

Harbor & Vale, demo firm

Case Strategy Report

Themes, evidence, claims, defenses and mediation preparation

CLIENT

Priya Ramanathan

DATE OF LOSS

Sep 18, 2024

CASE TYPE

Auto accident

VENUE

Sacramento County, CA

CASE REFERENCE

BR-F7734C82

PREPARED FOR

Harbor & Vale, demo firm

STATUS

Version 1, approved Oct 11, 2026 by Elena Marsh

EXPORTED

Oct 11, 2026

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About this report

Attorney work product

Attorney work product. Prepared with AI assistance. v1, Oct 11, 2026. Approved by Elena Marsh. Built from the approved case timeline and evidence inventory, not from the raw documents. It makes no prediction of outcome and states no dollar figure except an attorney-approved damages review and the specials added up from the bills. Never shown to the client.

Key themes

Head-on impact, fault assigned to the other driver at the scene. The sheriff's report records P-1's account of a head-on strike by a vehicle crossing the center line, P-2's statement that P-2 did not see P-1's vehicle in time, and a finding naming P-2 as the party most at fault. The report also notes an independent witness and retained photographs. p.157 (case p.157)

Complaints from day one, with objective findings that explain them. Neck and back pain were reported at the scene and in the ED on the day of the collision. Radiating leg pain was reported six days later. The orthopedic exam (positive straight leg raise), MRI (L4-L5 extrusion with right L5 root impingement) and EMG (right L5 radiculopathy) are consistent with one another. p.157 (case p.157); p.111 (case p.111); p.146 (case p.146); p.23 (case p.23); p.6 (case p.6); p.2 (case p.2)

Escalating, documented conservative care before surgery. Physical therapy (34 documented visits), two epidural injections with limited, short-lived relief, and an orthopedic finding of failed conservative care came before a recommendation for microdiscectomy. p.58 (case p.58); p.101 (case p.101); p.100 (case p.100); p.22 (case p.22)

Surgery and a permanent work restriction. Microdiscectomy was performed with removal of a large extruded fragment. The final orthopedic report places the client at maximum medical improvement with a permanent 25-pound lifting restriction and no repetitive bending. p.125 (case p.125); p.19 (case p.19)

Claim-by-claim breakdown

Negligence against the other driver (R. Halvorsen, P-2)

ELEMENT	RATING	WHY	PAGES
Duty: P-2 owed P-1 a duty of reasonable care while driving on the road	Strong	Both parties were drivers in a collision on Jackson Road; the report identifies P-1 and P-2 as the two parties.	p.157 (case p.157)

ELEMENT	RATING	WHY	PAGES
Breach: P-2 crossed the center line and failed to see and stop for P-1's vehicle	Strong	P-1's statement, P-2's own statement and the primary collision factor finding against P-2 align, but the record holds only the report summary, not the witness statement or photographs.	p.157 (case p.157)
Causation of the collision-related injury: the impact caused P-1's injuries	Moderate	Neck and back pain were reported at the scene and in the ED the same day, but the ED diagnosis was lumbar strain and radiating leg pain first appears six days later.	p.157 (case p.157); p.111 (case p.111); p.146 (case p.146)
Damages: harm resulting from the breach	Strong	The record documents ED care, imaging, EMG, injections, surgery, post-operative therapy and a permanent restriction.	p.111 (case p.111); p.6 (case p.6); p.2 (case p.2); p.125 (case p.125); p.19 (case p.19)

Personal injury damages: nature, extent and permanence of the lumbar injury

ELEMENT	RATING	WHY	PAGES
Objective injury consistent with the mechanism	Strong	MRI shows an 8 mm L4-L5 right paracentral extrusion impinging the right L5 root, matched by positive straight leg raise and EMG findings of right L5 radiculopathy.	p.6 (case p.6); p.23 (case p.23); p.2 (case p.2)
Link between the collision and the disc injury (medical causation)	Moderate	Timing is close and the final report lists chronic pain due to trauma, but the record has no express causation opinion, no prior history and no discussion of pre-existing degeneration.	p.19 (case p.19); p.146 (case p.146); p.6 (case p.6)
Reasonable and necessary treatment	Moderate	Treatment progressed stepwise (PT, injections, surgical consult, surgery) with documented failure of conservative care, but no billing or reasonableness records are in the evidence inventory.	p.58 (case p.58); p.101 (case p.101); p.100 (case p.100); p.22 (case p.22); p.125 (case p.125)
Permanent impairment and future limitations	Moderate	The Permanent & Stationary report sets a 25-pound lifting restriction and no repetitive bending, but the record does not tie this to the client's job or address future care.	p.19 (case p.19)
Economic loss beyond medical care (wage loss, earning capacity)	Weak	The records contain no employment, wage or work-status information. Insufficient information to evaluate.	p.19 (case p.19)

Strengths

STRENGTH	PAGES
Fault is documented by a neutral source: the sheriff's report names P-2 as the primary collision factor, records P-2's statement that P-2 did not see P-1's vehicle in time, and notes one independent witness and retained photographs.	p.157 (case p.157)
Same-day medical documentation: the client reported neck and back pain at the scene and presented to the ED the day of the collision with pain up to 9/10, tenderness and restricted range of motion.	p.157 (case p.157); p.111 (case p.111)
Diagnostic findings are objective and consistent: positive right straight leg raise, MRI extrusion with right L5 root impingement, and EMG consistent with right L5 radiculopathy.	p.23 (case p.23); p.6 (case p.6); p.2 (case p.2)
Treatment course is coherent and escalating: PT, two fluoroscopic injections with partial and temporary relief, documented failure of conservative care, then microdiscectomy with the large extruded fragment removed.	p.58 (case p.58); p.101 (case p.101); p.100 (case p.100); p.22 (case p.22); p.125 (case p.125)
Permanent outcome is documented by the treating orthopedist (MMI, 25-pound lifting restriction, no repetitive bending).	p.19 (case p.19)
Medical lien from Harbor Family Medicine is acknowledged, and correspondence shows the client has been represented since at least December 2024.	p.151 (case p.151); p.152 (case p.152)

Weaknesses and mitigation

WEAKNESS	MITIGATION	PAGES
Internal inconsistency in the collision report: the narrative gives a collision time of 21:00 while lighting is recorded as daylight. The defense may use this to attack the report's reliability.	Obtain the full report, witness statement, photographs and any dispatch or 911 timing records to establish the true time and conditions.	p.157 (case p.157)
Delayed onset of radicular symptoms: the ED recorded lumbar strain with intact strength and sensation, and radiating right leg pain was first reported six days later.	Obtain the complete ED chart and nursing notes and a treating-physician opinion explaining the typical course of a disc extrusion after trauma.	p.111 (case p.111); p.146 (case p.146)
No express causation opinion, prior-history review or discussion of pre-existing degeneration appears in the record; the final report lists chronic pain due to trauma and lumbar disc disorder only.	Request a narrative causation report from Dr. Aurelio or the surgeon and obtain prior records from Harbor Family Medicine and any earlier providers.	p.19 (case p.19); p.6 (case p.6); p.146 (case p.146)

WEAKNESS	MITIGATION	PAGES
Neck pain and restricted neck motion were documented at the scene and in the ED, but nothing in the record shows later neck evaluation or treatment. This leaves the neck complaint unsupported if it is claimed.	Confirm with the client whether neck symptoms resolved; limit the claim to what is documented, or obtain any neck-related records.	p.157 (case p.157); p.111 (case p.111)
Treatment gaps and thin post-operative documentation: PT visit 34 of 34 ended 2025-03-05 and post-operative PT began 2025-04-24, with only the evaluation documented in the timeline. No post-operative surgeon follow-up appears before the final report.	Obtain the complete PT daily notes, discharge summary and post-operative orthopedic notes to show continuity of care and outcome.	p.58 (case p.58); p.69 (case p.69); p.19 (case p.19)
No billing, payment or lien-amount records are in the evidence inventory. The record is a single provider-sourced compilation (pages 1-157), with no police report attachments, photographs, wage or insurance documents.	Collect itemized bills, lien statements and payment ledgers for the damages review, plus the underlying collision report materials.	p.111 (case p.111); p.125 (case p.125); p.152 (case p.152)
Provider-labeled claim correspondence includes a reservation of rights and a no-admission-of-liability statement under provider names. The sender, coverage position and basis are unclear from the record, so the coverage position is unconfirmed.	Identify the actual sender and insurer, and obtain the policy declarations and the claim file.	p.8 (case p.8); p.103 (case p.103); p.10 (case p.10)

Anticipated defenses

DEFENSE	REBUTTAL	EVIDENCE TO OBTAIN	PAGES
Disputed liability: the collision report is unreliable or P-1 shares fault.	The report names P-2 as the primary collision factor and records P-2's own statement that P-2 did not see P-1 in time. An independent witness and photographs were retained. The time and lighting discrepancy goes to report detail, not to the fault finding.	Full collision report, independent witness statement, photographs of the vehicles and roadway, vehicle damage and event data records if available, and any 911 or dispatch records.	p.157 (case p.157)
The disc extrusion is pre-existing or degenerative, not caused by the collision.	The client reported back pain at the scene and in the ED the same day, and the MRI is dated within a month. The MRI notes no acute osseous abnormality, which the defense may emphasize, but the nerve root impingement, exam findings and EMG correlate clinically.	Prior medical history and imaging, Harbor Family Medicine chart before the collision date, and a treating-physician causation opinion addressing mechanism, timing and absence of prior symptoms.	p.111 (case p.111); p.146 (case p.146); p.23 (case p.23); p.6 (case p.6); p.2 (case p.2)

DEFENSE	REBUTTAL	EVIDENCE TO OBTAIN	PAGES
The ED showed only a lumbar strain, with normal strength and sensation, so the radiculopathy and surgery are unrelated.	The ED diagnosis was lumbar strain and acute traumatic pain, with pain up to 9/10. Radiating leg pain was reported at the first primary care visit six days later and then confirmed by orthopedic exam, MRI and EMG.	Complete ED chart, discharge instructions, and a physician explanation of symptom evolution for a disc extrusion.	p.111 (case p.111); p.146 (case p.146); p.23 (case p.23); p.6 (case p.6); p.2 (case p.2)
Treatment was excessive or not reasonable and necessary.	Care progressed in steps and surgery followed documented failure of conservative care. The injections gave only partial, temporary relief and PT showed plateaus.	Itemized bills, treating-physician statements on necessity, complete PT notes, injection procedure notes and surgical indication documentation.	p.58 (case p.58); p.101 (case p.101); p.100 (case p.100); p.22 (case p.22); p.125 (case p.125)
Damages are limited because the client reached MMI and restrictions are modest or unrelated to work.	The treating orthopedist assigned permanent restrictions (25-pound lifting limit, no repetitive bending) and diagnosed chronic pain due to trauma. Work impact is not documented, which is a gap.	Employment and job-duties records, wage records, a functional capacity evaluation if available, and a future-care opinion. The damages review is still needed.	p.19 (case p.19)
Coverage is under investigation, with a reservation of rights and no admission of liability.	The correspondence is stated to be under provider names and does not explain the basis. A coverage reservation does not itself address the fault evidence in the collision report.	Identify the insurer and sender of each letter, the policy limits and declarations, and the complete claim correspondence.	p.8 (case p.8); p.103 (case p.103); p.10 (case p.10); p.157 (case p.157)

Damages schedule

Damages review needed. A damages figure appears here only from an attorney-approved damages review.

Medical specials from the bills

PROVIDER	DATES OF SERVICE	BILLED	PAID	BALANCE	PAGES
Saint Brendan's Medical Center	Apr 2, 2025	\$55,950	Not stated	Not stated	p.139 (case p.139)
Pinnacle Physical Therapy & Rehabilitation	Oct 20, 2024 to Apr 24, 2025	\$18,655	Not stated	Not stated	p.34 (case p.34); p.35 (case p.35); p.36 (case p.36); p.37 (case p.37)
Valley General Hospital	Sep 18, 2024	\$4,925	Not stated	Not stated	p.113 (case p.113)
Northgate Diagnostic Imaging	Oct 12, 2024	\$2,750	Not stated	Not stated	p.4 (case p.4)
Cascade Orthopedic Associates	Oct 4, 2024 to Aug 20, 2025	\$955	Not stated	Not stated	p.20 (case p.20)

PROVIDER	DATES OF SERVICE	BILLED	PAID	BALANCE	PAGES
Harbor Family Medicine	Sep 24, 2024	\$285	Not stated	Not stated	p.148 (case p.148)
Total		\$83,520	Not stated	Not stated	Added up by Brennick from the bills

Added up by Brennick from the bills: 6 bills.

Top exhibits

PAGE	EXHIBIT	WHY
p.157 (case p.157)	Sheriff's traffic collision report	Neutral source naming P-2 as primary collision factor, with P-2's statement, the independent witness and retained photographs. Clean up the time and lighting inconsistency before use.
p.111 (case p.111)	Valley General Hospital ED visit, 2024-09-18	Same-day treatment, pain up to 9/10 and tenderness tie the injury to the collision date.
p.6 (case p.6)	Lumbar MRI, 2024-10-12	Objective L4-L5 extrusion with right L5 root impingement.
p.2 (case p.2)	EMG and nerve conduction consultation, 2024-12-09	Electrodiagnostic confirmation of right L5 radiculopathy, matching the MRI and leg symptoms.
p.22 (case p.22)	Orthopedic surgical consultation, 2025-03-02	Documents failure of conservative care and the surgical recommendation.
p.125 (case p.125)	Operative report, 2025-04-02	Shows the large extruded fragment removed and the nerve root decompressed.
p.19 (case p.19)	Final orthopedic evaluation and Permanent & Stationary report, 2025-08-20	Establishes MMI, permanent restrictions and chronic pain diagnosis.
p.101 (case p.101)	First epidural injection, 2024-12-23	Shows persistent pain despite conservative care and only short-lived relief.

Mediation preparation

POINT	PAGES
Lead with liability: the sheriff's report names P-2 as primary collision factor, records P-2's own statement, and notes an independent witness and photographs. Bring those underlying materials once obtained.	p.157 (case p.157)

POINT	PAGES
Present the injury chronology: same-day ED visit, radicular symptoms within six days, positive straight leg raise, MRI extrusion and EMG confirmation, all consistent.	p.111 (case p.111); p.146 (case p.146); p.23 (case p.23); p.6 (case p.6); p.2 (case p.2)
Show exhaustion of conservative care before surgery: 34 PT visits, two injections with limited relief, and the orthopedic recommendation.	p.58 (case p.58); p.101 (case p.101); p.100 (case p.100); p.22 (case p.22)
Emphasize permanence: surgery, post-operative rehabilitation, MMI, a permanent 25-pound lifting restriction and no repetitive bending.	p.125 (case p.125); p.69 (case p.69); p.19 (case p.19)
Address weaknesses first: prepare answers on the 21:00 time versus daylight entry, the six-day delay in radicular complaints, and the absence of an express causation opinion.	p.157 (case p.157); p.111 (case p.111); p.146 (case p.146); p.19 (case p.19)
Evidence to bring: full collision report with photographs and witness statement, itemized bills and the Harbor Family Medicine lien statement, a causation narrative, complete PT and post-operative notes, and employment records. The attorney-approved damages review must be completed before any damages presentation.	p.157 (case p.157); p.152 (case p.152); p.58 (case p.58); p.69 (case p.69); p.19 (case p.19)
Clarify coverage: identify the insurer and policy limits, and the sender and basis of the reservation of rights letters, before the session.	p.8 (case p.8); p.103 (case p.103); p.10 (case p.10)

Evidence inventory

DOCUMENT	TYPE AND SOURCE	DATES	STATUS	CASE PAGES
Ramanathan-medical-records.pdf	Medical record, Provider	Sep 18, 2024 to Aug 20, 2025	In hand	1 to 157

Appendix: Evidence timeline

DATE	CATEGORY	EVENT	SOURCE
Sep 18, 2024	Medical	VALLEY GENERAL HOSPITAL: Emergency department visit after being struck head-on by a vehicle crossing the center line on Jackson Road. Pain was reported as 9/10 at worst, with no loss of consciousness. Exam showed paraspinal neck tenderness with restricted range of motion and midline back tenderness, with neurological strength 5/5 and intact sensation. CT head and lumbosacral spine X-ray were billed. Diagnoses were lumbar strain and acute traumatic pain. Discharged with analgesia and orthopedic follow-up instructions.	p.111 (case p.111)
Sep 18, 2024	Incident	Traffic collision involving P-1 (Priya Ramanathan) and P-2 (R. Halvorsen), with a time of collision of 21:00 on Jackson Road per the narrative. The report lists the county as Sacramento and the lighting as daylight. P-1 reported neck and back pain at the scene.	p.157 (case p.157)
Sep 18, 2024	Liability fact	P-1 told the reporting deputy she was struck head-on by a vehicle crossing the center line on Jackson Road.	p.157 (case p.157)
Sep 18, 2024	Liability fact	P-2 (R. Halvorsen) told the reporting deputy that P-2 did not see P-1's vehicle in time to stop.	p.157 (case p.157)
Sep 18, 2024	Liability fact	The sheriff's traffic collision report identified P-2 as the party most at fault (primary collision factor).	p.157 (case p.157)
Sep 18, 2024	Liability fact	The report states that statements were taken from both parties and one independent witness, and that photographs of both vehicles and the roadway were taken and retained with the report.	p.157 (case p.157)
Sep 24, 2024	Medical	Harbor Family Medicine: Primary care visit with F. Adeyemi, MD. Radiating right leg pain was reported for the first time. Diagnoses were low back pain and lumbar radiculopathy. Orthopedic referral to Cascade Orthopedic Associates was placed.	p.146 (case p.146)
Oct 4, 2024	Medical	Cascade Orthopedic Associates: Initial orthopedic consultation with D. Aurelio, MD. Straight leg raise was positive at 40 degrees on the right. Diagnosis was lumbar radiculopathy. MRI of the lumbar spine was ordered.	p.23 (case p.23)
Oct 12, 2024	Medical	Northgate Diagnostic Imaging: MRI of the lumbar spine without contrast showing an L4-L5 right paracentral disc extrusion measuring 8 mm with impingement of the traversing right L5 nerve root. No acute osseous abnormality. Interpreted by H. Vasquez-Lim, MD. Referring provider was D. Aurelio, MD.	p.6 (case p.6)
Oct 20, 2024	Medical	Pinnacle Physical Therapy & Rehabilitation: Physical therapy initial evaluation by B. Castellanos, DPT. Pain was 4/10 on average and 7/10 at worst, with guarded, restricted range of motion. Plan of care was 2x/week for 8 weeks.	p.53 (case p.53)

DATE	CATEGORY	EVENT	SOURCE
Oct 24, 2024	Medical	Pinnacle Physical Therapy & Rehabilitation: Course of physical therapy: 34 documented daily-note visits from 2024-10-24 to 2025-03-05, with therapeutic exercise, neuromuscular reeducation and manual therapy. Reported pain varied between 2/10 and 8/10 across visits, with plateaus noted at several visits. Visit 34 of 34 was on 2025-03-05.	p.58 (case p.58)
Dec 9, 2024	Medical	LAKESHORE NEUROLOGY & EMG: Electrodiagnostic consultation (needle EMG and nerve conduction studies) with I. Bekele, MD. Findings were consistent with a right L5 radiculopathy. Plan was to continue the current treatment program.	p.2 (case p.2)
Dec 23, 2024	Medical	Crestline Interventional Pain Institute: Right L4-L5 transforaminal epidural steroid injection under fluoroscopy by V. Sreenivasan, MD, for persistent pain refractory to conservative management. Reported follow-up outcome was 60% relief for eleven days.	p.101 (case p.101)
Dec 30, 2024	Communication	Harbor Family Medicine claim correspondence states that an office represents Priya Ramanathan for injuries sustained on 09/18/2024 and asks that further correspondence on the claim be directed to that office.	p.151 (case p.151)
Dec 30, 2024	Communication	Harbor Family Medicine claim correspondence states a medical lien has been asserted against any settlement or judgment, and that the lien is acknowledged and will be satisfied from settlement proceeds.	p.152 (case p.152)
Jan 24, 2025	Medical	Crestline Interventional Pain Institute: Right L4-L5 and L5-S1 transforaminal epidural injection under fluoroscopy by V. Sreenivasan, MD. Reported follow-up outcome was 50% relief for six days.	p.100 (case p.100)
Mar 2, 2025	Medical	Cascade Orthopedic Associates: Orthopedic follow-up and surgical consultation with D. Aurelio, MD. Failure of conservative care was documented and microdiscectomy was recommended. Plan was L4-L5 laminotomy with microdiscectomy.	p.22 (case p.22)
Mar 30, 2025	Communication	Northgate Diagnostic Imaging claim correspondence states the claim remains under investigation and a reservation of rights is asserted as to coverage, with no admission of liability.	p.8 (case p.8)
Mar 30, 2025	Communication	Northgate Diagnostic Imaging claim correspondence states an office represents Priya Ramanathan in connection with injuries sustained on 2024-09-18.	p.10 (case p.10)

DATE	CATEGORY	EVENT	SOURCE
Apr 2, 2025	Medical	Saint Brendan's Medical Center: Surgery: L4-L5 laminotomy with microdiscectomy by M. Danforth, MD under general endotracheal anesthesia. A large extruded fragment at L4-L5 was removed and the nerve root decompressed. Estimated blood loss was 88 mL with no complications, and the report notes a two-day inpatient stay. Diagnosis and CPT codes (M51.16, 63030) appear on the following page of the report.	p.125 (case p.125)
Apr 24, 2025	Medical	Pinnacle Physical Therapy & Rehabilitation: Post-operative physical therapy evaluation by B. Castellanos, DPT. A twelve-week reconditioning program was started, with plan of 2x/week for 12 weeks.	p.69 (case p.69)
Jun 30, 2025	Communication	Crestline Interventional Pain Institute claim correspondence states the claim remains under investigation and a reservation of rights is asserted as to coverage, with no admission of liability.	p.103 (case p.103)
Aug 20, 2025	Medical	Cascade Orthopedic Associates: Final orthopedic evaluation and Permanent & Stationary report by D. Aurelio, MD. Maximum medical improvement reached with a permanent 25-pound lifting restriction and no repetitive bending. Diagnoses were chronic pain due to trauma and lumbar disc disorder with radiculopathy.	p.19 (case p.19)