Most people carry a little history in their medical file. A strained back from lifting at work ten years ago, whiplash from a fender bender in college, a slip on ice that bruised a hip but never needed surgery. When a new crash upends life, that history can feel like a trap. Insurers look for any reason to question a claim, and prior injuries or past insurance files are low-hanging fruit. A skilled car accident lawyer treats that history not as a problem to hide, but as a set of facts to understand, organize, and use honestly.

I have sat in living rooms where a client worries that a back injury from five years ago will ruin their chance at a fair settlement. I have also seen defense lawyers wave stacks of old records to create doubt where none belongs. The difference between those two futures starts at the first meeting, long before a demand letter goes out. Done right, handling prior claims becomes a disciplined process, grounded in candor and supported by evidence.

Why prior claims matter more than most people think

Insurers run on data. Within hours of a new claim, an adjuster typically checks third party databases to see if a person has filed other claims in the last seven to ten years. The industry favorite is CLUE, the Comprehensive Loss Underwriting Exchange, which captures auto and property claims. There is also ISO ClaimSearch, a broad insurance database used by carriers and defense firms. If a prior claim exists, it shows up as a date, a type of loss, sometimes a claim number and the carrier. From there, defense counsel issues subpoenas and blanket medical authorizations to dig into the past.

A past claim is not evidence that the person is exaggerating a new injury. It is simply a breadcrumb. The legal question is narrower: what part of the current pain, limitations, or bills ties back to this crash, and what part, if any, existed before? That is a question of causation and apportionment, not character.

The reality is more practical. Prior claims create noise. Noise can delay offers, justify lower reserves on the insurer’s spreadsheet, and give defense a hook to challenge credibility. Lawyers address the noise by controlling the record, narrowing the issues, and teaching the story in a way that feels fair to a jury.

Where insurers get the past, and how a lawyer counters it

Adjusters and defense attorneys gather prior history from several predictable sources. They look at database hits, recorded statements, prior police reports, public court filings, pharmacy records, social media, and any medical files they can obtain through authorizations. They may also hire investigators for basic surveillance in active cases. In serious injuries, they push for an independent medical exam, often a one hour appointment with a physician who reviews history and opines on causation.

A car accident lawyer does not try to plug every hole in that net. That would be impossible. Instead, the lawyer builds a cleaner, more accurate map of the past, then sets limits on what the defense can rummage through. That means front loading accurate disclosures, using targeted medical authorizations rather than blanket ones, and seeking protective orders when defense requests are fishing expeditions. It also means making sure the claim record states the client’s history correctly, so offhand remarks in a hurried urgent care intake form do not turn into a theme at trial.

The first client meeting sets the tone

Trust matters most here. People worry that sharing a complete history will sink the case. In experience, the opposite is true. Hidden facts always surface at the worst time, usually during a deposition or right before

mediation, and they cost more then. When I sit with a new client, we talk through the body regions that hurt now, and we walk backward by time, not just by event. Juries care about how someone functioned, not just what a chart says.

We make a timeline with real life anchors. Did you move houses in 2019 and do heavy lifting? Are there family photos from the year before the crash showing you hiking without a brace? Did you complete physical therapy after that 2016 rear end collision, and were you symptom free for years? Context closes gaps. A complaint of “occasional low back soreness” five years ago means something very different if the person ran 20 miles a week until the new crash.

The first meeting also covers language. We stop using absolutes unless they are true. If a shoulder was entirely pain free for years, say so. If there was occasional stiffness with weather changes, say that instead of “no pain ever.” Precision protects credibility.

A short checklist that makes the difference

- Dates, carriers, and claim numbers for any prior auto or injury claims, even if you felt fine afterward
- Names of primary doctors for the last ten years and any specialists who treated the same body parts
- Imaging test locations and dates, especially MRIs and CT scans, so prior films can be obtained for comparison
- A list of jobs and physical duties over the last decade, including any workers’ compensation claims
- Photos or videos that show your activities before the crash, like sports, family trips, or yard work

The legal frame: relevance, limits, and the eggshell plaintiff rule

Defense lawyers often suggest that earlier injuries make a person less credible. The rules of evidence push back. Prior accidents or claims are not automatically admissible. The court asks whether the prior incident is substantially similar and truly relevant to the issues at trial. Even relevant evidence can be excluded if it misleads or causes unfair prejudice that outweighs its value. In federal court, that balancing lives in Rules 401 and 403. State rules track the same idea in slightly different words.

There are two doctrines that matter in real cases. First, the eggshell plaintiff rule. Defendants take plaintiffs as they find them. If a person’s spine was more vulnerable because of age or a prior injury, and the crash aggravated it, the defendant is responsible for the full extent of the aggravation. Fragility is not a defense.

Second, the aggravation of a preexisting condition. Juries are often instructed to separate the harm the defendant caused from what existed before, if they can. That is apportionment. If the harm cannot be neatly divided, the defendant can still be liable for the entire injury that followed the crash. The evidence drives how a jury sees that split.

A collateral concept, the collateral source rule, bars defendants in many jurisdictions from reducing damages because insurance paid earlier bills or because the plaintiff has health insurance now. That rule does not hide prior injuries, but it keeps unrelated insurance facts away from the jury.

Medical causation is a story, not a spreadsheet

You cannot win causation with vibes. You need doctors. Good causation proof starts with baselines, continues with clear change points, and ends with opinions stated to a reasonable degree of medical probability. Here is what matters in day to day work.

Baseline function. Before and after comparisons persuade. Did the client work full time on a warehouse floor for three years without restrictions until the crash? Did they garden every Saturday? Judges and juries care about human function. Simple statements from employers, gym check-in records, and even smartphone step counts can be surprisingly persuasive.

Prior imaging. Side by side films matter. Many back cases turn on whether a disc bulge is old or new. Radiologists rarely label a bulge by date, but they do comment on changes. If a 2018 lumbar MRI shows mild degenerative changes without nerve impingement, and a 2025 MRI shows a protrusion contacting the S1 nerve with correlating radicular symptoms, that is strong evidence of aggravation or new injury. Obtain the old films, not just the reports. Have a treating physician or a retained expert review both.

Symptom trajectory. Acute changes after the crash, documented within a reasonable window, support causation. Not everyone goes to the ER, and not everyone feels pain the same day. Still, early primary care or urgent care visits, followed by consistent therapy, read better than a four month gap. If a delay exists, explain it. Childcare, lack of paid leave, or cultural reluctance to seek treatment are real factors jurors understand when told plainly.

Differential diagnosis. Doctors should explain what else could cause the symptoms and why those alternatives are less likely. That is the difference between a helpful medical note and a conclusory one-liner.

Functional loss. Range of motion numbers help, but jurors respond to specific losses. A mechanic who can no longer hold a 10 pound impact wrench at shoulder height for more than ten seconds paints a clearer picture than a note that says “strength 4 out of 5.”

Building the paper trail that actually moves adjusters

Adjusters are trained to read quickly. They skim. To cut through, I package prior history and post crash evidence in a way that reduces their uncertainty.

I start with a timeline that marks key dates, including prior injuries, return to baseline, the crash, first complaint, diagnostics, procedures, and current status. A one page timeline with short annotations stops the adjuster from assuming the worst about gaps. I attach select records, not a data dump. A 500 page PDF signals that even I did not curate the story.

When a prior claim exists, I say it plainly in the demand. I describe what body parts were involved, how long symptoms lasted, and when the client returned to full function. If there was a payout, I identify it in general terms if relevant. Trying to hide an earlier settlement rarely works, and it undercuts trust once the defense learns it.

For damages, I separate preexisting or unrelated care when possible, and I allocate bills accordingly. If seventy percent of therapy sessions addressed the neck and thirty percent the low back that had prior issues, I will note that and explain why the neck sessions are fully crash related while the back sessions reflect aggravation. Adjusters who see fair allocations are more likely to meet me in a reasonable range.

Negotiating around prior claims without losing ground

There is a fine line between acknowledging complexity and giving away value. The most effective negotiation posture I have found has three parts.

First, own the history early. If I raise it, I frame it. Defense cannot spin what I have already explained with clarity and context. Second, quantify with conservative ranges. If I know a jury could apportion ten to thirty percent of low back symptoms to prior degeneration, I may build a demand that assumes a modest haircut on that category,

while standing firm on the new shoulder tear that did not exist before. Third, protect the human story. I never let the negotiation collapse into line items. Pain and limits live in the narrative, not just in CPT codes.

Mediation can help when prior claims loom large. A neutral can reality test both sides on the apportionment risk. Bringing prior imaging, a short video of daily challenges, and a letter from a treating physician can shift a mediator's view, which in turn shifts numbers.

Litigation tactics that keep prior claims in their lane

Once suit is filed, discovery wars begin. The defense will often request ten to fifteen years of medical records "for pedestrian accident attorney negligence any and all conditions." Courts usually do not allow that breadth. I push for tailored scopes, such as five years before the crash for body parts at issue, and I seek protective orders to shield mental health records when not relevant. I prefer to provide medical records myself rather than signing blanket authorizations, so I can screen for unrelated sensitive material.

Depositions require thoughtful prep. Clients should be ready to discuss old injuries calmly, with specifics where possible. Vague denials are dangerous. If a person remembers a 2016 rear end crash with two months of therapy, say that without minimizing. The important point is the change after the new crash. We practice telling that transition in plain words.

Motions in limine can keep collateral, confusing references out of trial. A judge may exclude mention of old property damage only claims, or bar reference to unrelated prior lawsuits that have no bearing on injuries here. The more we have owned the relevant history already, the easier it is to convince a court that the rest is noise.

Jury selection matters in these cases. I look for jurors who understand that bodies collect wear and tear over time and who accept that a new event can make a manageable condition unmanageable. I also listen for rigid views about lawsuits from people who have never navigated chronic pain. One honest conversation at the start can avoid a mistrial at the end.

Handling accusations of exaggeration, surveillance, and IMEs

When prior claims exist, defense sometimes suggests a pattern: "serial claimant." The remedy is evidence and proportion. If the client had two prior soft tissue claims over a decade, both resolved with therapy and no lost time from work, that is not a pattern of fraud. It is life.

Surveillance video shows up in a fraction of cases, typically those with higher reserves. Most of it is boring, as it should be. On the rare clip where a client hauls groceries they should not, context and medical nuance matter. Pain fluctuates. Good days exist alongside bad ones. I prepare clients to live consistently with their limitations, both for their health and for credibility.

Independent medical exams, often called defense medical exams, are neither truly independent nor fatal. I request the examiner's file, prior testimony, and financial relationships. At trial, cross examination focuses on the short duration of the exam, the limited record review, and any cherry picking. Treaters who have seen the patient over months are usually more persuasive than a single visit doctor who meets a plaintiff once.

Special scenarios and how an experienced lawyer threads them

Prior workers' compensation low back injury, now a new rear impact with leg symptoms. Defense will argue all current low back issues are degenerative or preexisting. The path forward is careful neuro exam documentation, EMG studies when appropriate, and side by side imaging to highlight new foraminal narrowing or disc extrusion

with concordant radicular signs. I also obtain the comp file to show return to baseline and no ongoing restrictions before the crash.

Prior property damage only claims, no reported injury, now a moderate crash with clear soft tissue injuries. Insurers sometimes point to “frequent filer” status. I address this by clarifying that earlier claims were for vehicle damage only, showing no medical treatment, and by demonstrating immediate post crash medical documentation in the current case.

Remote slip and fall with a hip bruise, fully resolved, now a labral tear after a T bone collision. Here, treating orthopedic notes and pre crash activity records matter. If the person ran 5Ks for years until *Auto Accident Lawyer* the collision, with no hip complaints, that record undercuts the defense theory of inevitability.

A prior untreated complaint in the same body region. For example, chart notes two years ago say “chronic neck pain, conservative care advised,” but the patient did not pursue therapy. Now a higher speed crash creates daily, debilitating neck pain requiring injections. The honest story often wins. People do not treat what they can manage. A new event that flips manageable discomfort into a constant, life altering condition is exactly what the law contemplates when it speaks of aggravation.

What realistic settlement adjustments can look like

Numbers depend on venue, liability clarity, medical proof, and the people involved. Still, some patterns repeat.

In a clean soft tissue case with no prior history, clear liability, three months of therapy, and full recovery, offers often land in the low five figures for non surgical injuries in many regions. Add a well documented prior neck sprain from five years ago with complete recovery and years of pain free life, and the number may not change much. Adjusters tend to discount when they can argue ongoing complaints are not entirely new, but the size of the haircut depends on the strength of the baseline story.

In a case with a new shoulder tear requiring arthroscopy, plus a history of bilateral tendinopathy a decade earlier that responded to rest, most carriers treat the tear as new. The settlement range still turns on wage loss, pain and suffering, and residual limits, but the prior tendinopathy rarely drives more than a modest apportionment in negotiation if the surgery tied cleanly to the crash.

Spine cases with prior degenerative findings are the hardest. Degeneration is common by middle age. If imaging shows progression and symptoms match a dermatomal pattern post crash, juries often credit causation. Insurers may start with a 20 to 40 percent apportionment argument in negotiations. With strong proof of pre crash function and careful medical opinions, that percentage can shrink.

Protecting privacy without sabotaging credibility

There is a difference between hiding and setting fair boundaries. I do not sign blanket medical authorizations that allow defense counsel to dig into pediatric charts or unrelated mental health therapy. I tailor releases to body regions and time frames relevant to the claim. If a judge needs to decide a dispute, I am ready with a tight argument and a clean record that shows we have been honest about the past all along.

Social media deserves a word. People should avoid posting about their case. Better yet, pause public posting altogether. Innocent photos invite unfair inferences. A single picture lifting a toddler can become a five minute cross examination. The safer course is quiet.

The human side: living with an old injury and a new crash

The law speaks in categories like causation and apportionment. Life does not. Clients juggle work, family, appointments, co pays, and the nagging fear that their past somehow disqualifies them from help. A good lawyer spends time on the day to day things that keep a case and a person healthy. Setting expectations about the recovery course. Scheduling follow ups to avoid gaps in care. Encouraging honest communication with doctors, not scripted phrases aimed at litigation. When a person's story aligns across their actions, records, and testimony, prior claims become context, not a cudgel.

A simple path our firm follows from intake to trial

- Map the full history with dates, doctors, imaging, and functional baselines, then request targeted records and prior films
- Secure clear treating opinions on causation and aggravation, with side by side comparisons and a differential diagnosis
- Package a candid, curated demand that acknowledges prior claims and draws clean lines around what changed after the crash
- Narrow discovery with tailored authorizations, protective orders, and careful deposition prep to keep the focus where it belongs
- Use mediation and, if needed, motions in limine and trial testimony to keep prior claims in context and persuade on the human story

A brief example that ties it together

A client in his mid 40s, warehouse lead, had a low back strain claim eight years prior from lifting at work. He completed six weeks of therapy, missed two shifts, and returned to full duty for years without restrictions. He jogged three miles three times a week. Then a delivery van ran a red light, striking his driver side quarter panel. He felt stiff but went to work the next day, then woke the following morning with sharp pain radiating down his right leg.

Urgent care notes documented lumbar pain and right leg tingling. A primary care referral led to an MRI three weeks later showing a right paracentral L5 S1 protrusion contacting the S1 nerve root. The 2017 MRI from his comp case, which we obtained, showed mild degenerative changes without nerve contact. He tried therapy, then epidural injections. Work duties shifted to light duty for two months.

In the demand, we laid out the 2017 claim, the return to full function, the years of jogging, and the new imaging. We acknowledged age related degeneration. We emphasized the new radicular pattern and the treating physiatrist's opinion that the crash aggravated a stable spine and generated a symptomatic disc herniation. We separated therapy bills into neck and low back sessions, and we proposed a modest apportionment on the back care to reflect unavoidable uncertainty. The carrier's first offer assumed a thirty percent discount across all damages. After mediation and a supplemental letter from the treater, we resolved the case with an apportionment limited to low back specials and a full value number for wage loss and general damages tied to his loss of running and weekend coaching.

No fireworks. Just clarity, honesty, and proof.

Final thoughts for anyone staring at a stack of old records

Prior claims history is a chapter in the book, not the ending. A thoughtful car accident lawyer reads that chapter closely, checks the footnotes, and then writes the next pages with care. The work feels mundane from the outside.

Gather old films. Call prior providers. Build a timeline. Ask treating doctors harder questions. Negotiate with numbers and with a story. File motions that set fair limits. Prepare for depositions with patience. Most of all, keep the focus on what changed after the crash and how it is affecting life now.

If your past includes injuries or claims, say so early to your lawyer. Bring the dates and the names you remember. Explain what you could do before, what you tried, and when you felt normal again. Those details become the scaffolding that holds up the new case. The law allows for aggravation. Juries understand that bodies are not blank slates. Carriers respect clean records and honest presentation, even if they bargain hard. With a steady hand and a complete picture, prior claims stop being a stumbling block and become part of a credible path to a fair result.