advised to follow up on an as-needed basis.

PROCEDURE REPORT

On September 26, 2024, Ms. Doe underwent a lumbar epidural steroid injection at the L5-S1 level under fluoroscopy at Apex Surgery Center/Summit Anesthesia Group performed by Paul D. Harmon, MD. She tolerated the procedure well with no complications. She was discharged with written instructions.

MRI OF THE BRAIN

On October 16, 2024, Ms. Doe underwent MRI of the brain at Crestview Imaging Center, Los Angeles (read by Teresa Tran, MD), and the results showed:

- multiple scattered small bright spots in the white matter of the brain (punctate T2/FLAIR hyperintensities). The radiologist noted that while this finding can have several causes, a post-traumatic cause can also be considered given her history of trauma.

PAIN MANAGEMENT FOLLOW-UP

On October 17, 2024, Ms. Doe returned to Pinnacle Pain Management (Paul Harmon, MD) for a follow-up after the cervical and lumbar epidural steroid injections. She reported significant but temporary relief of her pain, with improvement in her radiating pain. The pain down her left arm had resolved after the cervical injection, but she continued to have neck pain radiating to the left shoulder, along with headaches that had lessened but were still present. She also complained of lower back pain with continued radiation down her left leg, while her right leg pain had resolved. Physical activities worsened her pain, and she rated her overall pain 6/10, an improvement from before.

The exam showed trigger points in the neck muscles on both sides and tenderness of the lower back muscles on both sides. The orthopedic test results showed positive findings in the cervical area on the left and in the lumbar area on the left, with shooting pain down the left leg. Dr. Harmon reviewed the brain MRI. Due to the continued lower back and left leg pain, a left L4 and L5 transforaminal epidural steroid injection was recommended, and due to the continued neck pain radiating to the left shoulder, a left C4-C5 and C5-C6 cervical facet block was recommended. Because her headaches were worse and different than before, and the brain MRI showed possible changes, she was referred to a neurologist.

NEUROLOGY EVALUATION

On the same day, October 17, 2024, Ms. Doe presented to Pacific Health Partners Neurology, Willow Medical Offices, Downey (Maria Elena Cruz, NP) for Botox treatment of headaches. She was noted to have a history of chronic migraines with her last Botox injection on July 3, 2024. She appeared very tearful. She reported that she was in a car accident in July 2024 when her car was hit by a truck on the freeway, that outside providers had told her she had 13 bulging discs, and that the cervical epidural injection in November had triggered many migraines. The provider noted that most of her episodes were headaches related to the accident rather than migraine-type headaches, along with significant neck, upper back and lower back pain, and that she was very upset about her ongoing pain. She received Botox injections (155 units) to the forehead, temples, back of the head, neck and upper shoulder muscles, and tolerated them well. Her Topamax was increased to 100 mg at bedtime, which may also help as a mood stabilizer, and she was to follow up in 12 weeks.

PROCEDURE REPORT

On November 7, 2024, Ms. Doe underwent left C4-C5 and C5-C6 cervical facet joint injections under fluoroscopy at Apex Surgery Center/Summit Anesthesia Group performed by Dr Harmon. She tolerated the procedure well with no complications and was discharged in stable condition.

PROCEDURE REPORT

On November 21, 2024, Ms. Doe underwent a left L4 and L5 transforaminal epidural steroid injection under fluoroscopy at Apex Surgery Center/Summit Anesthesia Group performed by Dr. Harmon. She tolerated the procedure well with no complications and was discharged in stable condition.

PAIN MANAGEMENT FOLLOW-UP

On December 4, 2024, Ms. Doe returned to Pinnacle Pain Management (Paul Harmon, MD) for a follow-up after the left L4 and L5 transforaminal epidural steroid injection and the C4-C5 and C5-C6 cervical facet block. She reported significant relief of her lower back pain after the injection and denied any further radiating pain or tingling down her legs. However, she continued to have neck pain radiating to her shoulders and did not feel the facet block helped her significantly. She rated her overall pain 6/10 and noted that her headaches had improved.

The exam showed trigger points in the neck muscles on both sides. The orthopedic test results showed positive findings in the cervical area on the left. Due to her persistent neck pain that did not improve with the cervical epidural injection and facet block, she was referred to a spine surgeon for evaluation of her cervical spine and possible surgery.

NEUROSURGERY EVALUATION

On December 26, 2024, Ms. Doe presented to Coastal Surgical Institute (Linh Tran, MD) for a new patient spine surgery evaluation. She reported she was rear-ended at full speed by a drain company worker while her vehicle was stopped. She stated that during the impact she hit her head twice on the steering wheel, bent the headrest, and was struck by the airbag when she hit the center divider. She complained of neck pain rated 8-9/10 radiating down the left arm and into the chest, with pain between the shoulder blades and in the upper back, and lower back pain radiating down the left leg to the calf, which had started about two weeks earlier. She reported difficulty carrying and moving objects, that she had been diagnosed with post-concussion syndrome, and that her pain was affecting her ability to do her job. She also reported feeling frustrated and emotional due to her ongoing pain, and that she had had chest pain leading to an ER visit, which was found to be non-cardiac and likely related to the accident trauma. Her treatment to date included two cervical injections, two lumbar injections, ongoing physical therapy two to three times per week, ongoing chiropractic care, and occasional oxycodone for severe pain.

The exam showed reduced and painful ROM in the cervical spine and painful lumbar extension. There was tenderness on the left side of the neck and shoulder. The orthopedic test results showed positive findings in the lumbar area. There was reduced strength (4+/5) in the left arm and left leg, limited by pain. Dr. Tran reviewed the cervical and lumbar MRIs. She was diagnosed with cervical sprain, strain, disc disease and radiculopathy, and lumbar sprain, strain, disc disease and radiculopathy. Since she had already tried physical therapy, chiropractic treatment and injections without substantial improvement, she was found to be a surgical candidate for cervical decompression with a C5-C6 disc replacement, and for lumbar decompression at L5-S1 with an interspinous implant/fusion. If surgery failed to provide adequate relief, she would be a candidate for a cervical spinal cord stimulator trial/implant and a thoracolumbar spinal cord stimulator trial/implant.

NEUROLOGY EVALUATION

On January 7, 2025, Ms. Doe had a neurology evaluation with Leila Karimi, MD, at Integrated Medical Solutions Inc. for complaints of migraines, mood changes, sleep issues, neck pain, lower back pain, and cognitive changes since the MVC. She

reported that her migraines were similar to her previous ones but were triggered by neck pain or certain movements. She experienced approximately three episodes of migraines per month, with each episode lasting throughout the day. She rated her neck-related headaches as 7-8/10, occurring once or twice weekly. She mentioned that she previously attempted to decrease the dosage of Topamax to 25 mg daily but experienced recurrent migraines. She reported having occipital pain and muscle pain at the back of her head and neck, despite receiving physical therapy. She experienced neck pain radiating to her face and head. She mentioned that her neck pain was triggered by certain activities. She mentioned receiving two epidural injections to her neck in November and two facet block injections in January, which did not provide significant relief. She reported difficulty with mood and sleep, often feeling easily frustrated. She mentioned that she slept for 4-5 hours per night, with pain significantly affecting her sleep quality. She mentioned that taking Flexeril was not helpful and reportedly made it more difficult for her to sleep. She stated that she often woke up after 4 hours of sleep, despite taking Gabapentin and Topamax. She reported that she believed her cognitive abilities had been affected, impairing her ability to process information and perform her job, and noted that she was unable to complete tasks as quickly as she had before. She stated that she was in the ED 2.5 weeks before for chest pain and leg pain, which were determined to be related to her back pain. She mentioned that she underwent a full blood panel and a vascular ultrasound. She was noted to be tearful. MRI of the brain dated October 16, 2024, was reviewed.

Ms. Doe was diagnosed with post-concussional syndrome, post-traumatic stress disorder, adjustment insomnia, lower back pain, cervicalgia, migraines, symptoms and signs involving cognitive functions and awareness, dizziness and giddiness, symptoms and signs involving appearance and behavior, headaches, intracranial injury, and myalgia. Given the potential long-term adverse effects of Topamax, including brain fog and kidney stones, a gradual taper was recommended. She was to reduce Topamax to 25 mg daily for five days, followed by 25 mg every other day for five days, and then discontinue it. She was to initiate Pamelor 10 mg nightly concurrently for five days and, if tolerated, increase to 20-25 mg nightly. The potential benefits of Pamelor for migraine prevention, mood, and sleep were discussed. She was advised to continue Magnesium and Riboflavin supplementation. She was encouraged to establish care with a neurologist in Pasadena for ongoing Botox treatment; if she was unable to find a local provider, she might return for Botox injections. She was recommended to receive occipital nerve blocks as well as trigger point injections for her neck and back at the follow-up visit. She was recommended to have psychological counseling for post-traumatic stress disorder. She was advised to continue receiving physical therapy for myofascial pain. She was referred for neuropsychological testing. She was encouraged to maintain a healthy lifestyle, including regular physical activities and a Mediterranean-DASH intervention for neurodegenerative delay (MIND) diet, to support cognitive function. Sleep hygiene measures were reviewed, including taking sublingual Melatonin 2 hours before bedtime, avoiding screens and electronic devices for at least one hour before bed, maintaining a consistent bedtime routine, obtaining adequate daytime sunlight exposure, exercising regularly while avoiding exercise within two hours of bedtime, avoiding afternoon naps, and avoiding caffeine after 2 p.m. She was recommended to perform physical activity to optimize mental and physical functioning. She was advised to follow up in 8 weeks for trigger point injections and occipital nerve block.

NEUROSURGERY EVALUATION

On January 7, 2025, Ms. Doe presented to Pacific Spine Institute (Sami Haddad, DO, Neurosurgery) for an initial neurosurgical evaluation. She complained of neck pain rated 6/10 with weakness in both arms, stating she was not able to carry groceries. She also complained of back pain rated 6/10 with intermittent pain in the left buttock, back of the thigh and calf, numbness and tingling on the top of the foot, and unsteadiness when walking. She was still undergoing physical therapy and chiropractic treatment and had received two injections in the neck and two in the lower back.

The exam showed increased reflexes (3+ hyperreflexia) at the forearm (brachioradialis) on both sides, and a positive Hoffmann's sign on both sides (a reflex finding that can indicate irritation of the spinal cord in the neck). Dr. Haddad reviewed the cervical, thoracic and lumbar MRIs and assessed a mild disc protrusion at C5-C6 and disc disease at L4-L5 and L5-S1. He diagnosed low back pain, cervical disc disorder, neck pain, and lumbar disc disorder, and stated that, given her history, the accident caused her symptoms. He recommended a spinal cord stimulator trial for both the cervical and thoracic spinal cord and referred her to Kyle Bennett, MD (Pain Medicine). If the thoracic spinal cord stimulator trial significantly improved her lower back and left leg pain, she could return to schedule permanent implantation of the spinal cord stimulator through a thoracic laminotomy (removal of part of the bone at the back of the spine) with placement of the stimulator lead and generator/battery.

NEUROLOGY EVALUATION

On January 26, 2025, Ms. Doe presented to Golden Coast Neurology, Pasadena (Omar Amin Rahimi, MD, Neurology) as a new patient to establish care with a new neurologist after switching insurance from Pacific Health. She reported that since the accident, she had intermittent brain fog, depression and dizziness, which she did not have before the accident, and that an MRI of the brain showed some white matter changes. She described headaches from the left eye to the left temple and the back of the head, throbbing, rated 8-10/10 on average, lasting 3-5 days, occurring 3-5 times per month with Botox every three months and topiramate, radiating to the neck, with sensitivity to light and sound, nausea, trouble focusing, and double vision. She stated her headaches limited her activities.

The exam showed increased sensitivity (hyperesthesia) of the left side of the face, which the neurologist related to the head trauma on the left side. Dr. Rahimi's assessment was chronic migraine without aura and post-concussion syndrome following the car accident in July 2024, with a severe brain concussion and a brain MRI reported to show some white matter changes. She was started on topiramate 50 mg at bedtime and frovatriptan 2.5 mg as needed, was asked to bring in her brain MRI disc and prior records for review, Onabotulinumtoxin Injection was ordered, and was to follow up in six weeks.

PROCEDURE REPORT

On February 7, 2025, Ms. Doe returned to Golden Coast Neurology (Eric Lawson, MD) for Botox treatment for chronic migraine. She was noted to have 15 headache days per month, with headaches lasting four hours per day, described as throbbing with nausea and sensitivity to light and sound. She received Botox injections (155

units) to the forehead, temples, back of the head, neck and upper shoulder muscles, and was to follow up in three months.

PSYCHOLOGY FOLLOW-UP

On February 10, 2025, Ms. Doe attended a psychology follow-up with Dr. Fuller at Clear Path Psychology, Inc., for the management of psychological symptoms following the MVC. She reported that she continued to struggle with depression and anxiety and stated that she feared that she would never return to normal functioning. Dr. Fuller stated that Ms. Doe was at a high risk for decompensation. She experienced poor sleep and appetite. She stated that she continued to have severe pain, headaches, and cognitive impairment.

The screening assessments administered on January 28, 2025, revealed a PHQ-9 score of 11, consistent with depressive symptoms, and a GAD-7 score of 7, indicating anxiety symptoms. Dr. Fuller opined that Ms. Doe required 12 additional psychotherapy sessions. Dr. Fuller stated that Ms. Doe was appropriate for any surgical procedures as she understood the risks and rewards of the interventions. Dr. Fuller further stated that Ms. Doe was very vulnerable and needed ongoing treatment. She was advised to continue engaging in self-care practices with journaling, listening to music, meditation, reading, grounding techniques, and deep breathing exercises in an effort to cope with ongoing stressors.

TELEMEDICINE NEUROSURGERY FOLLOW-UP

On February 14, 2025, Ms. Doe had a telehealth follow-up with Pacific Spine Institute (Sami Haddad, DO). She had not yet seen pain management for the spinal cord stimulator trial. She continued to complain of neck pain rated 6/10 with weakness in both arms, back pain rated 6/10 with intermittent pain in the left buttock, back of the thigh and calf, numbness and tingling on the top of the foot, and unsteadiness when walking. No exam was performed due to the telehealth format. Dr. Haddad again stated that the accident caused her symptoms and again recommended a spinal cord stimulator trial with referral to Dr. Bennett, followed by permanent implantation through a thoracic laminotomy if the trial was successful, with an estimated cost of the surgery, including facility and professional fees, of $200,000 to $250,000. She was to follow up as needed.

PAIN MANAGEMENT FOLLOW-UP

On February 17, 2025, Ms. Doe returned to Pinnacle Pain Management (Aram Petrosyan, MD, Anesthesiology and Pain Management) for a follow-up. She continued to have neck pain radiating to both shoulders, worse with turning her neck and prolonged physical activity, and lower back pain that worsened with prolonged physical activity. She rated her overall pain 6/10. She reported she had been evaluated by two spine surgeons for her neck and lower back, and that one recommended surgery while the other did not. The exam showed trigger points in the neck muscles on both sides. The orthopedic test results showed positive findings in the cervical area on the left. Acupuncture for six sessions was recommended, she was encouraged to continue conservative therapy, and she was to follow up in four weeks.

NEUROLOGY FOLLOW-UP

On February 18, 2025, Ms. Doe had a neurology follow-up with Dr. Karimi for complaints of post-concussion syndrome, occipital neuralgia, and post-traumatic stress disorder. She reported experiencing muscle pain, headaches, depression and anxiety, mood changes, and memory issues. She stated having persistent pain in her neck, shoulder, and back, impacting her sleep and often waking up due to pain. She mentioned that her occipital headaches occurred once a week and lasted 2 to 3 days. She stated experiencing dizziness upon standing or moving due to pain. She mentioned experiencing cognitive slowing and difficulty focusing at work. She noted increased sensitivity on the left side of the face compared to the right side. She mentioned that her local neurologists would like her to continue Topamax at night. She rated her occipital headaches level as 7-8/10. She was additionally diagnosed with occipital neuralgia. Dr. Karimi administered an occipital nerve block and trigger point injections to her bilateral trapezius, cervical, and lumbar paraspinal muscles. Pamelor, Tylenol, and Nurtec were prescribed. The side effects of long-term Topamax use, including kidney stones and brain fog, were discussed. If Pamelor was tolerated but not effective, the dose was to be increased. She was recommended to have neuropsychological testing. She was advised to receive physical therapy for her neck pain 3 times a week for 3 months, as well as weekly psychological counseling for PTSD and anxiety since the MVC. She was recommended to take over-the-counter (OTC) Magnesium and Riboflavin. The plan was to perform a repeat occipital nerve block and trigger point injection at the follow-up visit, if pain persisted, with consideration to repeat every 6 weeks if effective. She was advised to follow up in 6 weeks.

PAIN MANAGEMENT EVALUATION

On March 7, 2025, Ms. Doe had a pain management evaluation with Dr. Bennett at Pacific Spine Institute for complaints of pain in her neck and lower back. She stated that none of the injection therapy provided significant or sustained relief to her pain. There was limited movement in her lower back. An MRI of her cervical spine dated August 11, 2024, was reviewed. She was diagnosed with intervertebral disc disorders of the lumbar region and radiculopathy of the cervical region. Dr. Bennett stated that Ms. Doe developed the symptoms above after the MVC. Dr. Bennett further stated that the workup and treatment received till that point were reasonable and necessary. She was recommended to receive spinal cord stimulation on a trial basis for her lower back. She was advised to complete the pre-trial spinal cord stimulator checklist for review before the trial.

She was counseled regarding spinal cord stimulation (SCS), including the purpose of the therapy, the trial process, and the factors to consider before proceeding with permanent implantation. Given her symptoms involving both the neck and lower back, the possibility of using a single spinal cord stimulator system to manage pain in both regions was discussed. This would require placement of leads in both the cervical and thoracolumbar spine and would provide the same stimulation pattern to both areas. However, because cervical and lumbar pain often required different stimulation parameters, it was likely that two separate stimulation programs would be necessary, requiring two independent implanted pulse generators and, therefore, two separate surgical implants. She was recommended to first undergo a thoracolumbar spinal cord stimulator on a trial basis to address her lower back and lower extremity pain. Based on her response to the trial and her decision regarding potential cervical spine surgery, a subsequent cervical spinal cord stimulator trial could be considered. If both trials ultimately demonstrated that the

same stimulation parameters were effective for her neck and lower back, a single implanted device might be sufficient to manage both areas. However, if different stimulation settings were required for each region, permanent treatment would necessitate two separate spinal cord stimulator systems with two independent implantable pulse generators. She was advised to continue considering treatment options for her neck. She was instructed to determine after spinal cord stimulator trial in thoracolumbar region if she would like to move forward with a trial of the cervical spine.

NEUROLOGY FOLLOW-UP

On April 11, 2025, Ms. Doe returned to Golden Coast Neurology (Omar Amin Rahimi, MD) for a follow-up. She reported receiving an occipital nerve block (an injection to numb the nerves at the back of the head) from another neurologist, Dr. Leila Karimi, six weeks earlier, with immediate improvement in her concussion-related pain at the back of the head, but no significant change in her usual migraine symptoms. The exam again showed increased sensitivity of the left side of the face. Dr. Rahimi's assessment was chronic migraine without aura, with no improvement on topiramate, and post-concussion syndrome. She was started on Nurtec ODT 75 mg every other day, was to taper topiramate once Nurtec was approved, and was to follow up in four months.

PROCEDURE REPORT

On May 9, 2025, Ms. Doe returned to Golden Coast Neurology (Eric Lawson, MD) for Botox treatment for chronic migraine. She received Botox injections (155 units) to the forehead, temples, back of the head, neck and upper shoulder muscles, and was to follow up in three months.

SUMMARY OF CHIROPRACTIC TREATMENT SESSIONS

On June 6, 2025, Ms. Doe returned to Apex Spine Institute for her final chiropractic visit. She complained of constant headaches rated 9/10, upper back pain rated 9/10, neck pain rated 8/10, pain in both shoulders and hips rated 8/10, lower back and mid back pain rated 7/10, and pain in the legs and thighs rated 7/10. Her left calf pain was rated 6/10, and her walking had improved by 20%. She was noted to have reached maximum medical improvement with chiropractic and pain management care, and she was released from active care while still having pain and stiffness that limited her activities. She was instructed in posture awareness and home exercises and stretches. Her treatment had included spinal adjustments, therapy modalities, traction, and weekly massage therapy from January 2025. She had a total of 88 chiropractic visits from July 30, 2024 to June 6, 2025, more than 10 months.

PROCEDURE REPORT

On June 8, 2025, Ms. Doe presented to Integrated Medical Solutions (Leila Karimi, MD, Neurology) and underwent a repeat occipital nerve block and trigger point injections. A mixture of lidocaine, bupivacaine and Kenalog was injected into the greater and lesser occipital nerves at the back of the head on both sides, and into the neck (cervical paraspinal), upper shoulder (trapezius), and lower back (lumbar paraspinal) muscles on both sides. She tolerated the injections well and reported pain relief.

SUMMARY OF PSYCHOTHERAPY SESSIONS

As per the life care plan dated May 29, 2026, prepared by Dr. Keller that on June 13, 2025, Ms. Doe attended a total of 24 psychotherapy sessions with Dr. Fuller at Clear Path Psychology, Inc. for the management of anxiety and depression following the MVC. She reported a decreased sense of safety since the MVC, which caused increasing anxiety and depression. Her treatment modalities included cognitive behavioral therapy, dialectical behavioral therapy, exposure response prevention, eye movement desensitization and reprocessing, and mindfulness-based stress reduction psychotherapy interventions. She was advised to follow up weekly for twelve sessions of psychotherapy treatment.

INITIAL ACUPUNTCTURE VISIT

On June 26, 2025, Ms. Doe presented to Harmony Wellness Center, Acupuncture (Wei Ming Huang, acupuncturist) for an initial acupuncture visit. She complained of constant, moderate pain in the left neck, left shoulder and lower back, rated 8.5/10, 76%-100% frequency of occurrence, with moderate swelling and no relief. She had tenderness rated 3/4 and a 30% limitation in ROM. She was diagnosed with neck pain, left shoulder pain, and low back pain. Electro-acupuncture, manual therapy (tuina) and cupping were started.

INITIAL PHYSICAL THERAPY VISIT

On June 27, 2025, Ms. Doe presented to Harmony Wellness Center, Physical Therapy (Amy Lin, physical therapist) for an initial physical therapy evaluation. She complained of neck and lower back pain, worse on the left than the right, rated 7-9/10, sometimes radiating up and down her spine, worse with changing positions and doing too much. She could stand for 20 minutes before having pain that lasted until the next day. Pain medication, heat, acupuncture, chiropractic care and CBD relieved her pain.

The exam showed poor posture, with a forward head, rounded shoulders, increased upper back curve, a forward tilt of the pelvis, and a sideways shift of the trunk. The ROM was reduced and painful in the cervical and lumbar spine, and bending her trunk backward caused neck pain with dizziness. There was reduced strength in both arms (3-/5) and both legs (2+/5). The orthopedic test results showed positive findings in the lumbar area on both sides, and she had poor balance on one leg (9 seconds on the left, 5 seconds on the right). There was tenderness in the neck, upper, mid and lower back muscles on both sides, including the muscles between the shoulder blades and at the front and side of the neck. She was assessed with muscle and connective tissue (myofascial) restrictions, limited spinal ROM, and general weakness contributing to pain in the neck and lower back on both sides after the car accident, as well as poor balance and safety. She was diagnosed with low back pain and neck pain (cervicalgia). Physical therapy was started, later set at two times per week.

TELEMEDICINE NEUROLOGY FOLLOW-UP

On July 20, 2025, Ms. Doe had a telemedicine neurology follow-up with Dr. Karimi for complaints of post-concussion syndrome, occipital neuralgia, and post-traumatic stress disorder. She reported experiencing muscle pain, headaches,

depression and anxiety, mood changes, and memory issues. She stated having persistent pain in her neck, shoulder, and back, impacting her sleep and often waking up due to pain. She mentioned experiencing dizziness upon standing or moving due to pain. She reported having cognitive slowness and difficulty focusing at work. She was additionally diagnosed with occipital headache, myofascial neck pain, and myofascial lower back pain. She was advised to continue taking Pamelor, Magnesium glycinate, and Riboflavin as well as receive physical therapy 3 times a week for 3 months. The rest of her treatment plan remained unchanged. She was advised to follow up for an occipital nerve block and trigger point injections.

PROCEDURE REPORT

On August 1, 2025, Dr. Karimi administered an occipital nerve block to Ms. Doe's bilateral greater and lesser occipital nerves as well as trigger point injections to her bilateral cervical paraspinals, trapezius, and lumbar paraspinal muscles at Integrated Medical Solutions Inc. for the diagnosis of occipital neuralgia, lower back pain, cervicalgia, and myalgia. She was advised to follow up in 6 weeks for repeat occipital nerve blocks and trigger point injections.

PROCEDURE REPORT

On August 9, 2025, Ms. Doe returned to Golden Coast Neurology (Eric Lawson, MD) for Botox treatment for chronic migraine. She was noted to be benefiting from Botox with no side effects. She received Botox injections (155 units) to the same sites and was to follow up in three months.

PROCEDURE REPORT

As per the life care plan dated May 29, 2026, prepared by Dr. Keller, on September 19, 2025, Dr. Karimi administered an occipital nerve block to Ms. Doe as well as trigger point injections to her bilateral cervical paraspinal, trapezius and lumbar paraspinal muscles.

PROCEDURE REPORT

On November 7, 2025, Ms. Doe returned to Integrated Medical Solutions (Leila Karimi, MD) and underwent repeat occipital nerve blocks on both sides and trigger point injections into the neck (cervical paraspinal), upper shoulder (trapezius), and lower back (lumbar paraspinal) muscles on both sides. She tolerated the injections without complications, reported pain relief, and was to follow up in six weeks for more injections. Her medications included Nurtec, cyclobenzaprine, Pamelor, magnesium and riboflavin.

PROCEDURE REPORT

As per the life care plan prepared by Dr. Keller, on December 18, 2025, Dr. Karimi administered an occipital nerve block to Ms. Doe as well as trigger point injections to her bilateral cervical paraspinal, trapezius and lumbar paraspinal muscles.

PROCEDURE REPORT

On January 16, 2026, Ms. Doe returned to Golden Coast Neurology (Eric Lawson, MD) for Botox treatment for chronic migraine. She received Botox injections (155 units) to the same sites and was to follow up in three months.

TELEMEDICINE NEUROLOGY FOLLOW-UP

On January 30, 2026, Ms. Doe had a telehealth neurology follow-up with Integrated Medical Solutions (Leila Karimi, MD). She reported that her headaches had improved since starting the occipital nerve blocks, and that her sleep and mood had improved. Her slowed thinking and difficulty focusing at work had significantly improved since her concussion, but she still had occasional brief moments where she felt her brain was not working. Her post-traumatic stress (PTSD) symptoms had reduced significantly after 24 weeks of counseling. She did not drive. Her migraines were managed with Botox and frovatriptan. She complained of upper neck pain averaging 5/10 and up to 8/10 at its worst, while her back was doing okay.

Dr. Karimi's assessment was (1) post-concussion syndrome, to continue occipital nerve blocks for headaches coming from the neck (cervicogenic headaches), continue gabapentin 300 mg, and continue supportive care for her remaining symptoms; (2) migraines, to continue Botox, frovatriptan as needed, magnesium and riboflavin; (3) PTSD, with significant symptom reduction after completing 24 weeks of counseling; and (4) neck pain, to continue current pain management and monitor her response to the occipital nerve blocks. She was diagnosed with post-concussion syndrome, migraine without aura, neck pain, and low back pain. A follow-up injection appointment was to be scheduled.

PROCEDURE REPORT

As per the life care plan prepared by Dr. Keller, on February 15, 2026, Dr. Karimi administered an occipital nerve block to Ms. Doe as well as trigger point injections to her bilateral cervical paraspinal, trapezius and lumbar paraspinal muscles.

FINAL ACUPUNCTURE THERAPY SESSION & SUMMARY

On April 1, 2026, Ms. Doe returned to Harmony Wellness Center, Acupuncture (Wei Ming Huang) for her final acupuncture visit in the records. She had mainly been seeing a physical therapist. She continued to complain of intermittent, moderate pain in the left neck, left shoulder and lower back, rated 4-6/10, with mild swelling, tenderness rated 2/4, and a 30% limitation in ROM. Her relief now lasted a few days, household chores and work were easier following physical therapy, and she had not been getting headaches lately. She continued to have limits in standing (35-40 minutes), sitting (40-50 minutes), walking (two blocks), climbing stairs, lifting more than 10 lbs, household chores, and sleep. No discharge or plan was documented, and she remained symptomatic. She had a total of 26 acupuncture visits from June 26, 2025 to April 1, 2026, about 9 months.

FINAL PHYSICAL THERAPY SESSION & SUMMARY

On April 22, 2026, Ms. Doe returned to Harmony Wellness Center, Physical Therapy (Amy Lin) for her last physical therapy visit. She reported increased pain in the right lower back with continued aggravation of the left shoulder, tension in the lower back on both sides, neck pain, and a bad night of sleep due to being

unable to get comfortable. She had not received her scheduled trigger point injections, which were moved to the next month.

The exam showed the same poor posture, with the pelvis now uneven (right hip bone shifted upward and left hip bone flared outward). The ROM was reduced and painful in the cervical and lumbar spine, and bending her trunk backward caused neck pain with dizziness. The orthopedic test results showed positive findings in the lumbar area on both sides, and she continued to have poor balance on one leg. There was widespread tenderness in the neck, upper back, mid back, lower back, buttock and hip muscles on both sides. She was to continue physical therapy two times per week for four weeks, as she would continue to benefit from skilled therapy to reduce pain and improve mobility. She had not been discharged and remained symptomatic. She had a total of 45 physical therapy visits from June 27, 2025 to April 22, 2026, about 10 months.

PAST MEDICAL EXPENSES

The medical expenses for the treatment of injuries that Ms. Doe suffered because of the MVC amounted to **$181,318.27**. Copies of the medical bills were attached and itemized below.

Provider	Date Treatment Started	Date Treatment Completed	Total Bill Amount
Pacific Health Partners	July 18, 2024	October 17, 2024	$3,788.00
Apex Spine Institute	July 30, 2024	June 6, 2025	$13,650.00
Precision MRI, Bellflower	August 9, 2024	August 10, 2024	$6,185.00
Pinnacle Pain Management	August 22, 2024	February 17, 2025	$27,200.00
Summit Anesthesia Group	August 29, 2024	November 21, 2024	$10,000.00
Clear Path Psychology	September 1, 2024	February 10, 2025	$2,150.00
Apex Surgery Center	September 26, 2024	November 21, 2024	$42,000.00
Main Street Pharmacy	November 20, 2024	November 20, 2024	$2,204.41
Coastal Surgical Institute	December 26, 2024	December 26, 2024	$1,500.00
Pacific Spine Institute	January 7, 2025	March 7, 2025	$8,200.00
Golden Coast Neurology	January 26, 2025	January 16, 2026	$1,615.00
Harmony Wellness Center – Acupuncture	June 26, 2025	April 1, 2026	$24,672.16
Harmony Wellness Center – Physical Therapy	June 27, 2025	April 22, 2026	$34,553.70
Integrated Medical Solutions	November 7, 2025	January 30, 2026	$5,750.00
Total			**$183,468.27**

FUTURE MEDICAL

The following are future medical recommendations for Ms. Doe, based on the recommendations of her treating physicians and the life care plan dated May 29, 2026, prepared by Thomas M. Keller, DO, MPH, FIG LCP-C, CHLCP.

Pain Management Evaluations Ms. Doe will require continued pain management evaluations for the persistent neck, upper back, lower back, shoulder and leg pain documented by Pinnacle Pain Management, where she has undergone cervical and lumbar epidural steroid injections, a transforaminal epidural injection, and cervical facet joint injections with only temporary relief. These evaluations are needed to monitor her cervical and lumbar radiculopathy and to direct further interventional treatment.

Neurology Evaluations Ms. Doe will require continued neurology evaluations for her post-concussion syndrome, post-traumatic and cervicogenic headaches, and the cognitive slowness and difficulty focusing documented by Golden Coast Neurology and Integrated Medical Solutions. Her brain MRI showed scattered white matter changes for which a post-traumatic cause can be considered, and her neurologist recommended continued supportive care for her remaining symptoms.

Neurosurgery Evaluations Ms. Doe will require continued neurosurgical follow-up with Pacific Spine Institute and Coastal Surgical Institute, which found her to be a candidate for spinal surgery and a spinal cord stimulator. Follow-up is needed to monitor her radiating neck and back pain, the bilateral hyperreflexia and positive Hoffmann's signs found on exam, and her readiness for the recommended procedures.

Physical Therapy Ms. Doe was still symptomatic at her last physical therapy visit on April 22, 2026, and her therapist recommended continued skilled physical therapy to reduce pain and improve mobility. She continues to show reduced and painful cervical and lumbar range of motion, weakness, poor balance, and widespread muscle tenderness.

Vestibular Therapy (**Cervical and Ocular**) Ms. Doe has reported dizziness since the collision, and her physical therapy exams repeatedly documented dizziness with trunk extension along with poor single-leg balance. Vestibular therapy is recommended to evaluate and treat this dizziness and imbalance, which followed her head injury and concussion.

Chiropractic Treatment Ms. Doe was released from active chiropractic care at Apex Spine Institute on June 6, 2025, at maximum medical improvement but still with pain and stiffness that limited her activities. Periodic chiropractic adjustments are recommended to help relieve her ongoing neck, upper back and lower back pain.

Acupuncture Therapy Ms. Doe's pain decreased with acupuncture, but at her last visit on April 1, 2026, she still reported left neck, left shoulder and lower back pain rated 4-6/10 with limits in standing, sitting, walking and lifting. Additional acupuncture is recommended to help relieve the pain in her neck, upper back, and lower back.

Bilateral Occipital Nerve Blocks Ms. Doe has undergone repeated bilateral occipital nerve blocks at Integrated Medical Solutions, which improved her headaches, and her neurologist recommended continuing them for her cervicogenic headaches. Further nerve blocks are needed to manage her post-traumatic and migraine headaches and her occipital neuralgia.

Bilateral Cervical Trigger Point Injections Ms. Doe has received trigger point injections into the cervical paraspinal muscles that provided pain relief, and trigger point injections remained scheduled at her last physical therapy visit. Continued injections are needed to manage the pain and muscle spasm in her neck.

Bilateral Cervical Epidural Steroid Injection at the C7-T1 Level Ms. Doe's August 29, 2024 cervical epidural steroid injection at C7-T1 resolved her left arm pain, but her neck pain radiating to the shoulders persisted. Repeat cervical epidural injections are recommended to manage her neck pain and cervical radiculopathy related to her multilevel cervical disc protrusions.

Cervical Facet Joint Injections at the Left C4-C5 and C5-C6 Levels Ms. Doe underwent left C4-C5 and C5-C6 cervical facet joint injections on November 7, 2024, and her exams continue to show left-sided cervical facet tenderness. Repeat facet joint injections are recommended to manage her persistent neck pain.

Bilateral Trapezius Trigger Point Injections Ms. Doe has received trigger point injections into both trapezius muscles, and her examinations continue to document trigger points and tenderness in the upper back and shoulder muscles. Continued injections are needed to manage the pain in her upper and mid back.

Lumbar Paraspinal Trigger Point Injections Ms. Doe has received trigger point injections into the lumbar paraspinal muscles, and her physical therapy exams continue to show tenderness of the lower back muscles on both sides. Continued injections are needed to manage the pain in her lower back.

Lumbar Transforaminal / Epidural Steroid Injection at the L4-L5 or L5-S1 Level Ms. Doe obtained significant relief of her lower back and left leg pain after the L5-S1 lumbar epidural injection and the left L4 and L5 transforaminal injection, but her lower back pain has returned. Repeat lumbar injections are recommended to manage her lower back pain and lumbar radiculopathy related to her L5-S1 disc protrusion, annular fissure, and nerve root abutment.

Cervical Decompression and Disc Replacement at the C5-C6 Level Dr. Tran of Coastal Surgical Institute found Ms. Doe to be a surgical candidate for cervical decompression with a C5-C6 disc replacement after physical therapy, chiropractic care and injections failed to provide substantial improvement. This surgery addresses her 2.4 mm C5-C6 disc protrusion that touches the spinal cord and narrows the spinal canal.

Lumbar Decompression at the L5-S1 Level with Interspinous Implant and/or Fusion Dr. Tran also found Ms. Doe to be a surgical candidate for lumbar decompression at L5-S1 with an interspinous implant or fusion. This surgery addresses her 4.1 mm L5-S1 disc protrusion with an annular fissure, moderate bilateral nerve opening narrowing, and abutment of both exiting nerve roots.

Cervical Spinal Cord Stimulator Trial/Implant Dr. Tran recommended a cervical spinal cord stimulator trial and implant if surgery fails to provide adequate relief, and Dr. Haddad of Pacific Spine Institute separately recommended a spinal cord stimulator trial for the cervical spinal cord. This device is intended to control her chronic neck pain and radiating arm symptoms.

Thoracolumbar Spinal Cord Stimulator Trial/Implant Dr. Tran recommended a thoracolumbar spinal cord stimulator trial and implant if lumbar surgery fails, and Dr. Haddad recommended a thoracic spinal cord stimulator trial followed by permanent implantation through a thoracic laminotomy if successful. This device is intended to control her chronic lower back pain and intermittent left leg pain.

Neuropsychological Testing Ms. Doe has reported brain fog, slowed thinking, difficulty focusing at work, and occasional moments where she feels her brain is not working since her concussion. Neuropsychological testing is recommended to evaluate these cognitive symptoms of her post-concussion syndrome.

Repeat MRIs of the Brain, Cervical, Thoracic, and Lumbar Spine Ms. Doe's 2024 MRIs showed white matter changes in the brain and multilevel disc protrusions in the cervical, thoracic and lumbar spine. Repeat MRIs are recommended to evaluate the progression of her condition, especially before the recommended spinal surgeries.

General Health Panel and Specimen Handling A general health panel, including a comprehensive metabolic panel and complete blood count, is recommended to evaluate Ms. Doe's overall health status. This testing is needed to safely monitor her long-term medications and to prepare her for the recommended surgical and interventional procedures.

Medications (Neurontin, Nortriptyline, Frovatriptan) Ms. Doe has been prescribed gabapentin (Neurontin) by Pinnacle Pain Management and Integrated Medical Solutions, and frovatriptan and other medications by her neurologists, for her pain and headaches. Continued medications are needed to manage her baseline pain, depressive symptoms, and migraine and post-traumatic headaches.

ESTIMATES OF FUTURE MEDICALS:

Pain Management Evaluations:	$28,800.00
Neurology Evaluations:	$12,783.60
Neurosurgery Evaluations:	$4,616.30
Physical Therapy:	$22,444.70
Vestibular Therapy (Cervical and Ocular):	$5,848.58
Chiropractic Treatment:	$13,590.50
Acupuncture Therapy:	$6,619.80
Bilateral Occipital Nerve Blocks:	$173,420.00
Cervical Trigger Point Injections:	$7,250.00
Bilateral Cervical ESI at C7-T1:	$41,735.10
Left C4-C5/C5-C6 Cervical Facet Injections:	$52,963.08
Trapezius Trigger Point Injections:	$7,250.00
Lumbar Paraspinal Trigger Point Injections:	$7,250.00
Lumbar TFESI/ESI at L4-L5 or L5-S1:	$41,735.10
C5-C6 Decompression/Disc Replacement:	$139,375.63
L5-S1 Decompression with Implant/Fusion:	$139,375.63
Neuropsychological Testing:	$1,319.58
Repeat MRIs (Brain, Cervical, Thoracic, Lumbar):	$16,094.4
General Health Panel and Specimen Handling:	$4,068.12
Medications (Neurontin, Nortriptyline, Frova):	$104,793.24
House Cleaning:	$69,600.00
Total:	**$900,933.36**

LOSS OF HOUSEHOLD SERVICES

As a result of the July 17, 2024, MVC, the estimated value of Ms. Doe's lost household services is **$9,600.00**.

This calculation is based on the assumption that the monetary value of Ms. Doe's household work is consistent with the average housekeeping salary of $200.00 per month, or $2,400.00 per year. Assuming no further impairment of household chores after a period of 4 years from the date of the MVC, solely for simplicity and convenience of early settlement, we calculate the value of Ms. Doe's loss of household services at **$9,600.00** ($2,400.00 x 4).

PAIN AND SUFFERING: IMPACT ON LIFE

Pain & Suffering & Loss of Normal Life

Prior to this collision, Jane Doe was an independent, working professional in human resources who managed her own household, drove herself where she needed to go, traveled for work, and enjoyed an active life with her partner, family, and friends. In one violent moment on July 17, 2024, while she sat stopped in traffic on the freeway, a commercial truck slammed into the back of her car at 50 to 55 mph and drove it into the vehicle ahead. Her head struck the steering wheel and airbag, she drifted in and out of consciousness, and she was taken from the scene by ambulance in a cervical collar with a swollen, bleeding forehead and bruises across her arms, knee, and groin.

In the two years since, Ms. Doe has lived with constant pain. She has endured severe neck pain radiating into her shoulders and down her left arm, pain between her shoulder blades, and lower back pain shooting down her left leg to the calf, with numbness on the top of her foot and weakness in her arms that keeps her from carrying groceries. She has submitted to cervical and lumbar epidural steroid injections, a transforaminal epidural injection, cervical facet joint injections, three manipulations under anesthesia, repeated occipital nerve blocks and trigger point injections, and 140 visits of chiropractic care, physical therapy, and acupuncture. Each procedure brought only temporary relief, and two spine surgeons have told her she faces surgery or an implanted spinal cord stimulator.

The collision also injured her brain. Ms. Doe was diagnosed with a concussion and post-concussion syndrome, and her brain MRI showed scattered white matter changes that her radiologist said may be post-traumatic. Since the collision she has suffered constant headaches, dizziness, nausea, double vision and trouble focusing, brain fog, slowed thinking, and memory problems, as well as depression, anxiety, and post-traumatic stress symptoms that required 24 weeks of counseling. At her neurology visit in October 2024 she was found to be very tearful and very upset about her ongoing pain.

Her everyday life has been diminished in every respect. At times she needed help with her own personal care. She could stand for only 10 to 20 minutes and sit for only 20 to 30 minutes before her pain forced her to stop, she could walk only a block, and she struggled with stairs, putting on her socks and shoes, getting in and out of a car, showering, and lifting anything over 10 pounds. She could not vacuum or mop, she could use a computer for only short periods, and her pain

woke her at night and left her stiff each morning. Her work suffered as she struggled to focus and keep up with her job duties, and she no longer drives. Ms. Doe has lost the carefree, independent life she enjoyed before this collision through no fault of her own.

Future Pain & Suffering & Future Loss of Normal Life

Ms. Doe's suffering is far from over. Nearly two years after the collision, she continues to report neck pain as high as 8/10, lower back pain, left shoulder pain, headaches, and occasional moments where she feels her brain is not working. Her chiropractor released her at maximum medical improvement while she was still in pain and limited in her activities, and her physical therapist and acupuncturist documented ongoing loss of motion, weakness, poor balance, and limits in standing, sitting, walking, and lifting at her most recent visits.

Her treating physicians have made clear that she faces years of further care, including a C5-C6 cervical disc replacement, an L5-S1 lumbar decompression with implant or fusion, possible cervical and thoracolumbar spinal cord stimulators, repeated spinal injections and nerve blocks, and continued neurology, pain management, and therapy care. Each surgery will bring its own pain, risk, and long period of recovery away from work and her normal activities. Ms. Doe lives with the worry that she may never return to the life she had before July 17, 2024, and that the pain, headaches, cognitive difficulties, and emotional distress caused by this collision will stay with her for the rest of her life.

SUMMARY OF DAMAGES

Past Medical Expenses	**$183,468.27**
Future Medical Expenses	**$900,933.36**
Loss of Household Services	**$9,600.00**
IMPACT ON LIFE	
Pain & Suffering & Loss of Normal Life	**$500,000.00**
Future Pain & Suffering & future Loss of Normal Life	**$500,000.00**
Total Damages	**2,094,001.63**

CONCLUSION

Demand is hereby made before the sum of **2,094,001.63**. If this amount exceeds your insured's policy limits and any applicable excess policies, please provide the declaration _____. Ms. Doe will be responsible for any and all liens. This policy limit demand shall remain open for 30 days from the date of this letter, through and including August 30, 2026.

Yours very truly,

EXHIBITS

Exhibit 1 Traffic Collision Report
Exhibit 2 Photographs of Damaged Vehicle & Physical Injuries
Exhibit 3 Life Care Plan
Exhibit 4 Eastside Medical Center
Exhibit 5 Pacific Health Partners
Exhibit 6 Apex Spine Institute
Exhibit 7 Precision MRI - Bellflower
Exhibit 8 Pinnacle Pain Management
Exhibit 9 Summit Anesthesia Group
Exhibit 10 Clear Path Psychology
Exhibit 11 Apex Surgery Center
Exhibit 12 Main Street Pharmacy
Exhibit 13 Coastal Surgical Institute
Exhibit 14 Pacific Spine Institute
Exhibit 15 Golden Coast Neurology
Exhibit 16 Harmony Wellness Center – Acupuncture
Exhibit 17 Harmony Wellness Center – Physical Therapy
Exhibit 18 Integrated Medical Solutions

EXAMPLE
RECORDS MEDICAL