

The Petrylaw Injury Case Value Report

NECK INJURIES

How Minnesota Juries Decide the Value of Neck Injury Cases

The Petrylaw Injury Case Value Report provides facts and estimated ranges of value for specific Minnesota traumatic injuries. Often in trauma cases, many body parts are injured. As a result, the verdicts, settlements and case histories that you often hear discussed on the evening news, in the newspaper or among your friends do not help you determine the value of *your* injury when *you* have injured only one body part.

Often, in cases involving neck injuries arising from slip/trip and fall trauma, car accident trauma or construction accidents, the victim has other injuries as well. These frequently include back and shoulder injuries. Thus, it is very important that keep in mind that if you have suffered a traumatic injury to more than one part of your body, you should use the information in **The Petrylaw Injury Award Report** as only a starting point. The value of your case could be much less or much more than the amounts discussed in **The Petrylaw Injury Award Report**.

A typical Minnesota personal injury lawsuit is based upon a claim of negligence where you contend that someone else is responsible for causing your injuries. In this type of case, as the Plaintiff (or the person bringing the suit) you bear the burden of proving the following elements:

1. **Duty** – you must prove that Defendant (the party you are suing) had a duty to do something specific (examples – maintain a proper lookout when driving a car, obeying the posted speed limit, removing snow and ice within a reasonable period of time following the conclusion of a storm, or inspecting a floor in the produce section of a grocery store);
2. **Breach** – you must prove that the Defendant failed to perform the duty (examples – a driver texting on a cell phone instead of watching where he is driving, traveling at an excessive rate of speed, or allowing snow and ice to accumulate on a sidewalk well after a storm has ended);
3. **Cause** – you must prove that the Defendant's failure to perform the duty was the proximate cause of your injury. This means that you have to convince a jury that, for example, a driver's failure to maintain a safe distance between his or her car and yours caused their car to crash into your car and further caused you to suffer an injury. There can also be superseding causes or things that happen after someone else breaches a duty that either cause an injury or make the injury more severe than it

would have been if the event that happened after the breach of duty had not occurred (example – your car gets hit broadside by a car that runs a red light. After the collision, a well meaning person sees that you are trapped in your car and tries to remove you from you car. In the process, he grabs your arm, without realizing that it is broken, and yanks on it causing even more damage to your arm).

4. **Damages** – you must prove that you have been damaged as a result of the Defendant's conduct. Damages may include pain and suffering, lost wages, damage to property, and other special damages. You must prove your damages with certainty and not based upon speculation or what might happen. (Example – if you seek to prove that you are going to need future medical treatment, your doctor(s) will need to state that to a reasonable degree of medical certainty you will need specific medical treatment in the future and that the treatment will cost a certain amount).

While you are trying to prove these elements at trial, the Defendant(s) may raise the following defenses. Be assured that defendants have raised these defenses time and time again with great success in either limiting or denying plaintiffs' injury claims:

1. **Pre-existing injury** – The defendant contends that the plaintiff was injured before the accident and thus the accident did not cause your injury;
2. **Assumption of Risk** – The defendant contends, for example, that you knew of a dangerous condition and still walked on an icy sidewalk.
3. **Contributory Negligence** – The defendant contends that your negligence rather than his or hers caused your injuries.

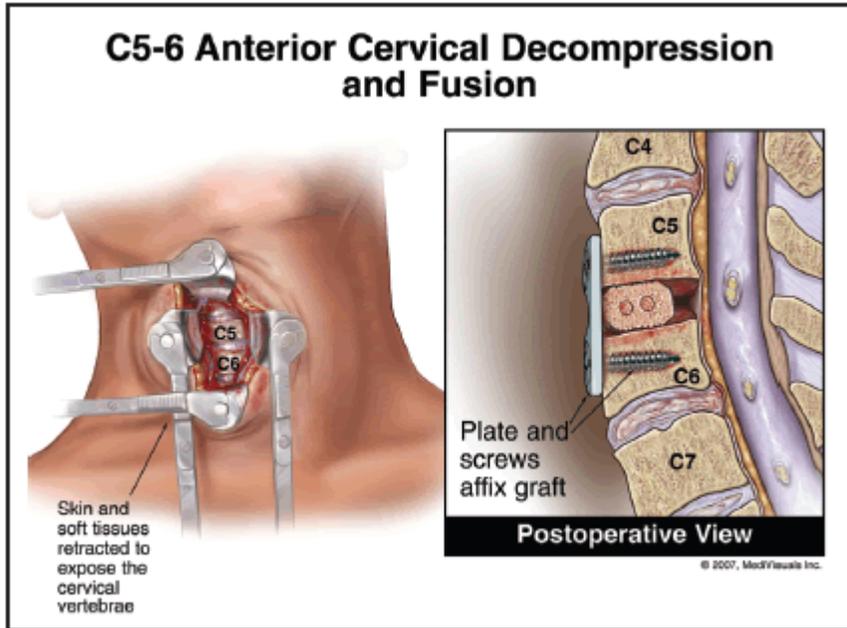
Rick Petry will gladly meet with you to discuss and evaluate your injury case at no cost or obligation. Please call Rick to discuss your injury case at 612.869.RICK (7425) or 612.332.0334.

Please keep in mind that the values discussed in this report are for **Minnesota Injury Cases** only. We tried to focus this report as much as possible on cases where there are not significant injuries in addition to the arm injury. Dollar amounts can be much higher when an injured person also incurs significant lost wages, significant medical expense payments and other so-called special or out of pocket damages or there are significant injuries to other parts of the body.

Estimated value for Minnesota neck injury cases based on the circumstances described:

Nominal Range of Value for Neck Injuries: \$0 to \$75,000

Your neck injury case could be valued in the \$0 to \$75,000 range when any or all of the following factors are present: disc bulges only (no herniations); no surgery; a significant pre-existing neck injury; excellent recovery; no likely future pain or disability; trial in an area where juries are conservative.



Actual Case: \$ 0 – _____.

Actual Case: \$50,000 -.

Actual Case: \$ _____ -.

Low Range of Value for Neck Injuries: \$100,000 to \$400,000

The value of a neck injury case could be in the \$100,000 to \$400,000 range when any or all of the following factors are present: clear disc herniations (not just bulges); surgery such as a discectomy or laminectomy; no significant pre-existing neck injury; there is only a fair recovery; there is likely future pain or disability; trial in an area where juries are about average in their awards.

Actual Case: \$100,000 - _____.

Actual Case: \$300,000 - _____.

Actual Case: \$360,000 - _____.

Mid Range of Value for Neck Injuries: \$400,000 to \$900,000

The value of a neck injury case could be in the \$400,000 to \$900,000 range when any or all of the following factors are present: clear disc herniations that impinge on spinal nerves; the plaintiff is under the age of 40 and was physically active; fusion surgery or multiple level discectomies or laminectomies; no pre-existing neck injury at all; poor recovery with significant future pain or disability; trial in an area where juries are liberal in their awards.

Actual Case: \$650,000 - _____.

Actual Case: \$850,000 - _____.

High Range of Value for Neck Injuries: \$1,000,000 to \$10,000,000

The value of a neck injury case may be in the \$1,000,000 or more range when there has been fusion surgery with continuing and permanent pain and disability following surgery; when there is a total inability to return to work or any recreational activity; when plaintiff requires daily prescribed narcotic pain medication; when additional surgery may be needed; and when trial is in an area where juries are liberal in their awards. Pain and suffering awards for more than \$3,000,000 have been sustained by appellate courts typically when the injured party has been rendered a paraplegic or worse.

Actual Case: \$1,500,000 - _____.

Actual Case: \$4,000,000 - _____.

Actual Case: \$6,500,000 - _____.

Please feel free to either call or E-mail Rick to discuss your Injury Case!

If you have suffered a neck injury, you're invited to call me to discuss your injury case. I will ask questions about your injury and treatment and help you determine the value of your claim.

Call me at 612.869.RICK (7425) or 612.332.0334 or e-mail rpetry@petrylaw.com. I am fully committed to helping you receive fair and just compensation for your injury.

Sincerely,

Rick L. Petry, Esq.

Definitions

Spine – The backbone or vertebral column, composed of vertebrae separated by intervertebral disks and bound together by ligaments.

Vertebrae – One of the bony segments of the spinal column. There are 33: 7 cervical (neck), 12 thoracic, 5 lumbar (back), 5 sacral and 4 coccygeal. Each consists of a body, or centrum. An arch of bone, the neural arch, arises from the body to enclose a cavity, the vertebral canal, through which the spinal cord passes.

Cervical Vertebrae – The upper seven vertebrae that form the skeleton of the neck, located above the thoracic vertebrae. They are referred to as C-1, C-2, C-3, C-4, C-5, C-6 and C-7.

Ligament – A cord, band or sheet of fibrous connective tissue, linking two or more bones or other structures together. They usually impart stability and prevent excessive motion in certain directions.

Degenerative Disk Disease – A condition in which the intervertebral disk loses its normal structural integrity as a result of wear and tear, repeated injuries, or aging. Secondary effects may be disk space narrowing and formation of osteophytes.

Disk – A circular or rounded flat plate commonly used to refer to the intervertebral disk, which is composed of a nucleus pulposus and an annular fibrosis. It is like a soft, rubbery pad between the hard vertebral bones. Nucleus Pulposus: The central, semi-elastic, spongy zone of the intervertebral disk. Annulus Fibrosus: The outer concentric layers of the fibrous tissue in the intervertebral disks.

Herniated Disk (also called ruptured or slipped disk) – A pathologic condition in which the nucleus pulposus of an intervertebral disk has protruded through the surrounding fibrocartilage or annulus fibrosus.

Bulging Disk – When the displaced material causes a discrete bulge in the annulus, but no material escapes through the annular fibers.

Spinal Stenosis - A narrowing of the spinal cord canal which causes cord or spinal nerve compression.

Spinal Fusion - A surgical process by which two or more vertebrae are fused together with bone grafts and internal devices such as metal rods to heal into a single solid bone. The surgery eliminates motion between vertebrae segments, which may be desirable when motion is the cause of significant pain.

Discectomy – An excision of all or part of an intervertebral disc often done to decompress a nerve root.

Laminectomy – Surgical removal of the posterior bony arches of one or more vertebrae in order to expose the neural elements in the spinal cord.

Radiculopathy – An abnormality of a spinal nerve secondary to irritation of the root causing sensory changes such as tingling, numbness and weakness.

Paraplegia – An impairment in motor and/or sensory function of the lower extremities.

Quadriplegia – Paralysis that affects the arms as well as the lower extremities.