



Civil Resolution Tribunal

Date Issued: February 13, 2026

File: VI-2023-000200

Type: Accident Claims

Category: Minor Injury Determination

Civil Resolution Tribunal

Indexed as: *Crombie v. Blase*, 2026 BCCRT 261

BETWEEN:

SONYA CROMBIE

APPLICANT

AND:

ANDREW BLASE

RESPONDENT

REASONS FOR DECISION

Tribunal Member:

Peter Nyhuus

INTRODUCTION

1. This is a minor injury determination arising from a January 9, 2021 motor vehicle accident in Abbotsford, British Columbia.

2. The applicant, Sonya Crombie, says she suffered several serious and permanent injuries in the accident. She says her injuries are not minor injuries under the *Insurance (Vehicle) Act (IVA)* and the *Minor Injury Regulation (MIR)*. Ms. Crombie is represented by a lawyer, Christopher Dyson.
3. The respondent, Andrew Blase, was the driver of another vehicle involved in the accident. Mr. Blase says Ms. Crombie's injuries are minor injuries. Mr. Blase is represented by a lawyer, Gale Kim.

JURISDICTION AND PROCEDURE

4. These are the formal written reasons of the Civil Resolution Tribunal (CRT). The CRT has jurisdiction over accident claims brought under section 133 of the *Civil Resolution Tribunal Act (CRTA)*. CRTA section 133(1)(b) gives the CRT jurisdiction over the determination of whether an injury is a "minor injury" under the IVA.
5. CRTA section 2 states that the CRT's mandate is to provide dispute resolution services accessibly, quickly, economically, informally, and flexibly. In resolving disputes, the CRT must apply principles of law and fairness.
6. CRTA section 39 says the CRT has discretion to decide the format of the hearing, including by writing, telephone, videoconferencing, email, or a combination of these. Here, I find that I am properly able to assess and weigh the documentary evidence and submissions before me. Further, bearing in mind the CRT's mandate that includes proportionality and a speedy resolution of disputes, I find that an oral hearing is not necessary in the interests of justice.
7. CRTA section 42 says that the CRT may accept as evidence information that it considers relevant, necessary and appropriate, whether or not the information would be admissible in court.

ISSUE

8. The issue in this dispute is whether Ms. Crombie's injuries are minor injuries under the IVA and MIR.

EVIDENCE AND ANALYSIS

9. Under MIR section 4, Ms. Crombie must prove her injuries are not minor on a balance of probabilities, meaning more likely than not. While I have read all the parties' evidence and submissions, I only refer to what is necessary to explain my decision.

Background and expert evidence

10. On January 9, 2021, Ms. Crombie was in the front passenger seat of a vehicle that Mr. Blase's vehicle rear-ended. Ms. Crombie says that after the accident, she experienced pain in her head, neck, ribs, back, tail bone, legs, and knees. She also says she experienced migraines.
11. Since the accident, Ms. Crombie has received care from a general practitioner in addition to various other clinics specializing in whiplash injuries, sports medicine, natural medicine, pain management, and spinal injuries. She has also received chiropractic treatments, massage therapy, acupuncture, physiotherapy, and traditional Chinese medicine treatments.
12. Ms. Crombie provided 2 expert medical reports. The first is an independent medical examination by Dr. Navraj Heran, a neurosurgeon. The second is a medical-legal opinion by Dr. Mark Z. Matishak, also a neurosurgeon. I accept Dr. Heran's and Dr. Matishak's reports as expert evidence based on their experience and qualifications. Mr. Blase does not challenge either physician's qualifications or argue that I should not rely on the reports.
13. Under section 4(1) *Accident Claims Regulation (ACR)*, a party may introduce evidence from 1 expert, other than a report from an expert that the CRT has

appointed. However, ACR section 4(2) says the CRT may allow a party to introduce evidence from up to 2 additional experts if it considers the evidence is reasonably necessary and proportionate.

14. Here, I allow the additional expert evidence. While the reports' authors share the same area of expertise, their reports are over 1.5 years apart from each other. So, I find the reports help to show the progress of Ms. Crombie's injuries.
15. I also accept both reports because neither party provided the underlying clinical records informing the reports. Both Dr. Heran and Dr. Matishak reviewed and summarized many clinical records that are not before me. So, the reports form the bulk of the evidence, and I have relied on them heavily in coming to my decision.
16. I turn to the neurosurgeons' examinations and findings.
17. Dr. Heran physically examined Ms. Crombie on February 27, 2023, and provided his report on March 29. His report includes a review of clinical records and medical imaging reports. Dr. Heran diagnosed Ms. Crombie's injuries as follows, all of which he says are attributable to the accident:
 - a. Exacerbation of pre-existing myofascial injury to right neck and upper torso eccentric towards the right side,
 - b. Myofascial injuries involving the low back eccentric towards the right side,
 - c. Aggravation of pre-existing mechanical low back pain eccentric towards the right side arising from structural spinal elements, facet-mediated,
 - d. Post-traumatic vestibulopathy with associated nausea,
 - e. Post-traumatic headaches,
 - f. Aggravation of pre-existing cervicogenic headaches,
 - g. Soft tissue injuries involving lower extremities around knees and thighs eccentric towards the left side,

- h. Temporomandibular joint (TMJ) dysfunction,
 - i. Probable right-sided right hip injury, and
 - j. Possible sacroiliac (SI) joint-mediated pain.
18. Dr. Matishak physically examined Ms. Crombie on November 5, 2024, and provided a report dated December 9. Based on the physical examination and his review of the clinical records and medical imaging, he diagnosed the following injuries:
- a. Whiplash-associated disorder (WAD) grade 2 cervical spine,
 - b. Exacerbation of pre-existing degenerative disk disease cervical spine with disk herniations at C3-4, C4-5, and C5-6,
 - c. WAD grade 2 lumbar spine, and
 - d. Exacerbation of pre-existing degenerative disk disease lumbar spine with disk herniations at L3-4, L4-5, and L5-S1 and annular tears at L4-5 and L5-S1.
19. I note that Dr. Matishak's report does not mention Dr. Heran's report. So, I infer that Mr. Dyson did not provide Dr. Heran's report to Dr. Matishak.
20. While both neurosurgeons summarized Ms. Crombie's injuries differently, I find the diagnoses are generally consistent with each other. Relevant to this dispute, both reports noted that Ms. Crombie aggravated pre-existing injuries to her spine.

Minor injury definition

21. The definition of a minor injury is found in IVA section 101 and MIR section 2. The relevant parts of IVA section 101 define a minor injury as a physical or mental injury, including a chronic injury, that (a) does not result in a serious impairment, and (b) is one of a list of prescribed injuries. The word "and" means an injury must meet both parts of the test to be considered minor. In other words, if an injury is not one of the

prescribed injuries, it is not minor. I will return to the meaning of “serious impairment” below.

22. Relevant to this dispute, the list of prescribed injuries includes a sprain or strain, a pain syndrome, and WAD injuries.
23. MIR section 5 says that if a person alleges more than one injury because of an accident, as Ms. Crombie does here, each injury must be “diagnosed” separately as to whether it is minor or not. Under IVA section 101(4), a minor injury includes a symptom or condition associated with that injury.
24. In determining whether an injury is a minor injury, the CRT only considers causation when applying the definition of serious impairment. In doing so, the CRT must consider whether an impairment is primarily caused by the accident. If an injury is not a prescribed injury, the impairment analysis does not arise, and the CRT does not need to determine causation. A previous CRT decision that explains this in more detail is *Brough v. Brinston*, 2025 BCCRT 305.

Alleged non-minor injuries

25. Ms. Crombie asks me to determine that the following injuries are not minor injuries:
 - a. Lumbar disk bulges at L3-4, L4-5, and L5-S1,
 - b. Annular tears in the lumbar spine at L4-5 and L5-S1,
 - c. Facet joint atrophy in the lumbar spine at L4-5 and L5-S1,
 - d. Cervical disk herniations at C3-4, C4-5, and C5-6,
 - e. Exacerbation of pre-existing degenerative disk disease in the lumbar spine,
 - f. Spinal stenosis at C3-4, C4-5, C5-6, C6-7, and L4-5,
 - g. Osteoarthritis at C3-4, C4-5, and C5-6,

- h. Post-traumatic vestibulopathy with associated nausea,
 - i. WAD grade 2 of the cervical and lumbar spine causing an ongoing significant impairment lasting more than 12 months, and
 - j. Soft tissue injuries involving lower extremities around knees and thighs causing an ongoing significant impairment lasting more than 12 months.
26. I note that the evidence does not show that Ms. Crombie sustained facet joint atrophy. However, I infer the word “atrophy” is a typo, as both medical reports refer to facet joint “arthropathy” at L4-5 and L5-S1. Apart from this obvious error, I find the evidence supports Ms. Crombie’s claim that a neurosurgeon observed the above injuries, symptoms, or conditions in the medical evidence.
27. However, I disagree with Ms. Crombie that the neurosurgeons diagnosed all of the above injuries as discrete injuries. Each physician provided a section in his report containing his diagnosis of Ms. Crombie’s injuries. I find Ms. Crombie’s listed injuries include certain conditions that the physicians observed without expressly diagnosing. I also find she has parsed out diagnosed injuries into separate injuries. For instance, Dr. Matishak diagnosed Ms. Crombie with “exacerbation of pre-existing degenerative disk disease in the lumbar spine with disk herniations at L3-4, L4-5, and L5-S1 and annular tears at L4-5 and L5-S1”. Ms. Crombie has listed “lumbar disk bulges at L3-4, L4-5, and L5-S1”, “annular tears in the lumbar spine at L4-5 and L5-S1”, and “exacerbation of pre-existing degenerative disk disease in the lumbar spine” as separate injuries.
28. Given that a minor injury includes a symptom or condition associated with that injury, I find it is not appropriate to, without medical evidence explaining why, break down his diagnosis into separate injuries. I find Dr. Matishak intentionally diagnosed Ms. Crombie’s exacerbated degenerative disk disease, disk herniations, and annular tears in the lumbar spine as one injury. Similarly, since Dr. Matishak diagnosed this injury separately from Ms. Crombie’s WAD grade 2 of the lumbar spine, I find he likely viewed the WAD injury as a separate injury.

29. So, I find Ms. Crombie's injuries must be characterized in a way that is consistent with the medical diagnoses. Given this, I will consider whether the following injuries are not minor injuries:

- a. Exacerbation of pre-existing degenerative disk disease in the cervical spine with disk herniations at C3-4, C4-5, and C5-6,
- b. Exacerbation of pre-existing degenerative disk disease in the lumbar spine with disk herniations at L3-4, L4-5, and L5-S1 and annular tears at L4-5 and L5-S1,
- c. Post-traumatic vestibulopathy with associated nausea,
- d. WAD grade 2 of the cervical spine,
- e. WAD grade 2 of the lumbar spine, and
- f. Soft tissue injuries involving lower extremities around knees and thighs.

30. I find this modified list more closely follows the diagnoses made by either Dr. Heran or Dr. Matishak. I also find that Ms. Crombie claims all of these injuries to be non-minor, even if she characterized them somewhat differently.

31. For simplicity, I refer to the first 2 injuries and their associated conditions as the "Exacerbated DDD" injuries.

Non-prescribed injuries: Exacerbated DDD injuries and post-traumatic vestibulopathy

32. The CRT has consistently found that in interpreting the IVA and MIR, it must adhere rigorously to the prescribed list of minor injuries. In *Brough*, the CRT member observed that the CRT's role is not to expand the definition of minor injury. So, the first question is whether Ms. Crombie's injuries are captured by the prescribed list of minor injuries under the IVA and MIR.

33. I find Mr. Blase's submissions focus on whether Ms. Crombie's injuries resulted in a serious impairment. However, as I mentioned above, I do not need to consider serious impairment if the injury is not also listed as a prescribed injury.

Exacerbated DDD injuries

34. I find the prescribed list of injuries does not include the Exacerbated DDD injuries.

35. The CRT has previously found similar injuries to Ms. Crombie's are not minor. For instance, In *Elechko v. Carmichael*, 2024 BCCRT 873, a CRT vice chair found that degenerative disk disease is not prescribed in the IVA or MID.

36. Dr. Matishak noted that Ms. Crombie's Exacerbated DDD injuries include disk bulges and herniations. In *Brough*, the CRT member found that disk bulges are not minor injuries as they are not captured by the IVA or MIR definitions.

37. Similarly, in *O'Rourke v. Moore*, 2025 BCCRT 333, a CRT vice chair found that a disk bulge is not itself a WAD or a symptom or condition associated with a WAD. The vice chair was satisfied that on a plain reading of the IVA and MIR, a disk bulge is not captured by the term WAD injury.

38. I agree with the reasoning in the above decisions. Since Dr. Matishak determined it was appropriate to diagnose Ms. Crombie's Exacerbated DDD injuries separately from her WAD injuries to her lumbar and cervical spine, I find he considered them to be distinct injuries. So, I find it is not appropriate to consider Ms. Crombie's Exacerbated DDD injuries as being a WAD injury.

39. I find that the Exacerbated DDD injuries are not minor injuries.

Post-traumatic vestibulopathy

40. Dr. Heran diagnosed Ms. Crombie with post-traumatic vestibulopathy with associated nausea because of the accident. Ms. Crombie says this injury is not captured by the prescribed list of minor injuries. Mr. Blase does not explicitly respond to Ms. Crombie's argument about this injury.

41. In *Robinson v. Porras*, 2024 BCCRT 552, a CRT vice chair determined that a vestibular injury was not captured by the prescribed list, so was not a minor injury. I come to the same conclusion. I find Ms. Crombie's post-traumatic vestibulopathy is not a minor injury.

Prescribed injuries: WAD and soft tissue injuries

42. Ms. Crombie concedes that her WAD injuries and soft tissue injuries are prescribed injuries. However, she argues they result in a serious impairment, so are not minor injuries.

43. Under IVA section 101 and MIR section 3, a "serious impairment" is defined as a physical or mental impairment that is not resolved within 12 months of the accident, and that meets all of the following criteria relevant to Ms. Crombie's claim:

- a. The impairment resulted in a substantial inability to perform:
 - i. The essential tasks of Ms. Crombie's regular employment, despite reasonable efforts to accommodate her impairment, or
 - ii. Ms. Crombie's activities of daily living (ADLs),
- b. The impairment was primarily caused by the accident and has been ongoing since the accident, and
- c. The impairment is not expected to improve substantially.

44. Ms. Crombie provided an affidavit in which she explains the impact of her accident injuries on her ability to perform the tasks of her employment and her ADLs. I find it clear from her statement and the expert reports that since the time of the accident, which is well over 12 months, she has struggled with pain caused by her injuries.

45. I also find that Ms. Crombie's WAD injuries and soft tissue injuries were caused by the accident, have been ongoing since the accident, and are not expected to improve substantially. Dr. Matishak concluded that she sustained the WAD injuries

in the accident. He gave a “guarded” prognosis for her WAD injuries, observing that she was still symptomatic 3½ years following the accident.

46. Dr. Heran observed that Ms. Crombie’s symptoms for soft tissue injuries have likely plateaued, given that they had not resolved within 2 years of the accident.
47. I turn to whether these injuries have resulted in a serious impairment and whether this resulted in Ms. Crombie’s substantial inability to perform the essential tasks of her employment or her ADLs.

Serious impairment

48. At the time of the accident, Ms. Crombie had 2 jobs. She worked as an office manager for a health care centre and as a private caregiver for a client. She continues to hold these positions.
49. Ms. Crombie says that before the accident she worked around 40 hours a week as an office manager. After the accident, she found it increasingly difficult to perform the receptionist duties of her office manager role. She says that sitting for longer than 20 minutes would make pain flare up in her lower back, tailbone, hip, and upper thigh. She says that constant shooting pains in her left knee made sitting almost unbearable.
50. Ms. Crombie says it was difficult to carry out her receptionist tasks at work because she was constantly fatigued and tired, in pain from sitting, and suffering from frequent migraines and nausea. She says the pain made focusing difficult.
51. Over time, Ms. Crombie gradually reduced her hours because of her injuries. She says she worked an average of 33 hours a week in 2021, 28 hours a week in 2022, 25 hours a week in 2023, and 10 hours a week by 2024. During this same period, she received pay raises. Her pay increased from \$17 an hour in April 2020 to \$30 an hour by December 2024. Ms. Crombie provided timesheets and tax returns that I find support her assertion that, despite these raises, her annual income declined because she was working fewer hours.

52. Ms. Crombie says she continues to work part time as personal caregiver but with limited capacity. She says she can no longer bend her knees without extreme pain and that this prevents her from squatting and kneeling, which are essential movements for a caregiver. For instance, she says that it is now very challenging to put her client in a sling to transfer her from her wheelchair as this requires bending and squatting. She says she cannot do this without excruciating back, neck, and knee pain.
53. She says it is difficult to help her client get dressed because she can no longer kneel, so she bends her back, causing further back pain. Ms. Crombie says she has modified her work to provide lighter duties, such as assisting with meal preparation, helping with personal care, and aiding with stretches.
54. Mr. Blase argues that a reduction in hours and pace of work alone do not establish substantial inability. He argues that Ms. Crombie's ability to continue meaningful, remunerative work, even at reduced hours, demonstrates functional adaptation, not substantial inability. Mr. Blase refers to *Wong v. ICBC*, 2025 BCCRT 290, where a CRT vice chair found that making minor modifications to tasks and needing to take breaks from computer work did not elevate a minor injury to a serious impairment.
55. I find the facts in *Wong* are different than those of this dispute and that it does not provide helpful guidance. In *Wong*, the applicant was able to return to work 2 weeks after the accident, with only minor modifications to their employment tasks. The CRT vice chair found the applicant was recovering from his injuries when he was in a 2nd accident that caused an ongoing disability. Here, I find the evidence shows that, although Ms. Crombie returned to her jobs after the accident, she has not returned to working full time and has had to significantly change her roles to accommodate the pain caused by her injuries.
56. In *Kim v. Semeniuk*, 2024 BCCRT 1089, a CRT vice chair found that the applicant's inability to work her previous number of hours, with pay reduced accordingly, meant she was substantially unable to perform the essential tasks of her employment. Due to the accident, the applicant could not work as much as she used to. I agree with

this reasoning and apply it here. I find that, due to her accident injuries, Ms. Crombie has not been able to work as much as she used to.

57. However, the difficulty for Ms. Crombie is that I find the medical evidence does not clearly establish which of her injuries caused the impairment that resulted in her substantial inability to work. While Dr. Matishak diagnosed Ms. Crombie's Exacerbated DDD injuries and WAD injuries separately, I find he did not explain which injuries are causing the pain limiting Ms. Crombie's ability to work.
58. Dr. Matishak did not diagnose soft tissue injuries around Ms. Crombie's knees and thighs, so his report does not help Ms. Crombie establish that soft tissue injuries caused the impairment. While Ms. Crombie complains of knee pain, I find the evidence shows that her Exacerbated DDD or WAD injuries in her lumbar spine may be causing this pain. Dr. Matishak observed that her low back pain radiates into both legs, so I find it is plausible that this is the cause of her knee pain.
59. Dr. Heran diagnosed Ms. Crombie with soft tissue injuries involving her lower extremities around the knees and thighs. However, he also describes a "constellation of symptoms" impacting her domestic and recreational activities. I find his report also does not establish whether Ms. Crombie's soft tissue injuries are the cause of the pain limiting her ability to work.
60. Ms. Crombie has the burden of proving her injuries are not minor. I find the medical evidence does not show that Ms. Crombie's WAD injuries and soft tissue injuries resulted in the serious impairment that resulted in her substantial inability to perform her employment tasks. I do not discuss her arguments regarding her inability to perform her ADLs, as I find they fail for the same reasons.
61. For these reasons, I find her WAD injuries and soft tissue injuries are minor injuries.

CRT FEES AND DISPUTE-RELATED EXPENSES

62. Under CRTA section 49, and the CRT rules, a successful party is generally entitled to recover their CRT fees and dispute-related expenses. As Ms. Crombie was largely successful, I find she is entitled to reimbursement of \$125 in CRT fees.
63. Under ACR section 5, recovery for fees and expenses is limited to a maximum of \$2,000 for expenses and charges for each expert. I find the expert evidence was relevant and helpful in coming to my decision. The invoice for Dr. Heran's report was for \$7,087.50, so I allow \$2,000 for his evidence. The invoice for Dr. Matishak's report was for \$3,150, so I allow \$2,000 for his evidence.

ORDERS

64. The following of Ms. Crombie's injuries are not minor injuries as defined by IVA section 101 and MIR section 2:
- a. Exacerbation of pre-existing degenerative disk disease in the cervical spine with disk herniations at C3-4, C4-5, and C5-6,
 - b. Exacerbation of pre-existing degenerative disk disease in the lumbar spine with disk herniations at L3-4, L4-5, and L5-S1 and annular tears at L4-5 and L5-S1, and
 - c. Post-traumatic vestibulopathy with associated nausea.
65. The following of Ms. Crombie's injuries are minor injuries:
- a. WAD grade 2 of the cervical spine,
 - b. WAD grade 2 of the lumbar spine, and
 - c. Soft tissue injuries involving lower extremities around knees and thighs.
66. Within 30 days of the date of this decision, Mr. Blase must pay Ms. Crombie a total of \$4,125, made up of \$125 in CRT fees and \$4,000 in dispute-related expenses.

67. Ms. Crombie is entitled to post-judgment interest under the *Court Order Interest Act*.

68. I dismiss Mr. Blase's claim for reimbursement of his CRT fees.

69. This is a validated decision and order. Under sections 57 and 58 of the CRTA, a validated copy of the CRT's order can be enforced through the Supreme Court of British Columbia or the Provincial Court of British Columbia if it is under \$35,000. Once filed, a CRT order has the same force and effect as an order of the court that it is filed in.

Peter Nyhuus, Tribunal Member