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SC Court of Appeals

FCE

Randy Jordan

June 13, 2017

Job Demand Analysis

A detailed job demand analysis compares Mr. Jordan's abilities to his required demands for overall physical capacity, material handling, non-material handling and essential job demands. Mr. Jordan's employer did not provide a job description outlining the functional demands needed to perform his job as a Maintenance Worker for SCDOT. According to the Dictionary of Occupational Titles HIGHWAY-MAINTENANCE WORKER (government ser.) alternate titles: highway worker with code 899.684-014 is classified as a Medium PDC.

Activity	Job Requirement	Demonstrated Ability	Meets Job Requirement
Physical Demand Category	Medium	Medium	Met
Lifting Floor to Waist	50 lbs/Occasional	0 lbs/Occasional	Not Able
Lifting 12" to Knuckle	50 lbs/Occasional	51 lbs/Occasional	Met
Lifting Waist to Shoulder	50 lbs/Occasional	51 lbs/Occasional	Met
Carrying	50 lbs/Occasional	51 lbs/Occasional	Met
Pushing	50 lbs/Occasional	100 lbs/Occasional	Met
Pulling	50 lbs/Occasional	100 lbs/Occasional	Met
Sitting	Frequent	Constant	Met
Standing	Frequent	Frequent	Met
Walking	Frequent	Frequent	Met
Reaching	Frequent	Constant	Met
Kneeling	Occasional	Occasional	Met
Stooping	Frequent	Frequent	Met
Crouching	Occasional	Occasional	Met with Restrictions
Climbing	Occasional	Occasional	Met
Twisting	Frequent	Frequent	Met
Handling	Constant	Constant	Met

Essential Job Demand	Meets Job Requirement
Client is required to occasionally climb into/out of large equipment to perform duties.	Met
Client is required to occasional walk on uneven terrain.	Met
Per DOT, client is required to be able to lift medium weights.	Met with Restrictions

Physical Demand Category	Occasional 0-33% or 1-100 Reps	Frequent 34-66% or 100-500 Reps	Constant 67-100% or 500+ Reps
Sedentary	0-10 lbs	Negligible	N/A
Light	0-20 lbs	0-10 lbs	Negligible
Medium	20-50 lbs	10-25 lbs	0-10 lbs
Heavy	50-100 lbs	25-50 lbs	10-20 lbs
Very Heavy	> 100 lbs	> 50 lbs	> 20 lbs

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Material Handling

Material handling is performed to test Mr. Jordan's maximal function with lifting, carrying, pushing and pulling. Progressive loading with incremental increases in weight is used until test is terminated by the client for any reason or by the evaluator when a notable breakdown in body mechanics is observed.

According to the DOT:

- Lifting is raising or lowering an object from one level to another.
- Carrying is transporting an object, usually holding it in the hands or arms, or on the shoulder.
- Pushing is exerting force upon an object so that it moves away from the force.
- Pulling is exerting force upon an object so that the object moves toward the force.

Lifting, pushing and pulling are evaluated in terms of both intensity and duration. Consideration is given to the weight handled and the position of the body. Carrying is most often evaluated in terms of duration, weight carried and distance carried.

NIOSH Lift Testing principles are used for maximal weight lifted when the client can perform beyond the weight load requirements for his/her job.

Lifting Floor to Waist - Unable

A box or crate is placed on the floor with the client lifting the weight from the floor and placing it at waist level.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	0 lbs.	Occasional	No limitations	RPE's: 11# 5/10- Clinician terminated due to client's inability to perform with > fair body mechanics (due to client's size and bilateral knees); therefore, clinician terminated due to unsafe body mechanics.

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Lifting 12" to Knuckle - Met

A box or crate is placed on the floor with box handles at 12" above floor height with the client lifting the weight from 12" and standing upright until hand placement of the box is at knuckle height. (This test requires no flexion of the shoulder, elbow and wrist joints.)

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	51 lbs.	Occasional	12in to Waist	RPE's: 11# 0/10, 21# 0/10, 31# 0/10, 41# 3/10, and 51# 3-4/10. Noted labored breathing and sweating (throughout all trials) associated with general deconditioning. No subjective reports or complaints. Lifts were slow and controlled with excellent body mechanics.

Lifting Waist to Shoulder - Met

A box or crate is placed at waist height with the client lifting the weight from waist height to shoulder height.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	51 lbs.	Occasional	No limitations	RPE's: 51# 2-3/10. No subjective reports or complaints. Lift was slow and controlled with excellent body mechanics.

Carrying - Met

A weighted box is placed at waist height and the client carries it over a distance of 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	51 lbs.	Occasional	No limitations	RPE's: 51# 4-5/10. No subjective reports or complaints. Carry was slow and controlled with excellent body mechanics.

Pushing - Met

The client pushes a weighted sled to perform dynamic pushing for 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	100 lbs.	Occasional	No limitations	No reports or complaints.

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Pulling - Met

The client pulls a weighted sled to perform dynamic pulling for 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	100 lbs.	Occasional	No limitations	No reports or complaints.

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Non-Material Handling

Mr. Jordan is assessed for positional tolerance using static or repetitive testing while comparing test performance to the standards of time and repetitions according to the Physical Demand Categories of Work for the Department of Labor (Dictionary of Occupational Titles, Fourth Edition Supplement Appendix D pg 101-102, 1996). All below tests are stopped when job standard is met; if a significant breakdown or compensation in body mechanics is observed; or if the client self terminates the activity early for any reason.

Sitting - Met

Sitting tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in a seated position. The client's reported ability may also be referenced and compared to observed ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Constant	No limitations	Client demonstrated the ability to sit on a constant basis; no subjective reports or complaints.

Walking - Met

The client is asked to walk freely around the testing facility or on a treadmill using a normal pace for as long as possible.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to walk on a frequent basis; rpts feeling "ball" under L foot. Noted labored breathing.

Standing - Met

Standing tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in an upright position at a work station without moving about. The client's reported ability may also be referenced and compared to observed ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to stand on a frequent basis; noted occasional weight shifting..

Stooping - Met

Stooping tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the spine at the waist. This motion requires the full use of the lower extremities and back muscles. For static tolerance the client maintains the stopping position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from stooping to standing and back to stooping as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to stoop/bend on a frequent basis; no subjective reports or complaints.

Reaching - Met

Using a pegboard, the client was asked to extend hand(s) and arm(s) in any direction.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Constant	No limitations	Client demonstrated the ability to reach on a constant basis; no subjective reports or complaints.

Kneeling - Met

Kneeling tolerance may be measured either statically or dynamically. The client is asked to kneel on one or both knees. For static tolerance the client maintains the kneeling position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from kneeling to standing and back to kneeling as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	No limitations	Client demonstrated the ability to kneel on an occasional basis; rpts left knee pain 9.5/10 per NPRS.

Climbing - Met

Climbing refers to a ladder climb and/or stair climb activity. The client is asked to ascend or descend ladders and/or stairs using their feet, legs, hands and arms. The client is presented with a ladder and/or 8 inch step and asked to perform climbing as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	Step up/down 20in with 3-pts of contact	Client demonstrated the ability to climb on an occasional basis; no subjective reports or complaints. Noted labored breathing.

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Twisting - Met

Twisting refers to the ability to rotate through the spine. Ability is observed throughout the FCE and with ROM testing during the musculoskeletal screen. If client is expected to have job required twisting ability then client will be asked to move an empty crate across a horizontal plane back and forth from the right side of the body to the left side until frequency is met.

Job Req.	Demonstrated	ROM/End Point/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to twist/rotate on a frequent basis; no subjective reports or complaints.

Handling - Met

Grasping ability and frequency is observed throughout the duration of the FCE. The client is observed seizing, holding, grasping, turning, or otherwise working with one or both hands. Fingers are involved only to the extent that they are an extension of the hand.

Job Req.	Demonstrated	ROM/End Point/Parameter	Comments
Constant	Constant	No limitations	Client demonstrated the ability to grasp/handle on a constant basis; no subjective reports or complaints.

Crouching - Met with Restrictions

Crouching tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the legs and spine. For static tolerance the client maintains the crouching position as long as able while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from crouching to standing and back to crouching as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/End Point/Parameter	Comments
Occasional	Occasional	No limitations	Due to size and bilateral knee pain, client unable to crouch/squat at lower levels; however, is capable of higher squat/crouch to lift from 12in.

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Essential Job Demand

Mr. Jordan was asked to demonstrate the ability to perform the job specific activities which are required for his job as a Maintenance Worker for SCDOT.

Climbing In/out of equipment - Met**Job Req.**

Client is required to occasionally climb into/out of large equipment to perform duties.

Comments

Demonstrated the ability to utilize 3-pts of contact to step up/down 20in steps.

Walking on uneven terrain - Met**Job Req.**

Client is required to occasional walk on uneven terrain.

Comments

Client rpts "feels like a ball under my foot." Able to safely navigate uneven terrain despite pain.

Medium lifting - Met with Restrictions**Job Req.**

Per DOT, client is required to be able to lift medium weights.

Comments

Unable to lift from floor due to unsafe body mechanics; however, able to lift/carry 50# from 12in to shoulder.

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Sit/Stand Tolerance

	Reported	Demonstrated Duration	Demonstrated Interval
Sitting	Without limitation	Without limitation	Without limitation
Standing	15 minutes	60 minutes	180 minutes

Mr. Jordan's demonstrated tolerance to sitting matched his reported ability. Mr. Jordan's demonstrated tolerance to standing did not match his reported ability.

Cardiovascular Status

According to the ACSM's Resource Manual for Guidelines for Exercise Testing and Prescription, exercise should not be initiated if blood pressure is uncontrolled ($>160/100$ mm Hg). Individuals with hypertension should avoid very strenuous aerobic activity, very heavy loads, sustained contractions, isometric handgrip, and Valsalva maneuver during lifting. Due to these guidelines the FCE would not be a safe test for anyone who's Pre-Testing BP is uncontrolled. The cut off for safe resting heart rate is <100 bpm. Individuals with high resting heart rates would require medical clearance prior to proceeding with the FCE.

	Pre-Testing	Post-Testing
Blood Pressure (BP)	140/75	140/70
Heart Rate (HR)	92	100

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Musculoskeletal Assessment

Musculoskeletal	ROM Normal (degrees)	ROM Right (degrees)	ROM Left (degrees)	Strength Right	Strength Left	Non-Phys Response
Ankle - Plantar Flexion	>20	30	25	5/5	5/5	None
Ankle - Dorsiflexion	>10	15	15	5/5	4/5	Breakaway
Ankle - Inversion	>20	30	20	5/5	3+/5	Cogwheeling R
Ankle - Eversion	>10	20	10	5/5	3+/5	Cogwheeling R

Comments: Gastroc (measured 10 in above lateral malleolus) L- 44cm and R- 44cm. Figure 8 ankle girth measurements: L- 64.5cm and R- 64 cm. Post test L ankle girth: 64.5cm.

Results

AROM and MMT were performed to determine Mr. Jordan's range of motion and strength respectively. AROM below 75% and strength below 4-/5 are considered below functional limits. During MMT, attention is paid to any non-physiologic responses such as cogwheeling or breakaway. Cogwheeling is a jerky movement pattern similar to a tremor and breakaway is a complete sudden release of manual resistance.

Mr. Jordan demonstrated below functional strength for left ankle inversion and left ankle eversion.

Mr. Jordan exhibited non-physiological responses to manual muscle testing.

During material handling, Mr. Jordan performed lifting with excellent body mechanics.

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References

Effort Analysis Testing

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2. Mathiowetz V, Wiemer D, Federman S. 1986. Grip and pinch strength: norms for 5 to 19 year olds. *Am J Occup Ther* 40 (10): 705-11
3. Stokes H. 1983. The seriously uninjured hand-weakness of grip. *J Occup Med* 25(9):683-684.
4. Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. *Am. J Phys Med Rehabil* 69(2):96-101
5. Matheson L, Carlton R, Niemeyer L. 1988. Grip strength in a disable sample: reliability and normative standards. *Ind Rehabil Q* 1(3):9, 17-23
6. Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. *J Hand surgery* 14A (4): 742-745
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14. Matheson, L, Kaskutas V, Mada, D. (2001). Development and construct validation of the Hand Function Sort. *Journal of Occupational Rehabilitation*, 11(2): 75-86

Pain Assessment

1. Fairbank JC, Pynsent PB, "The Oswestry Disability Index." *Spine* 2000; 25(22):2940-2952
2. Fairbank JCT, Couper J, Davies JB. "The Oswestry low Back Pain Questionnaire." *Physiotherapy* 1980; 66: 271-273.
3. Melzack R. The McGill Pain Questionnaire: Major properties and scoring methods. *Pain* 1975; 1:277-299
4. Vernon H, Mior S. "The Neck Disability Index: a study of reliability and validity." *J Manipulative Physiol Ther*. 1991 Sep;14(7):409-15.
5. Lawlis GF, Cuencas R, Selby D, McCoy CE. The development of Dallas pain questionnaire. *Spine* 1989; 14:515-16

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Range of Motion/Cardiovascular Assessment

1. American Medical Association. Guides to the Evaluation of Permanent Impairment, Fourth Edition, Revised 1999
2. American Medical Association. Guides to the Evaluation of Permanent Impairment, Sixth Edition,
3. Guidelines of American Heart Association and Prescription for Programs of Prevention and Rehabilitation
4. Ebbeling CB1, Ward A, Puleo EM, Widrick J, Rippe JM., Development of a single-stage treadmill walking test, Med Sci Sports Exercise, 1991, Aug; 23(8) 966-73

Physical Capacity Assessment

1. U.S. Dept of Labor Dictionary of Occupational Titles, Fourth Edition Supplement, Appendix D, 101-102, 1986
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3. Tanaka, H., Monahan, K.D. & Seals, D.R. Age Predicted Maximal Heart Rate Revisited; Journal of the American College of Cardiology, Jan 2001, Volume 37(1), 153-156
4. Khalil, T.M., Goldberg M.L., Asfour, S.S., et.al., Acceptable Maximum Effort (AME): A Psychological Measure of Strength in Back Pain Patients. Spine, 12:372-376, 1987
5. Hart, Dennis L., et.al., Effect of Lumbar Posture on Lifting, Spine, Volume 12, Number 2, 1987 pp138-145
6. Work Practices Guide for Manual Lifting, U.S. Dept of Health and Human Services, P.B. 82-178948, 1981, pp 18-19
7. Florida Worker's Compensation Uniform Medical Treatment/Status Reporting Form DFS-F5-DWC-25 (revised 2/14/2006)

Standard Insurance Company

Employee Benefits Department 800.628.9696 Tel 800.457.0961 Fax
PO Box 2800 Portland OR 97208

State of South Carolina
Long Term Disability Benefits
Attending Physician's Statement

NOTE: Standard Insurance Company is acting only in an administrative capacity for the Basic LTD Plan.

PART A. TO BE COMPLETED BY PATIENT

Full Name: <u>Randy E. Jordan</u>	Social Security No.: <u>249-63-8196</u>
Other Names Used:	
Address: <u>1432 Highway 268</u>	City: <u>Mt. Craggan</u> State: <u>SC</u> Zip Code: <u>29727</u>
Phone No.: <u>(843) 680-9278</u>	Birthdate: <u>01-27-68</u> Patient No.:
Health Plan:	

PART B. TO BE COMPLETED BY PHYSICIAN

DEAR DOCTOR: The purpose of this form is to help us determine whether the clinical condition of your patient is disabling. We need documentation of functional impairment. Please include laboratory data and results of special tests (X-rays, CAT scan, EKG, etc.). Please attach copies of any pertinent surgical reports, hospital admitting history, physician discharge summaries, chart notes, and narrative reports.

The patient is responsible for the completion of this form without expense to The Standard. (Forms may be returned due to unanswered questions.)

The following information is needed to document the Patient's inability to work:

1. DIAGNOSIS

A. Primary Diagnosis: <u>Cervical Radiculopathy</u>	ICDA Classification: <u>M54.12</u>
B. Secondary Diagnosis (related to patient's disability):	
C. Current Symptoms:	
D. Objective findings (Clinical Exam, Imaging Studies, Lab Results): <u>neck pain</u>	
E. Patient's Height: <u> </u> Weight: <u> </u> Most recent blood pressure: <u> </u> Pulse: <u> </u>	

2. PREGNANCY (If applicable.)

Expected date of delivery: <u> </u>	Anticipated to be normal? ☐ Yes ☒ No
Actual date of delivery: <u> </u>	Type of delivery: ☐ Vaginal ☒ Caesarean Section

3. HISTORY

A. When did symptoms appear or accident happen? <u>01-01-2016</u>
B. Did you recommend to the patient to stop work? ☒ Yes ☐ No
If yes, as of what date: <u>06-13-17</u>
Why? <u>surgery</u>
If no, who recommended that the patient stop work?
C. Has the patient ever had the same or similar condition? ☐ Yes ☒ No If yes, when?
Describe:
D. Is the condition related to the patient's employment? ☐ Yes ☐ No ☒ Undetermined
E. Did you complete a Workers' Compensation Report for this condition? ☐ Yes ☒ No
F. Who was the patient referred to you by:

4. TREATMENT

A. Date patient first consulted you for this condition: <u>06-09-2016</u> , for any condition: <u>lumbar - cervical</u>
B. Dates of subsequent visits: <u>06-09-17</u> / <u>09-22-17</u> / <u>13-23-17</u> / <u>5-25-17</u> / <u>6-13-17</u> / <u>6-27-17</u> / <u>7-25-17</u> / <u>8-22-17</u> / <u>9-21-17</u>
C. Date of most recent visit: <u>09-21-17</u>
D. Treatment Plan (include surgery, physical therapy, psychiatric counseling): <u>Conservative care</u>
E. Medications: <u> </u>
F. Response to Treatment Plan: <u>good progress</u>

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Standard Insurance Company

Claims Administrator 800.628.9696 Tel 800.457.0961 Fax
PO Box 2800 Portland OR 97208

State of South Carolina
Long Term Disability Benefits
Attending Physician's Statement

5. PHYSICAL CAPACITIES

A. Based on the patient's physical limitations and restrictions, he/she can (circle the appropriate level of ability):

Frequently lift (in pounds):	50+	50	20	10	0				
Maximum lift:	50+	50	20	10	0				
Walk/Stand at one time (in hours):	8	7	6	5	4	3	2	1	0
Walk/Stand in an 8-hour work day:	8	7	6	5	4	3	2	1	0
Sit at one time (in hours):	8	7	6	5	4	3	2	1	0
Sit in an 8-hour work day:	8	7	6	5	4	3	2	1	0

Bend/Sleep: ☒ Never ☐ Occasionally ☐ Frequently
Grasp: ☒ Never ☐ Occasionally ☐ Frequently
Reach: ☒ Never ☐ Occasionally ☐ Frequently

Fine Manipulation: Right: ☐ Yes ☐ No
Left: ☐ Yes ☐ No

6. LEVEL OF FUNCTIONAL IMPAIRMENT

A. The patient is: ☒ Ambulatory ☐ House Confined ☐ Bed Confined ☐ Hospital Confined

B. Describe the patient's mental and cognitive limitations and restrictions: no bending, lifting, turning, twisting
stopping - no prolong sitting, standing, walking

C. Is this patient competent to manage insurance benefits? ☒ Yes ☐ No
If no, is the patient competent to appoint someone to help manage the insurance benefits? ☐ Yes ☐ No

D. Other impairments (please be specific): _____

E. Dominant hand: ☐ Right ☐ Left

7. HOSPITALIZATION

A. Date admitted: 06.14.17 Date discharged: 06.15.17 Date surgical procedure performed: 06.14.17

B. Reason for admittance to hospital: Anterior Cervical discectomy and fusion
Cervical radiculopathy

C. Describe nature of any surgical procedure performed: Anterior Cervical discectomy and fusion

D. Outcome: _____

Name of hospital: McLeod Regional
Address: 555 e Cheves St. City: Florence State: SC Zip Code: 29506

8. OTHER TREATING MEDICAL PROFESSIONALS (if known)

A. Name: _____ Specialty: _____
Address: _____ City: _____ State: _____ Zip Code: _____

B. Name: _____ Specialty: _____
Address: _____ City: _____ State: _____ Zip Code: _____

9. PROGNOSIS

A. Describe patient's condition since onset of symptoms: ☐ Recovered ☒ Improved ☐ Not Changed ☐ Retrogressed

B. When do you expect a fundamental or marked change in patient's condition?
☒ Unable to determine, follow up in _____ weeks _____ months ☐ Never

C. When do you anticipate the patient can return to work?
Full-time _____ Part-time: _____ (____ hrs/day, _____ number days/weeks)
☒ Unable to determine, follow up in _____ weeks _____ months ☐ Never

D. What reasonable work or job site modifications could the employer make to assist the individual to return to work? N/A patient cannot work

E. Assessment and Treatment are complicated by: ☐ Malingering ☐ Significant exaggeration, inconsistent findings ☐ Dependence on drugs/medications

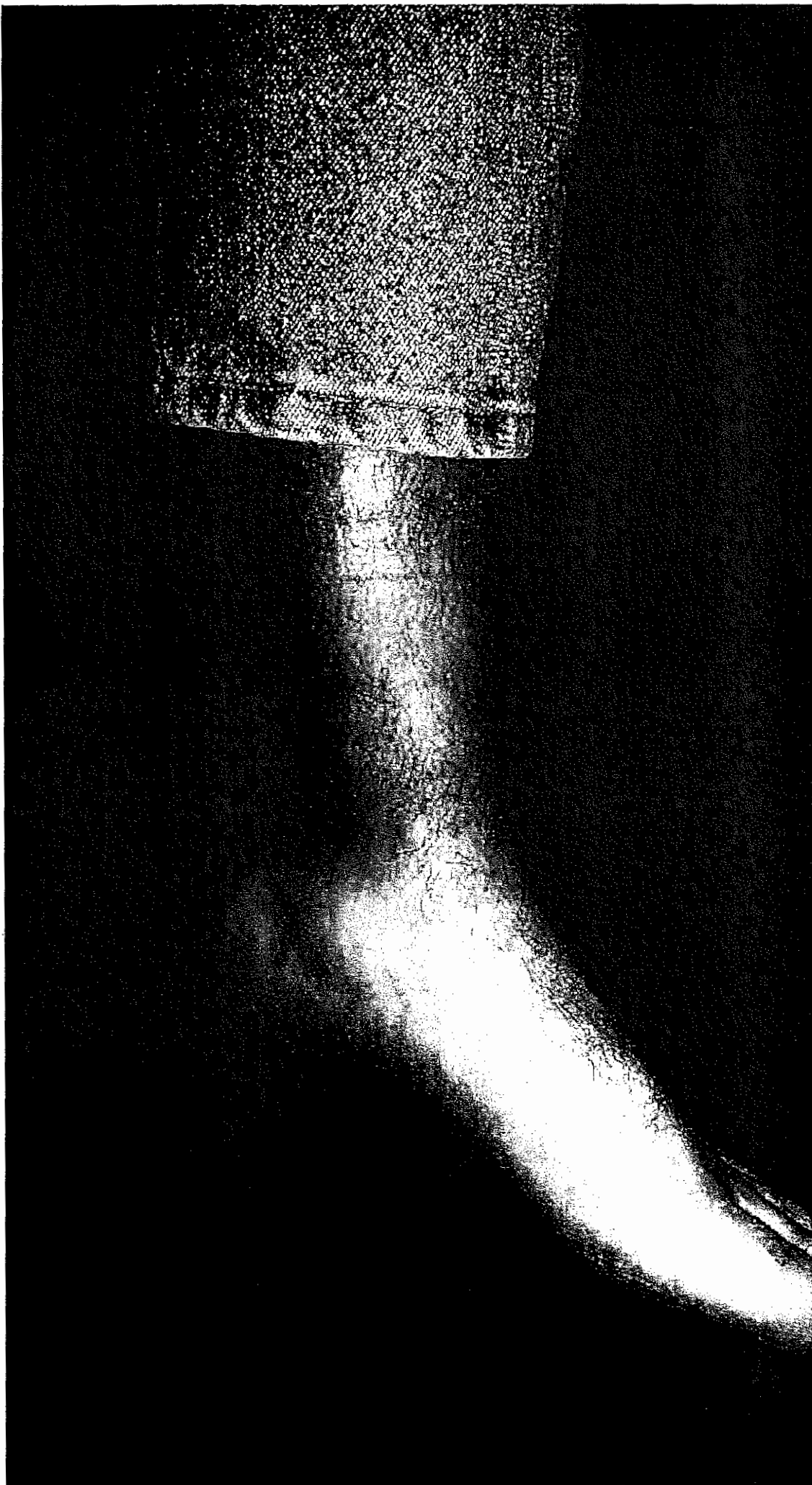
**** Please send copies of chart notes, diagnostic, laboratory, and electrodiagnostic findings, as well as operative reports and hospital discharge summaries for the past year.**

Acknowledgment

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.
I acknowledge that I have read the applicable fraud notice on page 13 of this form.

Physician's Signature: Willie S Edwards MD Date: _____
Physician's Name (Please print): Willie S Edwards MD Specialty: Spine Surgeon
Address: 101 Johns St. Ste 130 City: Florence State: SC Zip Code: 29506
Physician's Taxpayer ID No.: 20-2935692 Phone No.: 843-432-1880 Fax No.: 843-432-1022

Return to Standard Insurance Company at the address above.



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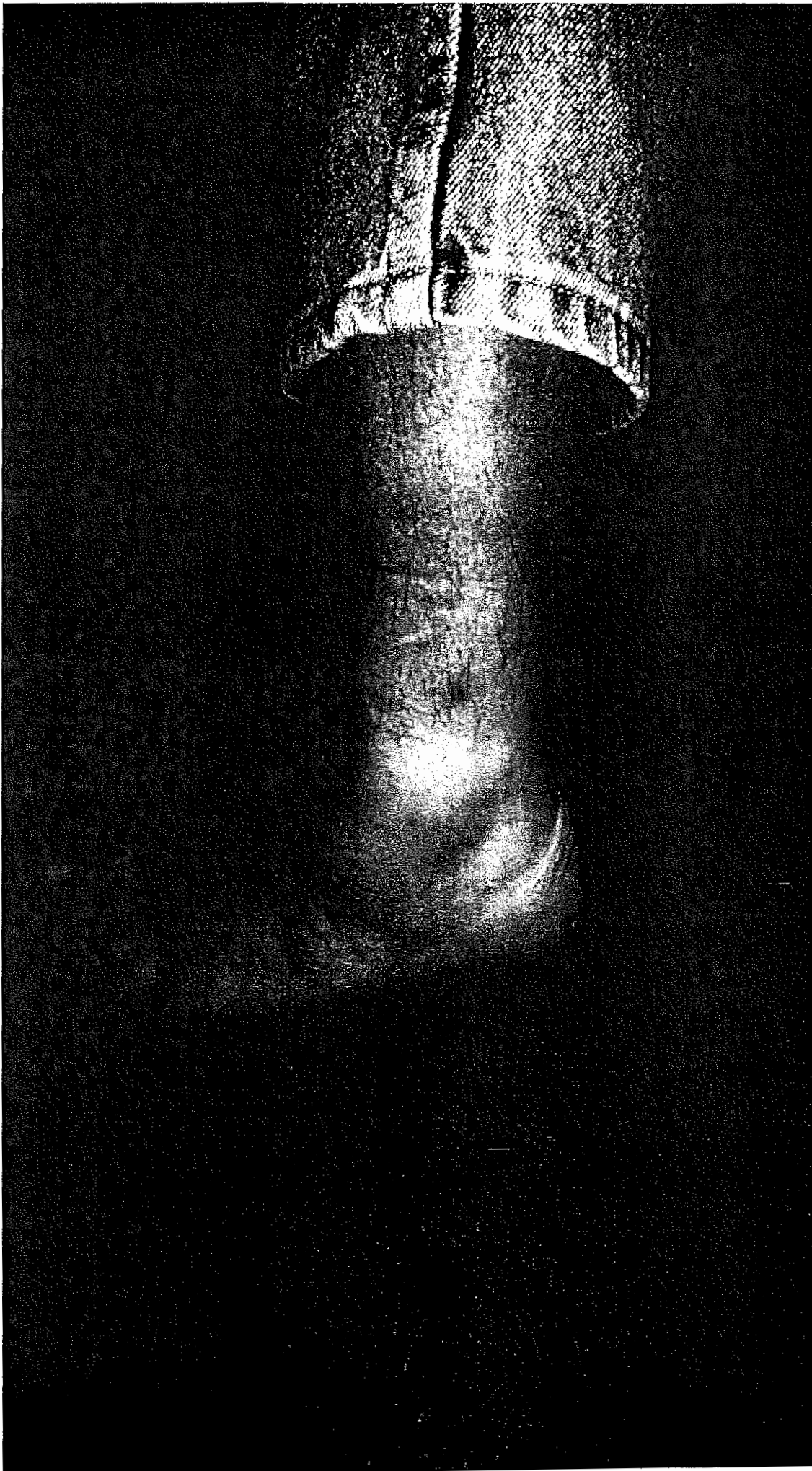
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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: 1602438
Carrier File #: 2016-316
Carrier Code #:
Employer FEIN #:

Claimant's Name: Randy Everett Jordan
Address: 1432 Hwy 268
City: Mount Croghan State: SC Zip: 29727
Home Phone: (843) 680-9298 Work Phone:
Preparer's Name: Sarah G. J. Verstraten
Employer's Name: SC Department of Transportation
Address: 955 Park Street, Post Office Box 191
City: Columbia State: SC Zip: 29202
Carrier: State Accident Fund
Preparer's Phone #: (843) 606-3295

This form is only applicable to injuries by accident occurring on or after July 1, 2007 pursuant to Title 42-15-60 (A) as amended. The execution of this document is an agreement between the parties relating to a Workers' Compensation claim under §§42-1-160, 42-1-172 or 42-11-10.

Date of Injury or Illness 2/4/2016

The above parties agree to pay and accept compensation based on the following facts:
A compensable ☒ Injury ☐ Illness ☐ Repetitive Trauma occurred on: 2/4/2016 (month/day/year).

The injury was to left leg (ankle) and neck body part(s) injured and also the injury affected
n/a other body part(s).

The authorized treating physician has released the Claimant from his or her care and has found maximum medical improvement on 6/29/2017 (month/day/year) with an impairment rating of Zero (0%) to the left ankle.

Average weekly wage: \$819.77 Compensation rate \$546.54

By agreement of the parties, the following award has been referred to the Commission for approval:

5%	Percentage loss of use to: Left leg (body part(s) injured).	9.75	weeks
10%	Percentage loss of use to: Whole spine (neck and back) (body part(s) affected).	30	weeks
	Percentage loss of use to: whole person		weeks
	Disfigurement to:		weeks
	Wage Loss: \$ amount		weeks
	Total and Permanent Disability:		weeks
	Other:		weeks

Estimated award (number of weeks times compensation rate) \$ 21,724.97
The estimated award is subject to verification by the Commission

Additionally, the Employer's Representative agrees to pay and the Claimant accepts the following medical care and treatment as recommended by the authorized treating physician pursuant to the attached physician's statement, The Employer will provide medical care and treatment as set out in the Commission's Order of 9/18/2018

Additional medical ordered: ☐ Yes ☒ No

See attached 14B physician's statement dated: 7/11/2017

☐ Claimant is entitled to lifetime replacement, repair, and maintenance of causally related medical hardware pursuant to 42-15-60(C). Denied.

This agreement is binding on approval by the Commission. A claim for additional compensation based on a worsening of the Claimant's condition must be filed no later than one (1) year from the date of the last payment of compensation. Only medical care specifically detailed herein will be paid under this agreement. If a dispute arises with regard to continued medical treatment, either party may request a hearing before the Commission pursuant to 42-15-60(B) 3 and (C).

9/7/18
Claimant's Signature
Employer's Representative

9/7/18
Date Agreement Signed
Attorney for Carrier

9/7/18
Attorney/Witness/Translator
sgverstraten@wjlaw.net
Email

Claims Mediator

9/18/19
Date Agreement Approved

Jurisdictional Commissioner

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1602438

Randy Everett Jordan,	)
Employee,	)
Claimant,	)
	)
vs.	)
	)
SC Department of Transportation,	)
	)
Employer,	)
and	)
	)
State Accident Fund ,	)
	)
Carrier,	)
Defendants.	)

HEARING:	Held in Hartsville, South Carolina on July 18, 2018.
APPEARANCES:	Claimant represented by Stephen J. Wukela, Esquire of Florence, South Carolina. Defendants represented by Sarah G. J. Verstraten, Esquire of Willson Jones Carter & Baxley, P.A., Mount Pleasant, South Carolina.
PURPOSE OF HEARING:	To determine the issues as set forth on the Form 21.
DECISION AND ORDER:	By Melody James, Commissioner
FILED:	<u>September 18, 2018</u>

I. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

- APA #1: Records of Dr. Jeff Daily, dated 2/20/2017 to 7/11/2017, consisting of pages 1-6.
- APA #2: Records of CORA Rehabilitation Clinics, dated 2/4/2016, consisting of pages 7-26.
- APA #3: Records of OrthoCarolina, dated 3/9/16 to 9/10/2017, consisting of pages 27-59.
- APA #4: Deposition of Dr. Bill Edwards, dated January 26, 2017.

II. STIPULATIONS

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth in the Form 21 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on February 4, 2016;
3. The Claimant's average weekly wage was \$819.77 with a corresponding compensation rate of \$546.54;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in , is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether the Claimant has reached MMI for his work-related injuries to his left leg, back and neck, and the Claimant's entitlement to additional medical benefits and/or disfigurement, if any, for the causally related body parts and any other issues which may timely come before the Commission.

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

III. STATEMENT OF THE CASE

This case was heard by the undersigned Commissioner in Hartsville, South Carolina, on July 18, 2018.

The Commission's file in this claim reflects that that is an admitted claim for injuries sustained to the Claimant's back, neck and left ankle on February 4, 2016, when he was standing outside of a vehicle that was hit by another vehicle pushing the Claimant into a guardrail.

It is Claimant's position in this matter that he sustained compensable injuries to his neck, back and left leg and that he is entitled to ongoing causally related medical treatment and benefits for his alleged injuries pursuant to the Act, including surgery in his spine performed by Dr. Bill Edwards on June 14, 2017. It is further the Claimant's position that he is at MMI for his work related injuries, that he has returned to work for the employer, and that this case is ripe for adjudication on the merits.

It is Defendants' position in this matter that the Claimant sustained compensable injuries to his neck, back, and left leg, and that he has reached MMI for his work related injuries. It is the Defendants' position that the Claimant was released with a zero percent impairment rating to the left leg by authorized treating physician Dr. Jeffrey Daily on June 29, 2017, and that the Commission should issue an Order finding the Claimant has reached MMI for this condition based on the opinion of Dr. Daily and the evidence as a whole. It is further the Defendants' position that the Claimant is at MMI for his neck and back (whole spine) injuries. Defendants assert that the Claimant is at MMI for the alleged injuries to his spine and that, at best, he is entitled to ongoing causally related treatment with the authorized treating orthopedics Dr. Vandernoord and/or Dr. David Anderson for myofascial symptoms to his neck or back only in order to keep him at MMI for the February 4, 2016, accident. Defendants assert that any further treatment to the neck or

back, including but not limited to surgical intervention on June 14, 2017 by Dr. Edwards and/or hardware removal and replacement, is not the Carrier's responsibility as it was performed by a non-authorized surgeon and did not lessen the period of disability within the meaning of S. C. Code § 42-15-60.

IV. EVIDENCE OF THE CASE

The medical evidence submitted reflects that with the Carrier's authorization the Claimant treated for his left ankle with Dr. Jeffrey Daily on or about February 20, 2017, who reviewed an MRI of the left ankle which did not show any specific or focal abnormalities. (APA 1). At that time, Dr. Daily noted that while there were no focal abnormalities noted, a good stretching program as well as reasonable restrictions would be in order. (APA 1). The Claimant underwent an FCE for his left ankle on June 13, 2017, at CORA Rehabilitation Clinics and it was determined that the Claimant could return to work at a medium physical demand category. (APA 7-26). Dr. Daily reviewed the results of the FCE on June 29, 2017, and opined that the Claimant was at MMI and that he would not expect any further treatment to be needed. (APA 3). Dr. Daily noted that with no objective findings on the MRI, he would have a zero percent rating but encouraged the Claimant to follow up with him with any changes related to his ankle. (APA 3). A Form 14B was completed by Dr. Daily on July 11, 2017, confirming a zero percent (0%) rating to the left ankle with permanent restrictions of no lifting greater than 50 pounds, no prolonged bending, stooping, squatting, kneeling or twisting. (APA 6), Dr. Daily did not indicate that any further medical treatment to the ankle would be needed. (APA 6). A Form 14B was also completed by authorized treating orthopaedic Dr. Vandernoord on September 10, 2017, assigning a zero percent (0%) impairment rating to the Claimant's left ankle with the same restrictions as assigned by Dr. Daily and confirming that the Claimant would not need any additional medical treatment as a result of his

work related injury. (APA 56).

Medical reports from Dr. David Anderson and Dr. Ronald Vandernoord were also submitted into evidence by Defendants. (APA 27-56). Dr. Anderson was also authorized by the Carrier and began treating the Claimant on March 9, 2016, for complaints of back, neck and left ankle pain. (APA 27). At that visit he reviewed a report of a CT scan of the Claimant's cervical spine which was performed showing OPLL with severe central canal stenosis at C3-4 and he subsequently ordered a cervical MRI. (APA 27-28). At a follow up visit on April 8, 2016, Dr. Anderson noted that the Claimant has had midline neck and periscapular pain since the date of the accident as well as some low back pain. (APA 31). Dr. Anderson went over the Claimant's imaging with him in detail and discussed treatment options. (APA 32). At that visit, he opined that the Claimant did have OPLL with stenosis but he was not myelopathic. (APA 32). In fact, Dr. Anderson noted the Claimant's symptoms were mostly myofascial in nature. (APA 32).

An updated MRI of the Claimant's cervical spine was performed on April 18, 2016, and this was reviewed by Dr. Anderson on April 21, 2016, at which time he noted that the OPLL and stenosis were long-standing and that the Claimant's symptoms were really more myofascial in nature. (APA 35-36, 38). On July 1, 2016, Dr. Anderson concluded that the Claimant's symptoms were predominantly myofascial and that he did not have any signs of myelopathy or radiculopathy despite stenosis at C3-4 and to a lesser extent C5-6 and C6-7. (APA page 42). Dr. Anderson opined that he did not feel surgical intervention would alleviate his symptoms and referred the Claimant to Dr. Vandernoord for a second opinion. (APA page 42).

Dr. Vandernoord was authorized by the Carrier and evaluated the claimant on August 18, 2016, at which time the Claimant complained of pain between the shoulder blades in the upper to mid thoracic region with no frank myelopathic symptoms. (APA 45). He noted the Claimant did

have significant OPLL with severe spinal stenosis at C3-4 which Dr. Vandernoord discussed with the Claimant pre-dated the injury. (APA 45). Dr. Vandernoord confirmed the Claimant was not having any cervical radicular myelopathic complaints and discussed with the Claimant that he was trying to work towards achieving maximum medical improvement in order to release him once he ruled out any treatable pathology. (APA 45).

On November 17, 2016, Dr. Vandernoord reviewed MRI scans of the Claimant's lumbar spine and thoracic spine and noted the Claimant's complaints of cervical range of motion but confirmed the Claimant had no radicular myelopathic complaints. (APA 50). Dr. Vandernoord ordered a bone scan to rule out further pathology and to determine the best steps towards rating and releasing the Claimant at MMI. (APA 51). On January 30, 2017, Dr. Vandernoord reviewed the bone scan which showed no concerning correlation in the spinal axis. (APA 54). Dr. Vandernoord noted that he had maximized the Claimant's care from the spine standpoint and noted the Claimant was continuing to work regular duty. (APA 54).

A questionnaire dated January 27, 2017, was completed by Dr. Vandernoord opining that surgical intervention was not required to address the Claimant's myofascial or mechanical symptoms that developed as a result of his February 4, 2016, accident. (APA 58). Further, he opined that it was more likely than not that surgical intervention would not lessen the claimant's period of disability.

The Claimant subsequently treated with Dr. Bill Edwards who was not authorized by the Carrier. Dr. Bill Edwards was deposed by the parties in this case on January 26, 2017, and his deposition transcript was submitted into evidence at the hearing. During the deposition, Dr. Edwards testified to a reasonable degree of medical certainty that the diagnosed OPLL condition as well as the stenosis present on the Claimant's diagnostic imaging were pre-existing conditions that

pre-dated the Claimant's accident. (Edwards Transcript page 21, lines 8-15). He further testified that after having performed a physical examination of the Claimant in his office on at least two occasions, the Claimant's symptoms were primarily myofascial in nature and that he would never recommend fusion surgery to address myofascial symptoms. (Edwards Transcript page 23, lines 1-10). In fact, the fusion surgery recommended for the Claimant would be to correct compressive pathology or stenosis in the Claimant's spine to prevent further neurological deterioration at some point and that the surgery was not recommended to address the Claimant's myofascial pain. (Edwards Transcript page 24, lines 2-19). Dr. Edwards concluded to a reasonable degree of medical certainty that if the Claimant had no symptoms in his neck and showed him an MRI scan and/or CAT scan of the way his neck looked, he would tell the Claimant he needed surgery regardless of whether he felt good or bad and whether he had an injury or not. (Edwards Transcript page 25, lines 6-17). Dr. Edwards ultimately performed cervical fusion on June 14, 2017.

A record such as was necessary for a decision was made of the proceeding and after careful consideration and study of all the evidence, the following findings of fact are accordingly made.

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Randy Everett Jordan as Employee-Claimant and SC Department of Transportation as Employer and State Accident Fund as Carrier, Defendants.

2. That Claimant was an employee of the above-named Employer on and prior to February 4, 2016, on which date he did sustain an injury to the neck, back, and left leg arising out of and in the course of his employment, and proper notice was given to Employer. This was an accepted claim, and Claimant has received appropriate medical benefits.

3. That the average weekly wage of Employee at the time of the above-described accident was \$819.77, making a compensation rate of \$546.54 applicable in this matter.

4. That Claimant reached maximum medical improvement on June 27, 2017 for the injuries resulting from the February 4, 2016 accident.

5. That there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability in regards to his left ankle injury; however, the Claimant has up to one year from the date of this signed Order to return to see Dr. Daily as his authorized treating provider for any change of condition for the worse and to seek medical treatment to the left ankle.

6. The Claimant has not met his burden that the surgery (fusion) is more likely than not necessary to tend to lessen the period of disability within the meaning of S.C. Code §42-15-60.

7. Dr. Anderson's records indicate that he explained to the Claimant that the OPLL and stenosis is long-standing and his symptoms are really more myofascial in nature. (APA 38).

8. Dr. VanDerNoord opined to a degree of reasonable medical certainty that surgery was not recommended or required to address the myofascial or mechanical symptoms. (APA 57-59).

9. A reading of Dr. Edwards' deposition in its entirety indicates that the Claimant's myofascial condition that resulted from the accident did not require surgery. He agreed that the Claimant was negative for any signs of radiculopathy, myelopathy and entrapment. (Deposition as a whole, including pages 21-25; 26; and 28).

10. The surgery was not authorized by the worker's compensation carrier and was not emergent. See Sec. 42-15-60.

11. Defendants are not responsible for any past or future costs associated with the cervical fusion surgery performed by Dr. Edwards or for any future medical care and treatment to the cervical spine related to the fusion surgery including but not limited to removal and replacement of the hardware in the Claimant's neck. This finding is based upon the fact that the Carrier authorized the treatment of the Claimant's spine by two orthopaedics (Dr. Anderson and Dr. Vandernoord) neither of whom recorded cervical fusion as necessary to tend to lessen the period of disability within the meaning of S. C. Code § 42-15-60.

12. That there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability in regards to the Claimant's causally related myofascial neck or back symptoms; however, the Claimant has up to one year from the date of this signed Order to return to see his authorized treating providers for any change of condition for the worse and/or to seek medical treatment to the neck or back as related to the February 4, 2016 accident.

13. That Claimant has failed to prove that he is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than the benefits as ordered herein.

VL CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant did sustain an injury to his neck and back by accident arising out of and in the course and scope of his employment on February 4, 2016.

3. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until June 27, 2017, the date on which Claimant reached maximum medical improvement.

4. Pursuant to § 42-15-60, the fusion surgery was not authorized and was not emergent.

5. Pursuant to § 42-15-60, there is not a medical opinion to a degree of reasonable medical certainty that future medical treatment is necessary to tend to lessen the period of disability.

6. Under § 42-15-60, there is no evidence that any additional medical treatment would tend to lessen the period of his disability for the Claimant's left ankle, neck or back injuries; however, the Claimant has up to one year from the date of this signed Order to return to see his authorized treating providers for any change of condition for the worse and to seek medical treatment to the left ankle and spine.

VII. ORDER/AWARD

IT IS HEREBY ORDERED that Claimant reached maximum medical improvement on June 27, 2017, and as such Defendants are not liable for any additional medical, surgical, hospital or other medical treatment to Claimant after said date, until and unless further ordered by this Commission.

IT IS FURTHER ORDERED that the Claimant has not met his burden that the surgery (fusion) is more likely than not necessary to tend to lessen the period of disability, as the surgery was not authorized, was not emergent, and because there is no medical opinion to a reasonable degree of medical certainty that the surgery was necessary to tend to lessen the period of disability within the meaning of S.C. Code §42-15-60.

IT IS FURTHER ORDERED that Claimant has not sustained any serious and permanent disfigurement as a result of this accident, and as such Defendants are not liable for same.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.



Commissioner Melody L. James

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

September 18, 2018

By: Tamara Morris, Administrative Assistant to Commissioner James

McLeod

Physician Associates

JORDAN, RANDY EVERETT

51 Y old Male, DOB: 01/29/1968

Account Number: e1007749

1432 HWY 268, MOUNT CROGHAN, SC-29727

Home: 843-634-3964

Guarantor: JORDAN, RANDY EVERETT

Insurance: BCBS STATE GROUP Payer ID: SX103

PCP: Shari Carter, FNP

Appointment Facility: McLeod Orthopaedics Florence

06/18/2019

Progress Notes: Jason B. O'Dell, MD

Current Medications

- Taking
- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
 - Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
 - Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous Not-Taking/PRN
 - Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
 - Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
 - Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
 - Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
 - Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
 - Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours
 - Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs
 - Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID
 - Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
 - Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs
 - Medication List reviewed and reconciled with the patient

Past Medical History

Anxiety.
Diabetes.

Surgical History

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased
Mother: alive

Social History

Reason for Appointment

1. Left Ankle Pain

History of Present Illness

Constitutional:

Patient presents in office today for left ankle pain. He states he has pain and swelling. Complains of instability. The patient states the pain increase with prolonged activities. He states he has a history of a previous workmans comp injury in February 2016. His injury consisted of stepping on his foot / ankle and falling over a guard rail. His case has since been closed. He states that his ankle has been progressively getting worse since the time of his initial injury.

Vital Signs

Wt 309, Wt-kg 140.16, Ht 5'10, Ht-cm 152.4, BMI 60.34, Temp 98.2, BSA 2.43 M.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

EYES: Conjunctiva clear. Extra ocular muscles(EOMI) intact bilaterally.

HEENT: Normocephalic, atraumatic.

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

RESPIRATORY: Non-labored. Respiratory effort: no dyspnea.

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

PSYCH Mood and affect are appropriate. Normal speech. Alert and oriented x 3.

JOINTS: See focused exam.

Left ankle examination: Sinus tarsi pain. Lateral subtalar joint pain. No tenderness of the peroneal tendon. No tenderness of the posterior tibial tendon. Inhibition of the peroneal tendon. 10 degree gastrocnemius contracture. No effusion ankle joint. Superficial numbness over the sinus tarsi. Neurovascular function distally intact with 2+ posterior tibial and 2+ dorsalis pedis pulses. Distal sensation is normal to sensory evaluation in all distributions. The hair pattern is normal. No obvious skin lesions are present and there is no

Tobacco Use:

Smoking

Are you a: *former smoker*

Miscellaneous:

Occupation: SCDOT Heavy Equipment operator.

Marital status: Separated.

Drug/Alcohol:

Alcohol

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx

see surgical hx 7/25/2017

Review of Systems

General/Constitutional:

Fever NO. Chills NO. Fatigue NO.

Sweats NO. Weight change NO.

Endocrine:

Excessive thirst/Urination NO. Cold intolerance NO. Heat intolerance NO.

Respiratory:

Cough NO. Shortness of breath NO.

Snoring NO. Trouble breathing NO.

Cardiovascular:

Chest pain NO. Fainting NO.

Palpitations NO.

Gastrointestinal:

Abdominal pain NO. Constipation NO.

Diarrhea NO. Nausea NO. Vomiting NO.

Hematology:

Bruising NO. Easy Bleeding NO.

Musculoskeletal:

Difficulty in Walking NO. Muscle stiffness NO. Back Pain NO. Joint

pain YES. Joint stiffness YES. Joint

swelling YES. Muscle cramping NO.

Skin:

Rash NO. Blisters NO. Changes in finger or toenails NO. Incisional

problems NO. Non-healing wound NO. Hot

to touch/feverish feeling NO.

Neurologic:

Numbness NO. Involuntary movements NO. Tingling/numbness NO.

Weakness NO.

Psychiatric:

Anxiety NO. Depression NO.

Nervousness NO.

obvious evidence of pressure ulcers or fracture blisters. No edema or varicosities.

Assessments

1. Arthritis of left subtalar joint - M19.072 (Primary)

I, April Byrd, attest that the documentation entered is accurate and reflects the physician's communication to the patient. .

I, Jason O'Dell, hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Treatment

1. Arthritis of left subtalar joint

IMAGING: MRI : Lower Ext Joint W/O Contrast

Wise, CMA,Yvonne 06/18/2019 05:37:50 PM EDT > MRI left ankle to include calcaneus without contrast

IMAGING: Ankle Left 3 View Minimum (73610)

Byrd,Taylor 06/18/2019 01:51:12 PM EDT > done

Byrd,Taylor 06/18/2019 01:51:12 PM EDT > done Byrd, April

06/19/2019 08:15:14 AM EDT > Weightbearing left ankle

AP, lateral, and oblique - Progressive spurring of the subtalar joint. 1 mm joint space loss since previous films.

2. Others

Notes: Discussed symptoms and treatment options with the patient. Due to the patient's persistent pain, a MRI will be ordered of the left ankle for better visualization. The patient will follow up after the MRI to discuss his results. .

Clinical Notes: I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed. .

Procedure Codes

73610 Xray exam of ankle

Follow Up

after MRI



Electronically signed by JASON ODELL, MD on 06/20/2019 at 07:42 AM EDT

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-777-7900
Fax: 843-777-7925

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Progress Note: Jason B. Odell,
MD 06/18/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000213

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-662-5233 843-777-7925

Req/Ctrl# (CD-): 16114335

Jason B. ODeil, MD

NPI: 1174733125

Provider Code: 1174733125

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 08/26/2020 10:40 AM

Order Date: 06/18/2019 02:45 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
-----------------	---------------	--------------

MRI : Lower Ext Joint W/O Contrast

- M19.072, Arthritis of left subtalar joint

Notes: Wise, CMA, Yvonne 06/18/2019 05:37:50 PM EDT > MRI
left ankle to include calcaneus without contrast Brown, Rita
06/20/2019 09:46:24 AM EDT > NIA APPROVED...AUTH#
19171S0158 VALID FROM 06/20/19 TO 07/20/19.
APPOINTMENT SCHEDULED FOR MRI ON 07/02/19 AT
930AM AT THE MCLEOD ORTHO FACILITY. MAILED APPT
INFO TO PATIENT. Kimbro, Tina 07/02/2019 09:46:41 AM EDT
> mri left ankle w/o completed. pt tolerated well. pt status
unchanged.



Electronically Signed By:
Jason B. ODeil, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000214

McLeod Orthopaedics Florence		Jason B. ODell, MD
1005 East Cheves St FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-662-5233 Fax: 843-777-7925		
Patient:	JORDAN, RANDY EVERETT	08/26/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	06/18/2019	
Assessments:	Arthritis of left subtalar joint - M19.072	
Lab:	MRI : Lower Ext Joint W/O Contrast	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Wise, CMA, Yvonne 06/18/2019 05:37:50 PM EDT > MRI left ankle to include calcaneus without contrast Brown, Rita 06/20/2019 09:46:24 AM EDT > NIA APPROVED...AUTH# 19171S0158 VALID FROM 06/20/19 TO 07/20/19. APPOINTMENT SCHEDULED FOR MRI ON 07/02/19 AT 930AM AT THE MCLEOD ORTHO FACILITY. MAILED APPT INFO TO PATIENT. Kimbro, Tina 07/02/2019 09:46:41 AM EDT > mri left ankle w/o completed. pt tolerated well. pt status unchanged.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000215

Order Form**McLeod Orthopaedics Florence**

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-662-5233 843-777-7925

Req/Ctrl# (CD-): 16114335

Jason B. ODeil, MD

NPI: 1174733125

Provider Code: 1174733125

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/26/2020 10:40 AM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 06/18/2019 02:45 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

Ankle Left 3 View Minimum (73610)

- M19.072, Arthritis of left subtalar joint

Notes: Byrd,Taylor 06/18/2019 01:51:12 PM EDT > done

Byrd,Taylor 06/18/2019 01:51:12 PM EDT > done Byrd,April

06/19/2019 08:15:14 AM EDT > Weightbearing left ankle AP,
lateral, and oblique - Progressive spurring of the subtalar joint. 1
mm joint space loss since previous films.


Electronically Signed By:
Jason B. ODeil, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY

EVERETT, 01/29/1968

000216

McLeod Orthopaedics Florence		Jason B. Odell, MD
1005 East Cheves St FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-662-5233 Fax: 843-777-7925		
Patient:	JORDAN, RANDY EVERETT	08/26/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	06/18/2019	
Assessments:	Arthritis of left subtalar joint - M19.072	
Lab:	Ankle Left 3 View Minimum (73610)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Byrd,Taylor 06/18/2019 01:51:12 PM EDT > done Byrd,Taylor 06/18/2019 01:51:12 PM EDT > done Byrd, April 06/19/2019 08:15:14 AM EDT > Weightbearing left ankle AP, lateral, and oblique - Progressive spurring of the subtalar joint. 1 mm joint space loss since previous films.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000217

McLeod

Physician Associates

JORDAN, RANDY EVERETT

51 Y old Male, DOB: 01/29/1968

Account Number: e1007749

1432 HWY 268, MOUNT CROGHAN, SC-29727

Home: 843-634-3964

Guarantor: JORDAN, RANDY EVERETT

Insurance: BCBS STATE GROUP Payer ID: SX103

PCP: Shari Carter, FNP

Appointment Facility: McLeod Orthopaedics Florence

07/09/2019

follow up progress note: Jason B. O'Dell, MD

Current Medications

- Taking
- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNT/ML Solution Pen-injector Subcutaneous
- Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs
- Medication List reviewed and reconciled with the patient

Past Medical History

Anxiety.
Diabetes.

Surgical History

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased
Mother: alive

Social History

Reason for Appointment

1. Follow up Arthritis of left subtalar joint post MRI

History of Present Illness

Constitutional:

The patient presents in office today for follow up on his left lower extremity. He states his symptoms are the same as they were at his last visit. His pain is more severe in the morning, related to start up pain. He states this has been going on since his injury in 2016. At his last visit a MRI was ordered. The patient has returned to office to discuss his results. The MRI demonstrated no significant arthritis, small cyst, and the ligaments are intact.

Vital Signs

Wt 309, Wt-kg 140.16, Ht 5'10, Ht-cm 152.4, BMI 60.34, Temp 98.0, BSA 2.43 M.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

EYES: Conjunctiva clear. Extra ocular muscles(EOMI) intact bilaterally.

HEENT: Normocephalic, atraumatic.

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

RESPIRATORY: Non-labored. Respiratory effort: no dyspnea.

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

PSYCH Mood and affect are appropriate. Normal speech. Alert and oriented x 3.

JOINTS: See focused exam.

Left lower extremity examination: Localized pain at the base of sinus tarsi. No swelling present. Neurovascular function distally intact with 2+ posterior tibial and 2+ dorsalis pedis pulses. Distal sensation is normal to sensory evaluation in all distributions. The hair pattern is normal. No obvious skin lesions are present and there is no obvious evidence of pressure ulcers or fracture blisters. No edema or varicosities.

Tobacco Use:

Smoking

Are you a: *former smoker*

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx

see surgical hx 7/25/2017

Review of Systems

General/Constitutional:

Fever NO. Chills NO. Fatigue NO.

Weight change NO.

Gastrointestinal:

Abdominal pain NO. Constipation NO.

Diarrhea NO. Nausea NO. Vomiting NO.

Musculoskeletal:

Difficulty in Walking NO. Muscle

stiffness NO. Joint pain NO. Joint

stiffness NO. Joint swelling NO. Muscle

cramping NO.

Skin:

Rash NO. Blisters NO. Changes in

finger or toenails NO. Incisional

problems NO. Non-healing wound NO. Hot

to touch/feverish feeling NO.

Neurologic:

Numbness NO. Involuntary

movements NO. Tingling/numbness NO.

Weakness NO.

Assessments

1. Arthritis of left subtalar joint - M19.072 (Primary)

I, April Byrd, attest that the documentation entered is accurate and reflects the physician's communication to the patient. .

I, Jason O'Dell, hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Treatment

1. Others

Notes: Discussed the patient's persistent pain. Treatment options have been discussed with the patient. We have discussed a subtalar joint injection to treat the patient's pain. Follow up in two to three months.

Clinical Notes: I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed. .

Procedures

Under real-time ultrasound, the left subtalar joint was injected with 40mg Depo-Medrol and local anesthetic. There were no complications. We have counseled the patient about post-injection treatment.

Procedure Orders:

Procedure: Inj. Depo Medrol 40mg (J1030)

Procedure: Inter Joint US guided injection (20606)

Procedure Codes

20606 Drain/Inj Joint/Bursa W/US Office

J1030 Methylprednisolone 40 MG inj

Follow Up

2-3 months



Electronically signed by JASON ODELL, MD on
07/09/2019 at 01:48 PM EDT

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-777-7900
Fax: 843-777-7925

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Progress Note: Jason B. Odell,
MD 07/09/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000220

McLeod
Physician Associates

McLeod Orthopaedics Florence

1005 East Cheves St
FLORENCE SC 29506-2777
Ph: 843-662-5233 Fax: 843-777-7925

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 07/09/2019

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Arthritis of left subtalar joint M19.072

Release to: WORK on 07/10/2019

Restrictions:

- | | | |
|---|--|--|
| ☒ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | | |
| ☐ No overhead work | ☐ Right ☐ Left | |
| ☐ Right-hand work only | ☐ Left-hand work only | |
| ☐ No repetitive bending | ☐ No repetitive stooping | |
| ☐ No continual standing | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | | |
| ☐ No lower body | ☐ No upper body | |
| ☐ No pivoting | ☐ No twisting movements | |
| ☐ Other | | |

Instructions:

Recheck Visit: 2-3 MONTHS



Physician's Signature

PA's Signature

Date

Powered By eClinicalWorks LLC.

000821

McLeod

Physician Associates

JORDAN, RANDY EVERETT

51 Y old Male, DOB: 01/29/1968

Account Number: e1007749

1432 HWY 268, MOUNT CROGHAN, SC-29727

Home: 843-634-3964

Guarantor: JORDAN, RANDY EVERETT

Insurance: BCBS STATE GROUP Payer ID: SX103

PCP: Shari Carter, FNP

Appointment Facility: McLeod Orthopaedics Florence

11/21/2019

follow up progress note: Jason B. O'Dell, MD

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs
- Medication List reviewed and reconciled with the patient

Past Medical History

Anxiety.
Diabetes.

Surgical History

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased
Mother: alive

Social History

Reason for Appointment

- Follow up Arthritis of left subtalar joint

History of Present Illness

Constitutional:

Patient presents in office today for follow up on his left ankle. At the last visit he was given an injection. He states he is not sure if the injection continued helping or if he just has not paid attention to the ankle. He feels that the foot is not as stable at time. He states he is having a lot of pain in his other hip near the SI joint. He states he is having difficulty walking at time.

Vital Signs

Wt 313.0, Wt-kg 141.98, Ht 5'10, Ht-cm 152.4, BMI 61.12, Pain scale 7, BSA 2.45 M.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

EYES: Conjunctiva clear. Extra ocular muscles(EOMI) intact bilaterally.

HEENT: Normocephalic, atraumatic.

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

RESPIRATORY: Non-labored. Respiratory effort: no dyspnea.

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

PSYCH Mood and affect are appropriate. Normal speech. Alert and oriented x 3.

JOINTS: See focused exam.

Examination: No evidence of left ankle or subtalar joint instability. Neurovascular function distally intact with 2+ posterior tibial and 2+ dorsalis pedis pulses. Distal sensation is normal to sensory evaluation in all distributions. The hair pattern is normal. No obvious skin lesions are present and there is no obvious evidence of pressure ulcers or fracture blisters. No edema or varicosities. Tenderness over the right sacroiliac joint. No evidence of sciatic or straight leg raise test.

Tobacco Use:

Smoking

Are you a: *former smoker*

Miscellaneous:

Occupation: SCDOT Heavy Equipment operator.

Marital status: Separated.

Drug/Alcohol:

Alcohol

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx

see surgical hx 7/25/2017

Review of Systems

General/Constitutional:

Fever *NO*. Chills *NO*. Fatigue *NO*.

Weight change *NO*.

Gastrointestinal:

Abdominal pain *NO*. Constipation *NO*.

Diarrhea *NO*. Nausea *NO*. Vomiting *NO*.

Musculoskeletal:

Difficulty in Walking *NO*. Muscle stiffness *NO*. Joint pain *NO*. Joint stiffness *NO*. Joint swelling *NO*. Muscle cramping *NO*.

Skin:

Rash *NO*. Blisters *NO*. Changes in finger or toenails *NO*. Incisional problems *NO*. Non-healing wound *NO*. Hot to touch/feverish feeling *NO*.

Neurologic:

Numbness *NO*. Involuntary movements *NO*. Tingling/numbness *NO*. Weakness *NO*.

Assessments

1. SI (sacroiliac) joint dysfunction - M53.3 (Primary)

2. Arthritis of left subtalar joint - M19.072

I, April Byrd, attest that the documentation entered is accurate and reflects the physician's communication to the patient.

I, Jason O'Dell, hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me..

Treatment

1. SI (sacroiliac) joint dysfunction

Referral To: Cheraw Physical Therapy Physical Therapy

Reason: % CHERAW PT 2 TIMES A WEEK FOR 4

WEEKS|RIGHT HIP/ SI JOINT/ LEFT FOOT|EVAL AND TREAT/ MODALITIES AS NEEDED/ NORMALIZE GAIT/ BALANCE/ PROPRIOCEPTION/HEP/WBAT

2. Arthritis of left subtalar joint

Referral To: Cheraw Physical Therapy Physical Therapy

Reason: % CHERAW PT 2 TIMES A WEEK FOR 4

WEEKS|RIGHT HIP/ SI JOINT/ LEFT FOOT|EVAL AND TREAT/ MODALITIES AS NEEDED/ NORMALIZE GAIT/ BALANCE/ PROPRIOCEPTION/HEP/WBAT

3. Others

Notes: Discussed the patient's continued symptoms. Physical therapy will be ordered to treat her hip pain. Follow up in two months.

Clinical Notes: I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed. .

Follow Up

2 Months



Electronically signed by JASON ODELL, MD on 11/26/2019 at 08:48 AM EST

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-662-5233
Fax: 843-777-7925

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Progress Note: Jason B. ODell,
MD 11/21/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000234

McLeod

Physician Associates

JORDAN, RANDY EVERETT

51 Y old Male, DOB: 01/29/1968

Account Number: e1007749

1432 HWY 268, MOUNT CROGHAN, SC-29727

Home: 843-634-3964

Guarantor: JORDAN, RANDY EVERETT

Insurance: BCBS STATE GROUP Payer ID: SX103

PCP: Shari Carter, FNP

Appointment Facility: McLeod Orthopaedics Florence

01/16/2020

follow up progress note: Jason B. ODeil, MD

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNT/ML Solution Pen-injector Subcutaneous Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
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- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs

Past Medical History

Anxiety.
Diabetes.

Surgical History

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased
Mother: alive

Social History

Tobacco Use:
Smoking

Are you a: *former smoker*

Reason for Appointment

- Follow up Arthritis of left subtalar joint

History of Present Illness

Constitutional:

Patient presents in office today for follow up on his left lower extremity. The patient continues to have pain. Pain is rated 6 out of 10. He feels that the pain is getting worse. He also continues to have pain in his lower back and hip. He states he is unable to bend over. The patient has started physical therapy but has not noticed a difference.

Vital Signs

Wt 312, Wt-kg 141.52, Ht 5'10, Ht-cm 152.4, BMI 60.93, Temp 97.9, Pain scale 6, BSA 2.45 M.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

EYES: Conjunctiva clear. Extra ocular muscles(EOMI) intact bilaterally.

HEENT: Normocephalic, atraumatic.

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

RESPIRATORY: Non-labored. Respiratory effort: no dyspnea.

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

PSYCH Mood and affect are appropriate. Normal speech. Alert and oriented x 3.

JOINTS: See focused exam.

Left lower extremity examination: Antalgic gait. Tenderness to lower lumbar spine and SI joint. No pain to passive range of motion left hip. No evidence of radiculopathy upon examination.

Assessments

- Facet arthritis of lumbar region - M47.816 (Primary)
- Right hip pain - M25.551
- Arthritis of left subtalar joint - M19.072

Miscellaneous:

Occupation: SCDOT Heavy Equipment operator.

Marital status: Separated.

Drug/Alcohol:

Alcohol

Did you have a drink containing alcohol in the past year? No

Points 0

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx

see surgical hx 7/25/2017

Review of Systems

General/Constitutional:

Fever NO. Chills NO. Fatigue NO.

Weight change NO.

Gastrointestinal:

Abdominal pain NO. Constipation NO.

Diarrhea NO. Nausea NO. Vomiting NO.

Musculoskeletal:

Difficulty in Walking NO. Muscle

stiffness NO. Joint pain YES. Joint

stiffness NO. Joint swelling NO. Muscle

cramping NO.

Skin:

Rash NO. Blisters NO. Changes in

finger or toenails NO. Incisional

problems NO. Non-healing wound NO. Hot

to touch/feverish feeling NO.

Neurologic:

Numbness NO. Involuntary

movements NO. Tingling/numbness NO.

Weakness NO.

I, April Byrd, attest that the documentation entered is accurate and reflects the physician's communication to the patient.

I, Jason O'Dell, hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Treatment

1. Facet arthritis of lumbar region

IMAGING: LUMBAR-AP + LAT OR 2-3 VIEWS (72100)

Sims, Courtney 01/16/2020 01:43:16 PM EST > done

Sims, Courtney 01/16/2020 01:43:16 PM EST > done

Byrd, April 01/16/2020 01:49:09 PM EST > Lumbar spine AP and lateral - Significant facet arthropathy. Decreased space at L4/5 and L5/S1.

IMAGING: CT LUMBAR SPINE WO

Thompson, Sherry 01/16/2020 02:08:58 PM EST > auth

20016s0873 valid 1/16/20-2/15/20 Thompson, Sherry

01/16/2020 02:17:01 PM EST > MOF MRI Friday 1/24/2020 10am. Spoke with patient.

2. Right hip pain

IMAGING: HIP/UNI-RT/ 2 VIEW MINIMUM

Sims, Courtney 01/16/2020 01:43:12 PM EST > done

Sims, Courtney 01/16/2020 01:43:12 PM EST > done

Byrd, April 01/16/2020 01:48:59 PM EST > Left hip AP and frog - Minimal change to the SI joints. Mild hip arthritis.

Some increased anteversion of the acetabulum.

3. Others

Notes: Discussed the patient's current symptoms. Due to failure of conservative treatment such as physical therapy and abnormality noted on the xrays, a MRI of the lumbar spine will be ordered. The patient will return after the MRI to discuss the results.

Clinical Notes: I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed. .

Procedure Codes

72100 Xray exam of lower spine

73502 X-RAY Exam Hip Uni 2-3 Views

Follow Up

POST MRI



Electronically signed by JASON ODELL, MD on
01/16/2020 at 05:16 PM EST

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-662-5233
Fax: 843-777-7925

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Progress Note: Jason B. Odell,
MD 01/16/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000237

McLeod Orthopaedics Florence		Jason B. ODell, MD
1005 East Cheves St FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-662-5233 Fax: 843-777-7925		
Patient:	JORDAN, RANDY EVERETT	08/26/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	01/16/2020	
Assessments:	Facet arthritis of lumbar region - M47.816	
Lab:	CT LUMBAR SPINE WO	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Thompson,Sherry 01/16/2020 02:08:58 PM EST > auth 20016s0873 valid 1/16/20-2/15/20 Thompson,Sherry 01/16/2020 02:17:01 PM EST > MOF MRI Friday 1/24/2020 10am. Spoke with patient.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000228

Order Form**McLeod Orthopaedics Florence**

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-662-5233 843-777-7925

Req/Ctrl# (CD-): 17742877

Jason B. ODeil, MD

NPI: 1174733125

Provider Code: 1174733125

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/26/2020 10:40 AM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 01/16/2020 01:00 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
CT LUMBAR SPINE WO	- M47.816, Facet arthritis of lumbar region	

Notes: Thompson, Sherry 01/16/2020 02:08:58 PM EST > auth

20016s0873 valid 1/16/20-2/15/20 Thompson, Sherry

01/16/2020 02:17:01 PM EST > MOF MRI Friday 1/24/2020

10am. Spoke with patient.



Electronically Signed By:
Jason B. ODeil, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY

EVERETT, 01/29/1968

000239

Order Form**McLeod Orthopaedics Florence**

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-662-5233 843-777-7925

Req/Ctrl# (CD-): 17742877

Jason B. ODeil, MD

NPI: 1174733125

Provider Code: 1174733125

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 08/26/2020 10:40 AM

Order Date: 01/16/2020 01:00 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
HIP/UNI-RT/ 2 VIEW MINIMUM	- M25.551, Right hip pain	

Notes: Sims, Courtney 01/16/2020 01:43:12 PM EST > done
Sims, Courtney 01/16/2020 01:43:12 PM EST > done Byrd, April
01/16/2020 01:48:59 PM EST > Left hip AP and frog - Minimal
change to the SI joints. Mild hip arthritis. Some increased
anteversion of the acetabulum.



Electronically Signed By:
Jason B. ODeil, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY

EVERETT, 01/29/1968

000230

McLeod Orthopaedics Florence		Jason B. ODell, MD
1005 East Cheves St FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-662-5233 Fax: 843-777-7925		
Patient:	JORDAN, RANDY EVERETT	08/26/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	01/16/2020	
Assessments:	Right hip pain - M25.551	
Lab:	HIP/UNI-RT/ 2 VIEW MINIMUM	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Sims,Courtney 01/16/2020 01:43:12 PM EST > done Sims,Courtney 01/16/2020 01:43:12 PM EST > done Byrd,April 01/16/2020 01:48:59 PM EST > Left hip AP and frog - Minimal change to the SI joints. Mild hip arthritis. Some increased anteversion of the acetabulum.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000281

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-662-5233 843-777-7925

Req/Ctrl# (CD-): 18195983

Jason B. ODeil, MD

NPI: 1174733125

Provider Code: 1174733125

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/26/2020 10:40 AM

843-660-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 01/22/2020 02:12 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

MRI : Lumbar without contrast

- M25.551, Right hip pain

Notes: Gray, CMA, Tammy 01/22/2020 02:15:32 PM EST > MRI

- M47.816, Facet arthritis of lumbar region

LUMBAR SPINE WITHOUT CONTRAST Thompson, Sherry

01/22/2020 02:20:30 PM EST > Thompson, Sherry 01/16/2020

02:08:58 PM EST > auth 20016s0873 valid 1/16/20-2/15/20

Thompson, Sherry 01/16/2020 02:17:01 PM EST > MOF MRI

Friday 1/24/2020 10am. Spoke with patient. Kimbro, Tina

01/29/2020 11:58:53 AM EST > MRI LSPINE W/O

COMPLETED. PT TOLERATED WELL. PT TOOK HIS OWN

PO SEDATIVE PRIOR TO MRI. PT STATUS UNCHANGED.



Electronically Signed By:
Jason B. ODeil, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000232

McLeod Orthopaedics Florence		Jason B. ODell, MD
1005 East Cheves St FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-662-5233 Fax: 843-777-7925		
Patient:	JORDAN, RANDY EVERETT	08/26/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	01/22/2020	
Assessments:	Right hip pain - M25.551, Facet arthritis of lumbar region - M47.816	
Lab:	MRI : Lumbar without contrast	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Gray, CMA, Tammy 01/22/2020 02:15:32 PM EST > MRI LUMBAR SPINE WITHOUT CONTRAST Thompson, Sherry 01/22/2020 02:20:30 PM EST > Thompson, Sherry 01/16/2020 02:08:58 PM EST > auth 20016s0873 valid 1/16/20-2/15/20 Thompson, Sherry 01/16/2020 02:17:01 PM EST > MOF MRI Friday 1/24/2020 10am. Spoke with patient. Kimbro, Tina 01/29/2020 11:58:53 AM EST > MRI LSPINE W/O COMPLETED. PT TOLERATED WELL. PT TOOK HIS OWN PO SEDATIVE PRIOR TO MRI. PT STATUS UNCHANGED.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000233

McLeod

Physician Associates

JORDAN, RANDY EVERETT

52 Y old Male, DOB: 01/29/1968

Account Number: c1007749

1432 HWY 268, MOUNT CROGHAN, SC-29727

Home: 843-634-3964

Guarantor: JORDAN, RANDY EVERETT

Insurance: BCBS STATE GROUP Payer ID: SX103

PCP: Shari Carter, FNP

Appointment Facility: McLeod Orthopaedics Florence

02/13/2020

follow up progress note: Jason B. O'Dell, MD

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNTI/ML Solution Pen-injector Subcutaneous
- Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs
- Medication List reviewed and reconciled with the patient

Past Medical History

Anxiety.
Diabetes.

Surgical History

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased
Mother: alive

Social History

Reason for Appointment

1. Follow up Arthritis of left subtalar joint post MRI

History of Present Illness

Constitutional:

Patient presents in office today for follow up on his left lower extremity, lower back, and right hip pain. The patient continued to have pain which is rated 8 out of 10. The pain in the back is worse than the pain that goes down the leg. At the last visit a MRI was ordered. The patient has returned to office to discuss his results. The MRI demonstrated broad base bulging at L4/5 and L5/S1.

Vital Signs

Wt 310, Wt-kg 140.62, Ht 5'10, Ht-cm 152.4, BMI 60.54, Temp 98.1, Pain scale 8, BSA 2.44 M.

Examination

General Examination:

Left foot examination: Continue diffuse lower lumbar pain, worse on the right. No obvious radiculopathy.

Assessments

1. Lumbar pain - M54.5 (Primary)
2. Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present - M48.061

I, April Byrd, attest that the documentation entered is accurate and reflects the physician's communication to the patient.

I, Jason O'Dell, hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Treatment

1. Lumbar pain

Start Celebrex Capsule, 200 MG, 1 capsule with food, Orally, Once a day, 30 day(s), 30, Refills 1

Referral To:Cheraw Physical Therapy Physical Therapy

Reason: % PT 2 TIMES A WEEK FOR 6 WEEKS|EVAL AND TREAT/ WBAT

2. Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present

Referral To:Cheraw Physical Therapy Physical Therapy

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Progress Note: Jason B. O'Dell, MD 02/13/2020

Tobacco Use:

Smoking

Are you a: *former smoker*

Miscellaneous:

Occupation: SCDOT Heavy Equipment operator.

Marital status: Separated.

Drug/Alcohol:

Alcohol

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx

see surgical hx 7/25/2017

Review of Systems

General/Constitutional:

Fever *NO*. Chills *NO*. Fatigue *NO*.

Weight change *NO*.

Gastrointestinal:

Abdominal pain *NO*. Constipation *NO*.

Diarrhea *NO*. Nausea *NO*. Vomiting *NO*.

Musculoskeletal:

Difficulty in Walking *NO*. Muscle stiffness *NO*. Joint pain *YES*. Joint stiffness *NO*. Joint swelling *NO*. Muscle cramping *NO*.

Skin:

Rash *NO*. Blisters *NO*. Changes in finger or toenails *NO*. Incisional problems *NO*. Non-healing wound *NO*. Hot to touch/feverish feeling *NO*.

Neurologic:

Numbness *NO*. Involuntary movements *NO*. Tingling/numbness *NO*. Weakness *NO*.

Reason: % PT 2 TIMES A WEEK FOR 6 WEEKS|EVAL AND TREAT/ WBAT

3. Others

Notes: Discussed the patient's current symptoms. An order for physical therapy will be sent to scheduling. The patient will start a trial of Celebrex. A prescription will be sent to the patient's pharmacy. Follow up in six weeks.

Clinical Notes: I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed. .

Follow Up

6 Weeks



Electronically signed by JASON ODELL, MD on 02/18/2020 at 10:54 AM EST

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-662-5233
Fax: 843-777-7925

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Progress Note: Jason B. Odell,
MD 02/13/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000235

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
04/24/2020

McLeod
Physician Associates

JORDAN, RANDY EVERETT

52 Y old Male, DOB: 01/29/1968

Account Number: e1007749

1432 HWY 268, MOUNT CROGHAN, SC-29727

Home: 843-634-3964

Guarantor: JORDAN, RANDY EVERETT

Insurance: BCBS STATE GROUP Payer ID: SX103

PCP: Shari Carter, FNP

Appointment Facility: McLeod Orthopaedics Florence

04/24/2020

follow up progress note: Jason B. O'Dell, MD

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet
1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50
MG Tablet 2 tablets Orally Once a
day
- Tresiba FlexTouch(Insulin Degludec)
200 UNIT/ML Solution Pen-injector
Subcutaneous
- Celebrex(Celecoxib) 200 MG Capsule
1 capsule with food Orally Once a day
Not-Taking/PRN
- Gabapentin 300 MG Capsule 1
capsule Orally Three times a day
- Ultram(tramadol HCl) 50 mg Tablet
1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as
directed external 6 to 8 hrs PRN,
Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-
HYDROcodone) 5-325 MG Tablet 1
tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet
1 tablet in the evening as needed
Orally Once a day
- Tranxene-T(Clazepate
Dipotassium) 7.5 MG Tablet as
directed Orally every 8 hours
- Norco(Acetaminophen-
HYDROcodone) 10-325 MG Tablet 1
tablet as needed Orally every 6 hrs
- Tranxene-T(Clazepate
Dipotassium) 7.5 MG Tablet 1 table
Orally TID
- Norco(Acetaminophen-
HYDROcodone) 10-325 MG Tablet
1-2 tablet as needed Orally every 4-6
hrs
- Keflex(Cephalexin) 500 MG Capsule
1 capsule Orally every 12 hrs
- Medication List reviewed and
reconciled with the patient

Past Medical History

Reason for Appointment

1. Follow up Arthritis of left subtalar joint

History of Present Illness

Constitutional:

Patient presents in office today for his left lower extremity and his lower back. Currently his pain is rated 7 out of 10. The patient complains of increased back pain with standing and walking. The patient has attended physical therapy for his lower back which he feels has not helped. The patient complains that he is now having difficulty with certain daily activities, such as bending over to get dressed. He asks what his next treatment options are since over the last three or four months his symptoms have gotten worse.

Vital Signs

Wt 310, Wt-kg 140.62, Ht 5'10, Ht-cm 152.4, BMI 60.54, Pain scale 7, BSA 2.44 M.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

EYES: Conjunctiva clear. Extra ocular muscles(EOMI) intact bilaterally.

HEENT: Normocephalic, atraumatic.

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

RESPIRATORY: Non-labored. Respiratory effort: no dyspnea.

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

PSYCH Mood and affect are appropriate. Normal speech. Alert and oriented x 3.

JOINTS: See focused exam.

Examination: Intersegmental motion of his spine. Pain in the right SI joint. Thoracolumbar pain with bending forward. No

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
04/24/2020

Anxiety.
Diabetes.

Surgical History

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased
Mother: alive

Social History

Tobacco Use:
Smoking
Are you a: former smoker

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx
see surgical hx 7/25/2017

Review of Systems

General/Constitutional:

Fever NO. Chills NO.

Fatigue NO. Weight change NO.

Gastrointestinal:

Abdominal pain NO.

Constipation NO. Diarrhea NO.

Nausea NO. Vomiting NO.

Musculoskeletal:

Difficulty in Walking NO. Muscle
stiffness NO. Joint pain NO. Joint
stiffness NO. Joint swelling NO.
Muscle cramping NO.

Skin:

Rash NO. Blisters NO. Changes
in finger or toenails NO. Incisional
problems NO. Non-healing
wound NO. Hot to touch/feverish
feeling NO.

Neurologic:

Numbness NO. Involuntary
movements NO.
Tingling/numbness NO.
Weakness NO.

evidence of lower extremity radiculopathy. Ambulation without
crutch or cane. Antalgic gait worse with start up.

Assessments

1. Spinal stenosis of lumbar region, unspecified whether neurogenic
claudication present - M48.061 (Primary)
2. Lumbar pain - M54.5

I, April Byrd, attest that the documentation entered is accurate and
reflects the physician's communication to the patient.

I, Jason O'Dell, hereby attest that the documentation recorded by the
scribe accurately reflects the service I personally performed and the
decisions made by me.

Treatment

1. Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present

Start Gabapentin Capsule, 100 MG, 2 capsules, Orally, QHS, 30 day
(s), 60, Refills 0

Referral To: BRUCE JOHNSON Pain Medicine

Reason: EVALUATE AND TREAT HIP AND BACK PAIN /
FAILED P.T.

2. Others

Notes:

Discussed the patient's continued symptoms. Due to the worsening
of his back pain and failure of physical therapy, the patient will be
referred to Dr. Johnson for evaluation and treatment. A prescription
for Gabapentin will be sent to the patient's pharmacy. The patient
will continue activities as tolerated at this time.

Clinical Notes: I have reviewed the review of systems, past medical,
family, and social history as well as vital signs. Appropriate changes
made as needed.

Referral To: BRUCE JOHNSON Pain Medicine

Reason: EVALUATE AND TREAT HIP AND BACK PAIN /
FAILED P.T.

Follow Up

prn



JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
04/24/2020

Electronically signed by JASON ODELL, MD on
04/28/2020 at 08:48 AM EDT

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-662-5233
Fax: 843-777-7925

Progress Note: Jason B. Odell, MD 04/24/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000238

McLeod

Physician Associates

McLeod Spine Center
800 East Cheves Street
Suite 480-B
Florence, SC 29506
Office: (843) 432-1880
Fax: (843) 432-1022

Rakesh Chokshi, MD
W. S. (Bill) Edwards, Jr, MD
Laura Strickland, PA-C
Soulin Wicker, PA-C

Patient Name: Randy Everett Jordan
First Middle Last

Date of Birth: 1/29/68

Chief Complaint / Current Medical Problem:

What part of the body are we treating today? ☐ Neck ☐ Back ☒ Low Back ☐ Other: _____

When did this problem begin? / /

Were you injured on the job? ☒ Yes ☐ No

Were you injured in an auto accident? ☒ Yes ☐ No

If injury, date of injury? / /

What state did the auto accident occur in? S.C.

If accident, what happened? _____

Were X-Rays taken? ☒ Yes ☐ No

If yes, where were they taken? McLeod

Do you have an Attorney? ☒ Yes ☐ No

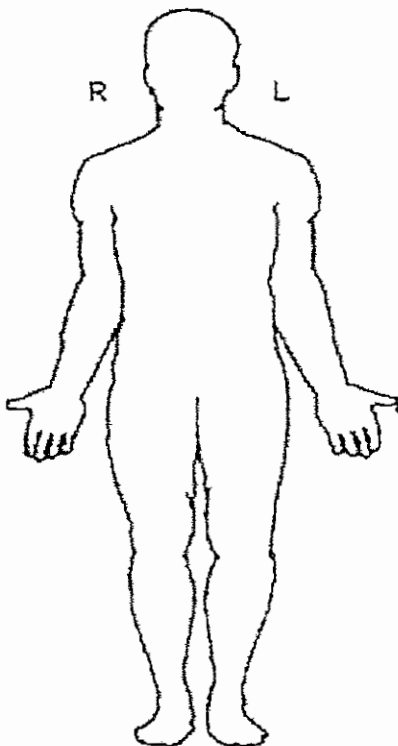
If yes, Name of Attorney? _____

Describe Pain:

☐ Ache (A) ☐ Numbness (N) ☐ Pins and Needles (P) ☐ Burning (B) ☐ Stabbing (S)

☒ Other: moving bending hurts worse or straighting up

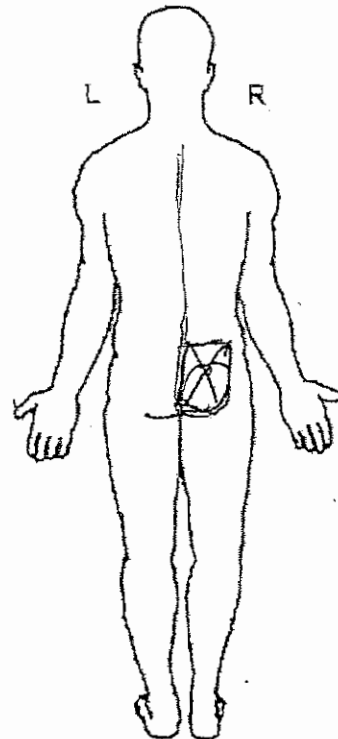
Circle area of pain on body below and write letter of type pain inside circle (i.e. for ache in right shoulder, circle right shoulder and write "A")



Front

Pain in arm(s) compared with neck: ☐ worse than ☐ same as ☒ less than

Pain in leg(s) compared with back: ☐ worse than ☐ same as ☒ less than



Back

Rate your pain on a scale from 0 (no pain) to 10 (incapacitating): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8 ☐ 9 ☐ 10

Family History: ☐ Arthritis ☐ Cancer ☒ Diabetes ☐ Heart Disease ☐ High Cholesterol
☐ High Blood Pressure ☐ Kidney Disease ☐ Nerve Disorders ☐ Stroke

Parents: ☐ Father Living ☐ Father Deceased ☐ Mother Living ☐ Mother Deceased

McLeod

Physician Associates

McLeod Spine Center
800 East Chaves Street
Suite 480-B
Florence, SC 29506
Office: (843) 432-1880
Fax: (843) 432-1022

Rakesh Chokshi, MD
W. S. (Bill) Edwards, Jr, MD
Laura Strickland, PA-C
Sonia Wicker, PA-C

Review of Systems: Do you CURRENTLY have any of the following symptoms?

- | | | | |
|---|------------------------------------|---|------------------------------|
| ☒ Yes ☐ No | Fatigue / weakness | ☐ Yes ☒ No | Nausea / Vomiting |
| ☐ Yes ☒ No | Fever / chills / sweats | ☐ Yes ☒ No | Headache |
| ☐ Yes ☒ No | Increased / decreased appetite | ☐ Yes ☒ No | Dizziness / lightheadedness |
| ☐ Yes ☒ No | Sudden weight gain / loss | ☐ Yes ☒ No | Seizures |
| ☐ Yes ☒ No | Wheezing / shortness of breath | ☐ Yes ☒ No | Difficulty urinating |
| ☐ Yes ☒ No | Chest pain | ☐ Yes ☒ No | Joint pain / swelling |
| ☐ Yes ☒ No | Irregular heartbeat / palpitations | ☐ Yes ☒ No | Numbness / Tingling |
| ☐ Yes ☒ No | Abdominal pain ? | ☐ Yes ☒ No | Anxiety / depressed mood |
| ☐ Yes ☒ No | Constipation / Diarrhea | ☐ Yes ☒ No | Swollen glands / lymph nodes |

Allergies (Substance name and reaction): ☐ No Known Allergies ☐ No Known Medication Allergies

Substance	Reaction	Substance	Reaction
NONE			

Do you have a latex allergy? ☐ Yes ☒ No

Current Medications / Prescriptions (also include vitamins, herbs, and any frequently used over-the-counter medications):

Medication Name	Dosage	Medication Name	Dosage
Glucosamine diabetic			
Xanax			
Triclabazone diabetic			
gabapentin diabetic			

Medical History: Do you have now or have you ever had any of the following medical problems?

- | | | | |
|--|------------------------------------|---|-----------------------------|
| ☐ Yes ☒ No | Asthma | ☐ Yes ☒ No | High Blood Pressure |
| ☐ Yes ☒ No | Atrial Fibrillation / Flutter | ☐ Yes ☒ No | High Cholesterol |
| ☐ Yes ☒ No | Bleeding Disorder / Blood Clots | ☐ Yes ☒ No | Kidney Failure / Stones |
| ☐ Yes ☒ No | Cancer: _____ | ☐ Yes ☒ No | Liver Disease |
| ☐ Yes ☒ No | Congestive Heart Failure (CHF) | ☐ Yes ☒ No | MRSA |
| ☐ Yes ☒ No | Coronary Artery Disease (CAD) | ☐ Yes ☒ No | Osteoarthritis |
| ☒ Yes ☒ No | Diabetes | ☐ Yes ☒ No | Osteoporosis |
| ☐ Yes ☒ No | Emphysema / COPD | ☐ Yes ☒ No | Peripheral Vascular Disease |
| ☐ Yes ☒ No | Fibromyalgia | ☐ Yes ☒ No | Rheumatoid Arthritis |
| ☐ Yes ☒ No | Heart Attack | ☐ Yes ☒ No | Seizure / Epilepsy |
| ☐ Yes ☒ No | Heart Murmur (Irregular Heartbeat) | ☐ Yes ☒ No | Stroke / TIA |

Procedure / Surgical History: (include any steroid injections received)

Procedure	Date	Procedure	Date
Back neck		plate in neck	

Social History:

- Tobacco Use: ☐ Never ☒ Former Smoker ☐ Current Smoker Type: cigarettes How much? 2 pack a day
 Alcohol Use: ☐ Frequently ☐ Occasionally ☒ Seldom ☒ None/Never
 Drug Use: ☐ Current ☒ In the Past ☒ None/Never
 Marital Status: ☐ Married ☒ Single ☒ Divorced ☐ Widowed
 Employment Status: ☒ Full-Time ☐ Part-Time ☐ Disabled ☐ Retired ☐ Unemployed/Student
- 15 years ago

McLeod Physician Associates		Primary Care Physician	
		Referring Physician	
		Date	
Patient Information			
Patient Last Name	Patient First Name	Middle Initial	
Jordan	Randy	E	
Mailing Address	City	State/Zip Code	
1432 Hwy 268	McCroghan	29727	
Home Telephone # (with area code)	Cell #	Date of Birth	
843 634 3964		1/29/68	
Social Security #	Gender pt Sex	Marital Status	
8196	☒ Male ☐ Female ☐ Transgender	☐ Married ☒ Single	
Email Address		☒ Divorced ☐ Separated	
		☐ Widowed ☐ Partner	
Race: ☐ Asian ☐ Hawaiian ☐ American Indian ☐ White ☐ Black or African American ☐ Hispanic ☐ Other		Ethnicity	
Language: ☐ English ☐ Indian (Includes Hindi and Tamil) ☐ Spanish ☐ Russian ☐ Other		☐ Hispanic or Latino ☐ Non-Hispanic or Latino	
Patient Employer Information N/A - Not currently employed			
Employer Name	Telephone # (including area code)		
S.C.D.O.T.			
Employer Address			
Guarantor Information			
Person Responsible for Payment of Services After Insurance - If Patient, Check and Initial Here _____			
Guarantor Last Name	Guarantor First Name	Middle Initial	
Mailing Address	City	State/Zip Code	
Social Security #	Date of Birth	Gender	
		☐ Male ☐ Female ☐ Transgender	
Home Telephone #	Cell #	Relationship to Patient	
		☐ Parent/Guardian ☐ Spouse	
Primary Insurance Information No Insurance/Self Pay			
Primary Insurance Name	Group ID#	CoPay	Member ID#
Subscriber Last Name	Subscriber First Name	Middle Initial	

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan
Referral: Dr. Willie S. Edwards

Acct#: 5614

Exam Date: 1/25/18

PROGRESS NOTE

Diagnosis:

M54.2 Cervicalgia

TREATMENT INTERVENTIONS:

Pain modalities , manual therapy, ROM/strengthening /stabilization exercises ,
conditioning exercises , functional exercises , Mc Kenzie's cervical exercises ,
Callist's cervical exercises ,postural /proper body mechanics education , HEP

STATUS:

Pain: Decreased. Patient reported that his neck pain is about 50% better since he started
physical therapy. Neck and shoulder muscles more relaxed.

AROM: Increased. Cervical spine flexion: 25 degrees, extension: 14 degrees, rotation (L):
38 degrees, rotation @: 47 degrees at this time.

Function: Increased. Patient able to perform tasks requiring neck flexion, extension and
rotation side to side with decreased difficulty and discomfort by 50% observing proper
body mechanics and posture. He is back to work, claimed he has been driving around at
work and she does some shoveling.

Strength: Increased. (B) UE: grossly graded: 5/5.

RECOMMENDATIONS:

Recommending discontinuing physical therapy at this time, maximum benefit from skilled PT
already achieved. May benefit to continue HEP and observe proper body mechanics for
maintenance care/neck precaution. See Dr. Edwards for follow up visit.

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: Marvin Ste. Domingo, PT

Date: 1/25/18

Physician Signature: Dr. Willie S. Edwards

Date: _____

Comments if any: _____

000242

follow up progress note**Patient:** JORDAN, RANDY EVERETT**Account Number:** e1007749**DOB:** 01/29/1968 **Age:** 50 Y **Sex:** Male**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Provider:** Willie S. Edwards, MD**Date:** 02/08/2018**Subjective:****Chief Complaints:**

1. cervical follow up post PT.

HPI:Spine Notes:

Patient has completed postoperative treatment from anterior cervical discectomy and fusion from C3 to C6 including recent physical therapy. He denies any dermatomal pattern of symptoms with some lesser mechanical discomfort at times. Activity level has increased appropriately. Patient denies neurogenic sounding bowel or bladder dysfunction. Has had no constitutional symptoms.

ROS:General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.**Surgical History:** back surgery, neck surgery (acdf) 6/14/2017.**Hospitalization/Major Diagnostic Procedure:** see surgical hx, see surgical hx 7/25/2017.**Family History:** Father: deceased. Mother: alive.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Ultram(TraMADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.**Objective:****Vitals:** Wt 277, Wt-kg 125.65, Ht 5'10, Ht-cm 152.4, BMI 54.09, Temp 98.3, BSA 2.30 M.**Examination:**Focused Spine Exam:

Healthy-appearing robust white male in no acute distress. Surgical scar anterior neck is well-healed. Full cervical motion without obvious discomfort. Motor strength in the upper extremities 5 over 5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No long tract findings. Gait normal.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:**Assessment:**

1. Cervical spinal stenosis - M48.02 (Primary)

Plan:**1. Cervical spinal stenosis**

Refill: Ultram Tablet, 50 mg, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablet, Refills 0.

Notes: Patient has reached maximum medical improvement. He is released at this time. No specific restrictions are necessary. There is a 20 percent impairment of the spine based on his industrial injury.

I have reviewed the review of systems, past medical, family and social history as well as vital signs. Appropriate changes made as needed.

Imaging:

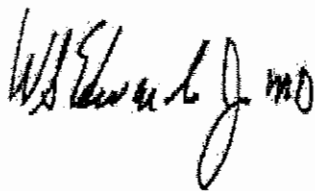
Imaging: CERVICAL SPINE 2 OR 3 VIEWS (72040)

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: prn

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 02/08/2018



Electronically signed by WILLIE EDWARDS, MD on 02/18/2018 at 09:10 AM EST

Sign off status: Completed

Addendum:

09/20/2018 08:07 AM EDWARDS, WILLIE S > AP and lateral views of the cervical spine show excellent positioning of instrumentation from C3-6 with good bony fusion incorporation.

000244

Order Form**McLeod Spine Center**

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 12655230

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:28 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 02/08/2018 02:50 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

CERVICALSPINE 2 OR 3 VIEWS (72040)



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000245

McLeod Spine Center		Willie S. Edwards, MD
800 East Cheves St STE 480-B FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	08/24/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	02/08/2018	
Assessments:		
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:		

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000246

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/01/2020

McLeod

Physician Associates

JORDAN, RANDY EVERETT

52 Y old Male, DOB: 01/29/1968
Account Number: e1007749
1432 HWY 268, MOUNT CROGHAN, SC-29727
Home: 843-634-3964
Guarantor: JORDAN, RANDY EVERETT
Insurance: BCBS STATE GROUP Payer ID: SX103
PCP: Shari Carter, FNP
Appointment Facility: McLeod Spine Center

05/01/2020

Bruce Johnson, M.D.

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous
- Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day
- Gabapentin 100 MG Capsule 2 capsules Orally QHS
- Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-H YDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
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- Norco(Acetaminophen-H YDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs
- Medication List reviewed and reconciled with the patient

Past Medical History

Anxiety.
Diabetes.

Surgical History

Reason for Appointment

1. Low back pain
2. Right hip pain
3. LESI #1

History of Present Illness

Constitutional:

52-year-old gentleman comes to the McLeod spine center with ongoing low back and right hip and buttocks pain and right low back pain. This been going on for greater than a year. Over the past 3 months is gotten severe nature. He denies any inciting event except for possibly MVC back 2 years ago. He describes the pain as a chronic radiating dull pain into his right low back and buttocks region. Is stabbing pain at times. Is worse with bending lifting standing or walking for too long. Is better with lying down. He denies any bowel bladder dysfunction. He denies any fever or any sick contacts. Has been taking gabapentin and Xanax Celebrex and Tylenol for the pain. He did physical therapy 3 weeks ago with no significant benefit. Is never had any kind injections into his low back. Pain score is 9 out of 10 in nature. He has had previous low back and neck surgery in the past. He is on no blood thinners. He is diabetic. He has an MRI of the lumbar spine which I reviewed the images with the patient today. He is got a great deal arthritis at the L3-4 L4-5 and L5-S1 facet region. He does have previous surgery at the L4-5 location. He does have some neuroforaminal narrowing around the L5-S1 region. He is being seen for further recommendation treatment options.

Vital Signs

Wt 310 lb 0 oz, Wt-kg 140.62, Ht 5'10, Ht-cm 152.4, BMI 60.54, Temp 98.1, HR 87, RR 18, BP 119/74 mm Hg, Pain scale 9, BSA 2.44 M
Discharge Vitals: BP: 145/83 P: 78.

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented, antalgic gait, cooperative, male limps on his right lower extremity.

EYES: conjunctiva clear, sclera clear, no discharge.

CARDIOVASCULAR: no murmurs, click, gallops or rubs, palpable and symmetric radial pulses, regular rate and rhythm, normal S1S2.

RESPIRATORY: clear to auscultation bilaterally, no wheezes or crackles.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS: 05/01/2020

back surgery
neck surgery (acdf) 6/14/2017

Family History

Father: deceased, lung cancer, diagnosed with Cancer
Mother: alive, dementia

Social History

Tobacco Use:

Smoking Are you a: former smoker.

Drug/Alcohol:

Alcohol Did you have a drink containing alcohol in the past year? No, Points 0.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical hx

see surgical hx 7/25/2017

URGENT CARE VISIT ABOUT 3-4 MONTHS AGO FOR SOB 05/01/2020

Review of Systems

General/Constitutional:

General no chills, no fever, no vomiting, no weight loss or gain.

Fatigue **yes**. Weakness **yes**.

HEENT/Neck:

Head no headache, no vertigo.

Ears **ringing in the ears**.

Neck no enlarged lymph nodes.

Endocrine:

Patient denies bowel changes, excessive sweating. Mood Swings no.

Respiratory:

Patient denies shortness of breath.

Cardiovascular:

Patient denies chest pain, claudication, cold extremities.

Gastrointestinal:

General no abdominal pain, no constipation, no diarrhea, no nausea/vomiting, no stool incontinence.

Hematology:

General no easy bruising or bleeding.

Gemittourinary:

Urinary no burning or pain on urination, no frequency, no incontinence.

Musculoskeletal:

General decreased range of motion, backache, no muscle atrophy.

Peripheral Vascular:

GASTROINTESTINAL: bowel sounds: normal, no guarding, non-distended.

NEUROLOGIC EXAM DTRs 1-2+ in all 4 extremities, no tremor, no focal signs difficult to appreciate but are symmetric..

SKIN: warm, normal color, no rash or skin lesions well-healed incisional scar from previous surgical procedure no signs of infection or inflammation..

BACK: lumbar paraspinal tenderness, no ecchymosis, no rash, pain with lateral rotation, straight leg raise positive right lower extremity. Tenderness palpation over the L4-5 L5-S1 facet joint on the right-hand side. Some mild tenderness going into the SI joint on the right side..

MUSCULOSKELETAL: no swelling or deformity, good muscle tone, Motor strength and tone: 4-5 muscle strength with right hip flexion..

LYMPH NODES: No palpable adenopathy, non tender to palpation.

Assessments

1. Lumbar Radiculopathy - M54.16 (Primary)
2. Spondylosis without myelopathy or radiculopathy, lumbosacral region - M47.817
3. Lumbar postlaminectomy syndrome - M96.1
4. Chronic hypertension - I10
5. Anxiety - F41.9

I have reviewed and verified all information obtained by my ancillary staff.

Treatment

1. Lumbar Radiculopathy

PROCEDURE: Inj. Kenalog (J3301)

PROCEDURE: ESI Lumbar (62323)

Garand, Lauren 05/01/2020 10:26:28 AM EDT > Pt. tolerated procedure well. P82 0298

Notes: Patient has ongoing lumbar radiculopathy right lower extremity. This is progressively getting worse despite physical therapy done a couple months ago. He continues to do exercises at home. He is failed conservative therapy thus far. A lot of the pain is over the L4-5 L5-S1 facet joint on the right-hand side. Some of this is radiating into the right buttocks over the SI joint and towards the posterior thigh. A lot of this is more axial in nature about 80% low back and 20% lower extremity. And because he has had previous low back surgery I think the easiest place to start would be to do an epidural steroid injection to see if that would help with some of the pain. I will go at the L5-S1 region. See the patient back in 2 weeks if he is not doing much better would consider doing right side L4-5 and L5-S1 facet joint injection for diagnostic as well as therapeutic benefit. Please see procedure note for further details.

Procedures

Procedure: L5-S1 interlaminar epidural steroid injection right paramedian approach

Indication for procedure: Lumbar radiculopathy M 54.1 6 lumbar degenerative disc disease

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/01/2020

General no clubbing, cyanosis,
edema, no claudication.

Skin:

General no acne, no changes in
hair and nails, no rashes.

Psychiatric:

Patient denies anxiety,
depression, high stress level.

After risk benefits alternatives discussed with patient. Patient was
taken back to the fluoroscopy suite. Patient was placed prone on the
table. Area was sterile prepped and draped in usual fashion.
Fluoroscopy was used to identify the L5-S1 interlaminar space from an
right paramedian view. 1% lidocaine local anesthetic to the skin and
subcutaneous tissues. 18-gauge Weiss needle was advanced under
intermittent fluoroscopic guidance to positive loss of resistance with
saline. Negative aspiration for blood or CSF. 80 mg of triamcinolone
and 3 cc of preservative-free saline were injected. Needle was removed.
Hemostasis was appreciated. Band-Aid was placed. Patient was aided
to a standing position. Patient had no immediate complications.
Fluoroscopy time 10 seconds, 10 images, 1 saved..

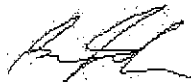
Procedure Codes

J3301 Triamcinolone acet inj NOS, Units: 2.00

62323 NJX INTERLAMINAR LMBR/SAC

Follow Up

2 Weeks (Reason: Right side L4-5, L5-S1 facet)



Electronically signed by BRUCE JOHNSON, MD on 05/14/2020 at 10:38 AM
EDT

Sign off status: Completed

McLeod Spine Center
800 East Cheves St
STE 480-B
FLORENCE, SC 29506-2777
Tel: 843-432-1880
Fax: 843-432-1022

Progress Note: Bruce Johnson, M.D. 05/01/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000249

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/15/2020

McLeod

Physician Associates

JORDAN, RANDY EVERETT

52 Y old Male, DOB: 01/29/1968
Account Number: e1007749
1432 HWY 268, MOUNT CROGHAN, SC-29727
Home: 843-634-3964
Guarantor: JORDAN, RANDY EVERETT
Insurance: BCBS STATE GROUP Payer ID: SX103
PCP: Shari Carter, FNP
Appointment Facility: McLeod Spine Center

05/15/2020

Bruce Johnson, M.D.

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous
- Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day
- Gabapentin 100 MG Capsule 2 capsules Orally QHS
- Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: LO174 Vista TX cervical collar
- Norco(Acetaminophen-H YDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours
- Norco(Acetaminophen-H YDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID
- Norco(Acetaminophen-H YDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs

Reason for Appointment

1. Low back pain
2. Right L4-5, L5-S1 Facet

History of Present Illness

Constitutional:

Pleasant 52-year-old gentleman that returns to the McLeod Center after last being seen 5/1/2020. He got about 2 weeks of very good benefit from the facet joint injection on the right-hand side at the L4-5 and L5-S1 location. Most of his pain is right over the facet joints. He points to an area in his low back at this location. Occasionally he will have some tingling into his foot but he is not having any radicular complaints at this time. He does complain that sometimes it will go into the right buttocks over the SI joint but most the pain is over the bottom to facet joints. He denies any fever chills or sweats or any bowel bladder problems. He denies any problems with the injection. He is diabetic. Over the past 2 days the pain is started to come back and is pretty bad especially when he gets in and out of his truck. Is a burning stabbing pain. Nothing else is helping the pain except for the injections did help decent amount. He is here today for repeat right-sided facet joint injection.

Vital Signs

Wt 310 lb 4 oz, Wt-kg 140.73, Ht 5'10, Ht-cm 152.4, BMI 60.58, Temp 98.0, HR 69, RR 18, BP 131/78 mm Hg, Pain scale 8, BSA 2.44 M
Discharge Vitals: BP: 129/79 P: 69.

Assessments

1. Spondylosis of lumbar region without myelopathy or radiculopathy - M47.816 (Primary)
2. Lumbosacral spondylosis without myelopathy - M47.817
3. Lumbar postlaminectomy syndrome - M96.1
4. Type 2 diabetes mellitus without complication, without long-term current use of insulin - E11.9

I have reviewed and verified all information obtained by my ancillary staff.

Treatment

1. Spondylosis of lumbar region without myelopathy or radiculopathy

PROCEDURE: Inj. Decadron 1 mg (J1100)

PROCEDURE: INJ BUPIVICAINE HYDROCHLORID(S0020)

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/15/2020

PROCEDURE: Lumbar Facet Joint injection (64493)

PROCEDURE: Lumbar Facet Joint Injection-Additional Level
(64494)

Garand, Lauren 05/15/2020 08:59:33 AM EDT > Patient
tolerated procedure well. 9802 75HR

Notes: Patient returns to clinic today he had about 80% benefit from an L4-5 and L5S1 facet joint injection done 2 weeks ago. Pain is started to return however over the past 2 days. He does not remember any inciting event that triggered it back. Some of this pain is going into the right SI joint as well. I will repeat the facet joint injections today since it did help him a great deal. See him back in 2 weeks. If he is not doing any better long-term may consider doing a right SI joint injection for diagnostic as well as therapeutic benefit. Please see procedure note for further details.

Procedures

Procedure: Right side L4-5 and L5-S1 facet joint injection

Indication for procedure: Lumbar spondylosis without myelopathy, lumbosacral spondylosis without myelopathy

Summary procedure: After risk benefits alternatives discussed with patient and consent form obtained, patient was taken back to the fluoroscopy suite where they were placed prone on the table.

Procedural timeout. Patient identification x2. Low back was sterile prepped and draped in usual fashion. Fluoroscopy was used to identify the right L4-5 and L5-S1 facet joint line from an oblique position on the right side. 1% lidocaine local anesthetic to the skin. 22-gauge needle advanced under intermittent fluoroscopic guidance to rest in the facet joint line. Negative aspiration for blood or CSF. 0.25 cc of Omnipaque 180 showed good spread along the facet joint line with no intravascular uptake. 0.5 cc of 0.25% bupivacaine and 5 mg of Decadron were placed in an intra- and periarticular fashion at each of these 2 locations. A total of 10 mg of Decadron were used. Needles were removed. Hemostasis was appreciated. Band-Aids were placed. Patient was aided to a standing position had no immediate complications. Fluoroscopy 12 seconds, 12 images, 2 saved.

Procedure Codes

64493 Inj paravert f jnt ls 1 lev Office

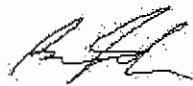
64494 Inj paravert f jnt ls 2 lev Office

S0020 INJ BUPIVICAINE HYDROCHLORID 30 ML

J1100 Dexamethasone sodium phos per 1mg

Follow Up

2 Weeks (Reason: Possible SI joint)



JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/15/2020

Electronically signed by BRUCE JOHNSON, MD on 05/18/2020 at 05:07 PM
EDT
Sign off status: Completed

McLeod Spine Center
800 East Cheves St
STE 480-B
FLORENCE, SC 29506-2777
Tel: 843-432-1880
Fax: 843-432-1022

Progress Note: Bruce Johnson, M.D. 05/15/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000252

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/29/2020

McLeod

Physician Associates

JORDAN, RANDY EVERETT

52 Y old Male, DOB: 01/29/1968
Account Number: e1007749
1432 HWY 268, MOUNT CROGHAN, SC-29727
Home: 843-634-3964
Guarantor: JORDAN, RANDY EVERETT
Insurance: BCBS STATE GROUP Payer ID: SX103
PCP: Shari Carter, FNP
Appointment Facility: McLeod Spine Center

05/29/2020

Bruce Johnson, M.D.

Current Medications

Taking

- Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNTT/ML Solution Pen-injector Subcutaneous
- Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn
- Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn Not-Taking/PRN
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar
- Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
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- Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet 1 tablet Orally TID
- Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs
- Medication List reviewed and reconciled with the patient

Review of Systems

General/Constitutional:

General no chills, no fever, no

Reason for Appointment

- LBP
- Bilateral hips pain

History of Present Illness

Constitutional:

Is a very pleasant 52-year-old gentleman returns to the McLeod spine pain management center after last being seen on 5/15/2020. I did right side L4-5 L5-S1 facet joint injections for him that date of service second of this ongoing low back and buttocks pain. He reports about 30% benefit from that overall. I still having this terrible pain right over the SI joint it is worse when he squats just to the left. It pulls into his right buttocks region. He is having pain going across both sides but the right side is tremendously worse than the left. He denies any fever chills or sweats he denies any sick contacts. Is worse with trying to climb into truck or into heavy machinery. Is a dull achy weakness into that right hip and buttocks region. Nothing makes it better. He has been taking Celebrex and gabapentin for the pain. He has not been able to do physical therapy secondary to the pain. Pain is about 7 out of 10 in nature today. He has had low back surgery previously. He is on no blood thinners. He is diabetic. He says is situated mainly just right in that right buttocks now. The injections have helped him overall but he is still having a great deal of difficulty over the right SI joint.

Vital Signs

Wt 308.2, Wt-kg 139.8, Ht 5'10, Ht-cm 152.4, BMI 60.18, Temp 98.0, HR 78, BP 141/84 mm Hg, Pain scale 7, BSA 2.43 M
Discharge Vitals: BP137/85 P73.

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented, antalgic gait, cooperative, male patient has a very difficult time getting from a seated to standing position. He does not like to put a lot of pressure or weight on that right hip..

EYES: conjunctiva clear, sclera clear, no discharge.

CARDIOVASCULAR: no murmurs, click, gallops or rubs, palpable and symmetric radial pulses, regular rate and rhythm, normal S1S2.

RESPIRATORY: clear to auscultation bilaterally, no wheezes or crackles.

GASTROINTESTINAL: bowel sounds: normal, no guarding, non-

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS: 05/29/2020

vomiting, no weight loss or gain.

HEENT/Neck:

Head no headache, no vertigo.
Ears no ringing in the ears.
Neck no enlarged lymph nodes.

Endocrine:

Patient denies bowel changes, excessive sweating, fatigue. Mood Swings no.

Respiratory:

Patient denies shortness of breath.

Cardiovascular:

Patient denies chest pain, claudication, cold extremities.

Gastrointestinal:

General no abdominal pain, no constipation, no diarrhea, no nausea/vomiting, no stool incontinence.

Hematology:

General no easy bruising or bleeding.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no incontinence.

Musculoskeletal:

General decreased range of motion, backache, no muscle atrophy.

Peripheral Vascular:

General no clubbing, cyanosis, edema, no claudication.

Skin:

General no acne, no changes in hair and nails, no rashes.

Psychiatric:

Patient denies anxiety, depression, high stress level.

distended.

NEUROLOGIC EXAM DTRs 1-2+ in all 4 extremities, no tremor, no focal signs.

SKIN: warm, normal color, no rash or skin lesions.

BACK: lumbar paraspinal tenderness, no ecchymosis, no rash, pain with lateral rotation, straight leg raise positive mildly on the right-hand side. Tenderness palpation of the right SI joint. Positive Fabere sign. Positive Patrick's maneuver.

MUSCULOSKELETAL: no swelling or deformity, good muscle tone, Motor strength and tone: 4-5 muscle strength with right hip flexion. Increased pain with hip abduction external rotation on the right side.

LYMPH NODES: No palpable adenopathy, non tender to palpation.

Assessments

1. Sacroiliitis - M46.1 (Primary)
2. Spondylosis of lumbar region without myelopathy or radiculopathy - M47.816
3. Lumbosacral spondylosis without myelopathy - M47.817
4. Type 2 diabetes mellitus without complication, without long-term current use of insulin - E11.9

I have reviewed and verified all information obtained by my ancillary staff.

Treatment

1. Sacroiliitis

PROCEDURE: Inj. Decadron 1 mg (J1100)

PROCEDURE: INJ BUPIVICAINE HYDROCHLORID(S0020)

PROCEDURE: Injection Sacro/Iliac Joint (27096)

Romesburg,RN,Allison 05/29/2020 09:30:12 AM EDT > Patient tolerated procedure well. P83 02SAT98%

Notes: Patient presents today this worsening right SI joint pain. He is got good benefit from facet joint injections in the past on that right-hand side. His low back is doing much better but this right buttocks pain is still giving him a great deal of problems. Pain is worse with sitting on that side as well as trying to climb into has heavy machinery. I think trying to do diagnostic as well as therapeutic right-sided SI joint injection to help with some of his pain is definitely reasonable. We will proceed with this today. We will have patient follow-up me as needed in the future for further recommendations. I reviewed his MRI with him once again. If this is not beneficial may have to send him over to see 1 of the spine surgeons for further recommendations as he has had a previous lumbar spine surgery as well. He understands to watch blood sugar over the next 7 to 10 days.

Procedures

Procedure: Right sacroiliac joint injection

Indication for procedure: Sacroiliitis

Summary of procedure: After risk benefits alternatives discussed with patient, consent form obtained, patient was taken back to the fluoroscopy suite where she was placed prone on the table. Procedural timeout. Patient identification x2. Low back was sterile prepped and

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
05/29/2020

draped in usual fashion. Fluoroscopy was used to identify the right SI joint from an oblique position putting the anterior and posterior aspects of the joint line together in the caudal one third. 1% lidocaine local anesthetic to the skin and subcutaneous tissue. 22-gauge needle advanced under intermittent fluoroscopic guidance to rest in the caudal one third of the SI joint. Negative aspiration for blood or CSF. 1 cc of 0.25% bupivacaine and 10 mg of Decadron were placed in an intra- and periarticular fashion. Needles were removed. Hemostasis was appreciated. Band-Aid was placed. Patient was aided standing position had no immediate complications. Fluoroscopy 10 seconds, 10 images, 1 saved.

Procedure Codes

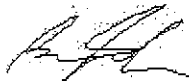
27096 Injection procedure for sacroiliac joint arthrog

S0020 INJ BUPIVICAINE HYDROCHLORID 30 ML

J1100 Dexamethasone sodium phos per 1mg

Follow Up

prn (Reason: Repeat SI joint)



Electronically signed by BRUCE JOHNSON, MD on 06/02/2020 at 02:36 PM
EDT

Sign off status: Completed

McLeod Spine Center
800 East Cheves St
STE 480-B
FLORENCE, SC 29506-2777
Tel: 843-432-1880
Fax: 843-432-1022

Progress Note: Bruce Johnson, M.D. 05/29/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

000235

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/11/2020

follow up progress note**Patient:** JORDAN, RANDY EVERETT**Account Number:** e1007749**Provider:** Willie S. Edwards, MD**DOB:** 01/29/1968 **Age:** 52 Y **Sex:** Male**Date:** 06/11/2020**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Subjective:****Chief Complaints:**

1. Lumbar follow up.

HPI:Constitutional:

Patient with worsening back pain radiating into both hips right greater than left. Denies any groin pain. Right sided symptoms are localized to the buttock and down the lateral side of his thigh and into the foot and ankle. Remote ACD/F C3-C6 for severe cervical stenosis.

ROS:General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Anxiety, Diabetes, Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , neck surgery (acdf) 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , see surgical hx 7/25/2017, URGENT CARE VISIT ABOUT 3-4 MONTHS AGO FOR SOB 05/01/2020, None recent 06/11/2020.

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

000236

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/11/2020

Drug/Alcohol: Alcohol Did you have a drink containing alcohol in the past year? No, Points
0, Interpretation Negative.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia
(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin
Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous , Taking Celebrex(Celecoxib) 200 MG Capsule
1 capsule with food Orally Once a day, Notes: prn, Taking Gabapentin 100 MG Capsule 2 capsules Orally
QHS, Notes: prn, Taking Aspir-81 , Notes: prn, Not-Taking/PRN Gabapentin 300 MG Capsule 1 capsule
Orally Three times a day, Not-Taking/PRN Ultram(tramADol HCl) 50 mg Tablet 1 tablet as needed Orally
every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes:
L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1
tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the
evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG
Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325
MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium)
7.5 MG Tablet 1 tablet Orally TID, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG
Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1
capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 310, Wt-kg 140.62, Ht 5'10, Ht-cm 152.4, BMI 60.54, Temp 98.6, Pain scale 8, BSA 2.44 M.

Examination:

Focused Spine Exam:

Markedly overweight white male. Mechanical pain going from sitting to standing. Extension beyond
neutral is painful. Flexion limited to 60 degrees as well. No static stretch signs. Motor strength is 5/5.
Reflexes slightly brisk but symmetric. Dysesthesias in the right L5 and S1 distribution. Hip and knee
motion is full and painless. Gait non-antalgic.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect

MRI 1/29/20 from McLeod Health was personally reviewed with the patient and demonstrates post
op changes at L3-4 on the right side without recurrent herniation. He does have degenerative changes
with facet arthropathy at both the L4-5 and L5/S1 right greater than left side.

Assessment:

Assessment:

1. Osteoarthritis of hip, unspecified - M16.9 (Primary)
2. DDD (degenerative disc disease), lumbar - M51.36
3. Lumbar stenosis - M48.061

Note transcribed by Pam Sweat, 06/16/2020.

Plan:

1. Others

Clinical Notes:

Patient has some radicular pain in the right buttock and leg mostly in the S1 distribution,
probably has some facet arthropathy causing mild lateral recess stenosis. Epidural steroid
injections have not helped but a facet block at L5/S1 on the right side may be more helpful. No
surgical treatment is recommended at this point in time. Patient does have some mild hip
degenerative change but clinically this does not appear to be a significant issue.

000257

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/11/2020

I have reviewed the review of systems, past medical, family, and social history as well as vital signs.
Appropriate changes made as needed.

Referral To: BRUCE JOHNSON Pain Medicine
Reason: right facet joint block (L5-S1) | eval and treat

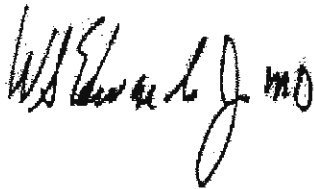
Imaging:

Imaging: LUMBAR (AP, LAT)

Garand, Lauren 06/11/2020 07:59:12 AM EDT > DONE Sweat, Pam 06/16/2020 09:49:45 AM EDT >
AP and lateral lumbar x-rays demonstrate disc space narrowing at L5/S1 and minimal degenerative
changes in the right hip.

Procedure Codes: 72100 Xray exam of lower spine

Follow Up: Dr Johnson



Electronically signed by WILLIE EDWARDS, MD on 06/16/2020 at 11:02 AM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 06/11/2020

000238

Order Form**McLeod Spine Center**

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19241114

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:24 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 06/11/2020 08:30 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

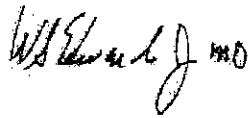
Assessment(s)

Instructions

LUMBAR (AP, LAT)

Notes: Garand,Lauren 06/11/2020 07:59:12 AM EDT > DONE

Sweat,Pam 06/16/2020 09:49:45 AM EDT > AP and lateral
lumbar x-rays demonstrate disc space narrowing at L5/S1 and
minimal degenerative changes in the right hip.



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000259

McLeod Spine Center		Willie S. Edwards, MD
800 East Cheves St STE 480-B FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	08/24/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	06/11/2020	
Assessments:		
Lab:	LUMBAR (AP, LAT)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:	06/16/2020	
Notes:	Garand,Lauren 06/11/2020 07:59:12 AM EDT > DONE Sweat,Pam 06/16/2020 09:49:45 AM EDT > AP and lateral lumbar x-rays demonstrate disc space narrowing at L5/S1 and minimal degenerative changes in the right hip.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000260

McLeod
Physician Associates

McLeod Spine Center

200 East Cheves St. STE 480-B
FLORENCE SC 29506-2777
Ph: 843-432-1280 Fax: 843-432-1022

ALCOHOL MISUSE/ABUSE (AUDIT C)

Name: RANDY EVERETT JORDAN Gender: Male Date: 06/11/2020

Did you have a drink containing alcohol in the past year?

- ☐ Yes
☒ No

Points: 0

Interpretation

- ☐ Positive
☒ Negative

Interpretation

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).

- In men, a score of 4 or more is considered positive.
- In women, a score of 3 or more is considered positive.

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JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/16/2020

follow up progress note**Patient:** JORDAN, RANDY EVERETT**Account Number:** e1007749**DOB:** 01/29/1968 **Age:** 52 Y **Sex:** Male**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Provider:** Willie S. Edwards, MD**Date:** 06/16/2020**Subjective:****Chief Complaints:**

1. Cervical follow up.

HPI:Constitutional:

Patient presents with acute radicular right shoulder and arm pain but predominantly severe rhomboid and interscapular pain mostly to the right side. This started spontaneously. Well known to me from previous ACD/F in June of 2017 from C3 to C6. Presented to the emergency room Sunday for treatment and has had no sleep since then.

ROS:General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/16/2020.

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

000262

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/16/2020

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(Alprazolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (Sitagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch (Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Taking Celebrex (Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Taking Aspirin-81, Notes: prn, Not-Taking/PRN Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Not-Taking/PRN Ultram (tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco (Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S (Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T (Clonazepam Dipotassium) 7.5 MG Tablet 1 tablet as needed Orally every 8 hours, Not-Taking/PRN Norco (Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T (Clonazepam Dipotassium) 7.5 MG Tablet 1 tablet Orally TID, Not-Taking/PRN Norco (Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex (Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 308 lb 2 oz, Wt-kg 139.77, Ht 5'10, Ht-cm 152.4, BMI 60.17, Temp 98.6, BSA 2.43 M.

Examination:

Focused Spine Exam:

Morbidly obese white male. Surgical scar anterior neck well healed. Muscular tightness throughout the neck and shoulders with point tenderness into the rhomboid and scalene intrapezial region on the right side. Shoulder abduction relief sign is positive on the right side. Dysesthesias mainly in the lower cervical distribution mainly C7 but motor strength is 5/5 and reflexes 2+ and symmetric. No long tract findings. Gait is normal.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)
Note transcribed by Pam Sweat, 06/17/2020.

Plan:

1. Cervical radiculopathy

Imaging: MRI : Cervical without Contrast

Bailey, Christie 06/16/2020 12:43:56 PM EDT > MRI is approved 2016S0630 Valid- 06/16/2020-12/13/2020 Bailey, Christie 06/16/2020 12:49:25 PM EDT > MRI is scheduled at MRMC Pavilion-WORK IN- Faxed over order

Referral To: BRUCE JOHNSON Pain Medicine

Reason: ESI Cervical spine C7-T1

2. Others

Clinical Notes:

000263

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/16/2020

Patient may have sustained a herniation at C6-7 and MRI scan will be obtained urgently.
Hopefully epidural steroid injection may be offered today for acute improvement in symptoms
and follow up on Thursday for review of MRI scan.
I have reviewed the review of systems, past medical, family, and social history as well as vital signs.
Appropriate changes made as needed.

Follow Up: after mri



Electronically signed by WILLIE EDWARDS, MD on 06/17/2020 at 09:54 AM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 06/16/2020

000264

Order Form**McLeod Spine Center**

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19306791

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:24 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 06/16/2020 02:19 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

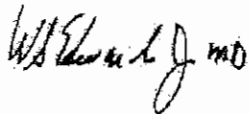
Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

MRI Spine Cervical w/o Contrast (2908106)



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000265

Order Form

McLeod Spine Center

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19283434

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:24 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 06/16/2020 12:15 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

MRI : Cervical without Contrast

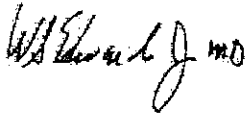
- M54.12, Cervical radiculopathy

Notes: Bailey,Christie 06/16/2020 12:43:56 PM EDT > MRI is

approved 20168S0630 Valid- 06/16/2020-12/13/2020

Bailey,Christie 06/16/2020 12:49:25 PM EDT > MRI is

scheduled at MRMC Pavilion- WORK IN- Faxed over order



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

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JORDAN, RANDY
EVERETT, 01/29/1968

000206

McLeod Spine Center		Willie S. Edwards, MD
800 East Cheves St STE 480-B FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	08/24/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	06/16/2020	
Assessments:	Cervical radiculopathy - M54.12	
Lab:	MRI : Cervical without Contrast	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Bailey,Christie 06/16/2020 12:43:56 PM EDT > MRI is approved 20168S0630 Valid- 06/16/2020-12/13/2020 Bailey,Christie 06/16/2020 12:49:25 PM EDT > MRI is scheduled at MRMC Pavilion- WORK IN- Faxed over order	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000967

Patient Name: JORDAN, RANDY EVERETT
Patient ID: 650031
IPID: MCLEOD
DOB: 01/29/1968
Sex: M
Patient Accession: 10-MR-20-010474
Study Date: 06/16/2020 14:20
Study Description: MRI Spine Cervical w/o Contrast

Report Date: 06/16/2020 16:20:51

Report Status: Final

Start of Report Content

TECHNIQUE: Multiplanar unenhanced images using routine pulse signals on 3.0 Tesla magnet

FINDINGS: Comparison to CT dated February 4, 2016. The CT showed ossification the posterior longitudinal ligament at C2, C3 and C4 with stenosis. Since that exam patient has had ACDF with hardware C3-C6. Alignment is normal. Vertebral heights are normal. No abnormal signal in the cord. There is still canal stenosis at the C3-4 level with a central diameter about 6 mm. No foraminal stenosis. No canal or foraminal stenosis at C2-3. C4-5 no canal or foraminal stenosis. C5-6 no canal or foraminal stenosis. C6-7 foraminal encroachment, no canal stenosis. C7-T1 right paramedian small osteophyte perhaps with disc protrusion does indent the thecal sac touching the cord with mild canal stenosis. No disc herniation any level.

IMPRESSION: Postop changes, no evidence of complication of the hardware. There is still stenosis of the canal at C3-4 from ossification of the posterior longitudinal ligament. Mild canal stenosis C7-T1 with a right paramedian osteophyte and/or disc protrusion.

***** Final *****

Dictated by: Allen, MD, Scott H

Dictated DT/TM: 06/16/2020 4:06 pm

Signed by: Allen, MD, Scott H

Signed (Electronic Signature): 06/16/2020 4:17 pm

End of Report Content

JORDAN, RANDY EVERETT, M, 01/29/1968

McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC 29506-2777
843-432-1880

843-634-3964

FINAL RESULT

Accession Id: 10-MR-20-010474

Order Date: 06/16/2020

Procedure: 06/16/2020 14:19:37

Transcribed: 06/16/2020 16:20:41

Requesting Physician: EDWARDS, WILLIE S Ordering Physician: EDWARDS, WILLIE

MRI Spine Cervical w/o Contrast (2908106)

REPORT

Exam: Report

TECHNIQUE: Multiplanar unenhanced images using routine pulse signals on 3.0 Tesla magnet

FINDINGS: Comparison to CT dated February 4, 2016. The CT showed ossification the posterior longitudinal ligament at C2, C3 and C4 with stenosis. Since that exam patient has had ACDF with

hardware C3-C6. Alignment is normal. Vertebral heights are normal. No abnormal signal in the cord. There is still canal stenosis at the C3-4 level with a central diameter about 6 mm. No foraminal stenosis. No canal or foraminal stenosis at C2-3. C4-5 no canal or foraminal stenosis. C5-6 no canal or foraminal stenosis. C6-7 foraminal encroachment, no canal stenosis. C7-T1

right paramedian small osteophyte perhaps with disc protrusion does indent the thecal sac touching the cord with mild canal stenosis

No disc herniation any level

IMPRESSION: Postop changes, no evidence of complication of the hardware. There is still stenosis of the canal at C3-4 from ossification of the posterior longitudinal ligament. Mild canal

stenosis C7-T1 with a right paramedian osteophyte and/or disc protrusion

***** Final *****

Dictated by: Allen, MD, Scott H

Dictated DT/TM: 06/16/2020 4:06 pm

Signed by: Allen, MD, Scott H

Signed (Electronic Signature): 06/16/2020 4:17 pm

JORDAN, RANDY EVERETT, M, 01/29/1968

Accession ID: 10-MR-20-010474

000269

McLeod
Physician Associates

McLeod Spine Center

800 East Cheves St STE 480-B
FLORENCE SC 29502-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 08/16/2020

ADDRESS: 1432 HWY 288 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical radiculopathy M54.12

Release to: on

Restrictions:

☐ No restrictions

☐ No jumping

☐ No sitting

☐ No overhead work

☐ Right-hand work only

☐ No repetitive bending

☐ No continuous standing

☐ No prolonged sitting

☐ No climbing

☐ Sedentary Only

☐ No lower body

☐ No pivoting

☐ Other

☐ No running

☐ Right ☐ Left

☐ Left-hand work only

☐ No repetitive stooping

☐ No continuous walking

☐ No contact sports

☐ No continuous stair climbing

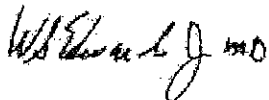
☐ No upper body

☐ No twisting movements

Instructions:

OUT OF WORK UNTIL NEXT VISIT

Recheck Visit:



Physician's Signature

PA's Signature

Physician or Physician's Assistant L.D.

08/16/2020

Date

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/17/2020

McLeod

Physician Associates

JORDAN, RANDY EVERETT

52 Y old Male, DOB: 01/29/1968
Account Number: e1007749
1432 HWY 268, MOUNT CROGHAN, SC-29727
Home: 843-634-3964
Guarantor: JORDAN, RANDY EVERETT
Insurance: BCBS STATE GROUP Payer ID: SX103
PCP: Shari Carter, FNP
Appointment Facility: McLeod Spine Center

06/17/2020

Bruce Johnson, M.D.

Current Medications

Taking

- Xanax(Alprazolam) 0.5 MG Tablet 1 tablet Orally Twice a day
- Januvia(Sitagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day
- Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous
- Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn
- Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn
- Aspirin-81, Notes: prn
- Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Not-Taking/PRN
- Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day
- Gabapentin 300 MG Capsule 1 capsule Orally Three times a day
- Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs
- Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: LO174 Vista TX cervical collar
- Norco(Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day
- Tranxene-T(Clorazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours
- Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs
- Tranxene-T(Clorazepate Dipotassium) 7.5 MG Tablet 1 tablet Orally TID
- Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs

Reason for Appointment

1. R side of neck pain
2. R shoulder pain
3. R arm pain

History of Present Illness

Constitutional:

Very pleasant 52-year-old gentleman comes to the McLeod spine pain management center with ongoing neck and right arm pain. This started severely approximately 2 weeks ago. On Sunday he had to go to the emergency department because the pain was so severe. Pain starts in his neck goes into the shoulder between the shoulder blade on the right-hand side going can in a C7 distribution. It goes down his arm to the elbow. This goes over the triceps region. He says his arm just does not want to work like it supposed to. He describes the pain as a sharp achy numbness. Nothing makes the pain better. Turning his head and using his right arm makes it worse. He denies any bowel bladder dysfunction. He has been taking Xanax for the pain. He has done physical therapy years ago. But he says the pain is too severe right now to do any kind of activity or exercises or physical therapy. Pain score is 9 out of 10 in nature. He has had a previous ACDF back in 2017. He is on no blood thinners. He denies any fever or any sick contacts. Had an MRI of the cervical spine done yesterday. I reviewed the images with the patient today. Shows postoperative changes from the C3-C6 location. At the see 6 7 location there is some foraminal narrowing as well as at the C7-T1 location there is a right paramedian small osteophyte with a disc protrusion with contact towards the cord. He is being seen for possible epidural steroid injection.

Vital Signs

Wt 307.4, Wt-kg 139.44, Ht 5'10, Ht-cm 152.4, BMI 60.03, Temp 98.2, HR 81, BP 114/71 mm Hg, Pain scale 9, BSA 2.43 M

Discharge Vitals: BP 125/85 P 77.

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented, antalgic gait, cooperative, male. Patient gets from seated to standing position slowly. He holds his head in neutral position. He does not like to turn his head towards the right.

EYES: conjunctiva clear, sclera clear, no discharge.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS: 06/17/2020

- Medication List reviewed and reconciled with the patient

Past Medical History

Cervical Stenosis.
Cervical spinal stenosis.
Cervical radiculopathy.
Arthritis of left subtalar joint.
Right hip pain.
Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present.
Lumbar pain.
Chronic hypertension.
Anxiety.
Lumbar postlaminectomy syndrome.
Spondylosis of lumbar region without myelopathy or radiculopathy.
Lumbosacral spondylosis without myelopathy.
Type 2 diabetes mellitus without complication, without long-term current use of insulin.
Sacroiliitis.

Surgical History

back surgery
ACDF 6/14/2017

Family History

Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer
Mother: alive, dementia
Mother alive w/hx of memory issues.
Father deceased from cancer.

Social History

Tobacco Use:
Smoking Are you a: former smoker.
Drug/Alcohol:
Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative.

Allergies

N.K.D.A

Hospitalization/Major

Diagnostic Procedure

see surgical hx
URGENT CARE VISIT FOR SOB 2020
None recent 06/16/2020
none recent 06/17/2020

Review of Systems

General/Constitutional:

General no chills, no fever, no vomiting, no weight loss or gain.

HEENT/Neck:

Head headache. Ears no ringing in the ears. Neck no enlarged lymph nodes.

Endocrine:

Patient denies bowel changes, excessive sweating, fatigue. Mood

CARDIOVASCULAR: no murmurs, click, gallops or rubs, palpable and symmetric radial pulses, regular rate and rhythm, normal S1S2.

RESPIRATORY: clear to auscultation bilaterally, no wheezes or crackles.

GASTROINTESTINAL: bowel sounds: normal, no guarding, non-distended.

NEUROLOGIC EXAM DTRs 1-2+ in all 4 extremities, no tremor, no focal signs.

SKIN: warm, normal color, no rash or skin lesions.

BACK: Cervical paraspinal tenderness, no ecchymosis, no rash, pain with lateral rotation, tenderness to palpation over the right trapezius muscle going into the paraspinal muscles in the rhomboid region just medial to the right scapular border. Increased pain with extension lateral rotation towards the head to the right. 4-5 muscle strength with triceps extension..

MUSCULOSKELETAL: no swelling or deformity, good muscle tone, Motor strength and tone: 4-5 muscle strength with right triceps extension..

LYMPH NODES: No palpable adenopathy, non tender to palpation.

Assessments

1. Cervical Radiculopathy - M54.12 (Primary)
2. Degenerative disc disease, cervical - M50.30
3. Cervical postlaminectomy syndrome - M96.1
4. Sacroiliitis - M46.1

I have reviewed and verified all information obtained by my ancillary staff.

Treatment

1. Cervical Radiculopathy

PROCEDURE: Inj. Kenalog (J3301)

PROCEDURE: ESI Cervical or Thoracic w guided image(62321)

Romesburg, RN, Allison 06/17/2020 09:32:14 AM EDT > Patient tolerated procedure well. P72 O2SAT98%

Notes: Patient presents to the clinic today with a whole new complaint. He is complaining of of cervical radiculopathy in the right upper extremity. I reviewed his MRI of the cervical spine with him today. This does show some degenerative changes around the C7 nerve root. I discussed with him doing epidural steroid injection the C7-T1 interlaminar space. We will do this today. He is supposed to follow-up with Dr. Edwards tomorrow morning. He is in a great deal of pain today. I will see him back in the future as needed depending upon how this affects his pain score. Please see procedure note for further details.

Procedures

Procedure: C7-T1 interlaminar epidural steroid injection.

Indication for procedure: Cervical radiculopathy M 54.12

Summary of procedure: After risk benefits alternatives were discussed with the patient and consent form obtained, patient was taken back to the fluoroscopy suite where she was placed prone on the table. Patient identification x2. Procedural Time Out. Neck was sterile prepped and

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/17/2020

Swings no.

Respiratory:

Patient denies shortness of breath.

Cardiovascular:

Patient denies chest pain, claudication, cold extremities.

Gastrointestinal:

General no abdominal pain, no constipation, no diarrhea, no nausea/vomiting, no stool incontinence.

Hematology:

General no easy bruising or bleeding.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no incontinence.

Musculoskeletal:

General decreased range of motion, backache, no muscle atrophy.

Peripheral Vascular:

General no clubbing, cyanosis, edema, no claudication.

Skin:

General no acne, no changes in hair and nails, no rashes.

Psychiatric:

Patient denies depression, high stress level. Anxiety **yes**.

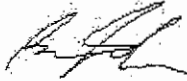
draped in usual fashion. Fluoroscopy was used to identify the C7-T1 interlaminar space from an AP view. 18-gauge Weiss needle was advanced under intermittent fluoroscopic guidance to positive loss of resistance with saline. Negative aspiration for blood or CSF. 80 mg triamcinolone with 2 cc of preservative-free saline were injected. Needle was removed. Hemostasis was appreciated. Band-Aid was placed. Patient was aided standing position and had no immediate complications. Fluoroscopy time 10 seconds, 10 images, 1 saved..

Procedure Codes

62321 NJX INTERLAMINAR CRV/THRC
J3301 Triamcinolone acet inj NOS, Units: 2.00

Follow Up

2 - 3 Days (Reason: Edwards follow-up after ESI)



Electronically signed by BRUCE JOHNSON, MD on 06/19/2020 at 11:49 AM EDT

Sign off status: Completed

McLeod Spine Center
800 East Cheves St
STE 480-B
FLORENCE, SC 29506-2777
Tel: 843-432-1880
Fax: 843-432-1022

Progress Note: Bruce Johnson, M.D. 06/17/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Order Form**McLeod Spine Center**

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

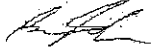
Req/Ctrl# (CD-): 19306306
Bruce Johnson, M.D.
NPI: 1447453097
Pain Medicine

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749
843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 08/24/2020 12:29 PM
Order Date: 06/17/2020 09:00 AM

Primary Insurance Name: BCBS STATE GROUP
Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260
Subscriber Number: ZCS87971921
Insured Name: JORDAN, RANDY EVERETT
Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Test Name	Fast	Assessment(s)	Instructions
Inj. Kenalog (J3301)	No	- M54.12, Cervical Radiculopathy	



Electronically Signed By:
Bruce Johnson, M.D.

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

Order Form

McLeod Spine Center

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19306306

Bruce Johnson, M.D.

NPI: 1447453097

Pain Medicine

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 08/24/2020 12:29 PM

Order Date: 06/17/2020 09:00 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Test Name	Fast	Assessment(s)	Instructions
ESI Cervical or Thoracic w guided image(62321)	No	- M54.12, Cervical Radiculopathy	

Notes: Romesburg,RN,Ailison 06/17/2020 09:32:14 AM

EDT > Patient tolerated procedure well. P72 O2SAT98%



Electronically Signed By:
Bruce Johnson, M.D.

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/18/2020

F/U w/Results**Patient:** JORDAN, RANDY EVERETT**Account Number:** e1007749**DOB:** 01/29/1968 **Age:** 52 Y **Sex:** Male**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Provider:** Willie S. Edwards, MD**Date:** 06/18/2020**Subjective:****Chief Complaints:**

1. POST MRI/ESI.

HPI:Constitutional:

Patient was seen earlier this week with intractable right sided posterior neck and interscapular pain. Dr. Johnson performed epidural steroid injection at the cervicothoracic junction yesterday unfortunately with no relief. He is here for review of cervical MRI scan.

ROS:General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF C3-C6 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/18/2020.

Family History: Father: deceased, lung cancer, diagnosed with Cancer, Heart Disease. Mother: alive, dementia.

Mother alive w/hx of memory issues. Father deceased from cancer.

000276

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/18/2020

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous , Taking Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Taking Aspir-81 , Notes: prn, Taking Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day, Not-Taking/PRN Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Not-Taking/PRN Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet 1 tablet Orally TID, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 307.4, Wt-kg 139.44, Ht 5'10, Ht-cm 152.4, BMI 60.03, Temp 9.82, BSA 2.43 M.

Examination:Focused Spine Exam:

Unchanged from before. Very uncomfortable gentleman with point tenderness in the right rhomboid and interscapular region. Motor strength is 5/5. Cervical motion is markedly decreased.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect

Cervical MRI scan from 6/16 was reviewed with the patient and post operative changes from C3 to C6 are unchanged. There is some artifact at C6-7 but this level appears basically normal. Unfortunately there is a large right sided herniation at C7, T1 on the right side compatible with his symptoms.

Assessment:**Assessment:**

1. Cervical radiculopathy - M54.12 (Primary)
Note transcribed by Pam Sweat, 06/23/2020.

Plan:**1. Cervical radiculopathy**

Start Hydrocodone-Acetaminophen Tablet, 7.5-325 MG, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablets, Refills 0, Notes: M54.16 Lumbar Radiculopathy .

2. OthersClinical Notes:

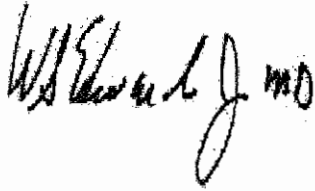
Review for surgical intervention but the patient's stout size makes surgical intervention very challenging and posterior approach will not be effective. I plan to review this with Dr. Chokshi for his opinion in this regard before proceeding though it does appear that surgical treatment will be necessary.

000217

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/18/2020

I have reviewed the review of systems, past medical, family, and social history as well as vital signs.
Appropriate changes made as needed.

Follow Up: 1 Week

A handwritten signature in black ink, appearing to read "Willie Edwards MD". The signature is stylized with a large, looped "W" and "E".

Electronically signed by WILLIE EDWARDS, MD on 07/06/2020 at 02:07 PM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 06/18/2020

000278

McLeod
Physician Associates

McLeod Spine Center

800 East Cheves St STE 400-B
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 06/18/2020

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis:

Release to: on

Restrictions:

- | | | |
|---|--|---|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | ☐ Right ☐ Left | |
| ☐ No overhead work | ☐ Left-hand work only | |
| ☐ Right-hand work only | ☐ No repetitive stooping | |
| ☐ No repetitive bending | ☐ No continuous sitting | ☐ No continuous stair climbing |
| ☐ No continuous standing | | |
| ☐ No prolonged sitting | | |
| ☐ No climbing | ☐ No upper body | |
| ☐ Sedentary Only | ☐ No twisting movements | |
| ☐ No lower body | | |
| ☐ No pivoting | | |
| ☐ Other | | |

Instructions:

PATIENT WAS SEEN IN OUR OFFICE TODAY AND WILL BE OUT OF WORK UNTIL HE IS SEEN FOR HIS FOLLOW UP APPOINTMENT ON 06/23/2020

Recheck Visit:

W. B. Everett, Jr. MD

Physician's Signature

PA's Signature

POWERED BY ADAM WORKFORMS LLC

06/18/2020

Date

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/23/2020

follow up progress note

Patient: JORDAN, RANDY EVERETT

Account Number: e1007749

DOB: 01/29/1968 **Age:** 52 Y **Sex:** Male

Phone: 843-634-3964

Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727

Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 06/23/2020

Subjective:

Chief Complaints:

1. CERVICAL FOLLOW UP.

HPI:

Constitutional:

Patient with disc herniation C7, T1 right side. Minimal improvement with conservative efforts including epidural steroid injection. Remote ACD/F C3-C6.

ROS:

General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF C3-C6 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/18/2020.

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

Mother alive w/hx of memory issues. Father deceased from cancer.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/23/2020

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Taking Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Taking Aspirin-81, Notes: prn, Taking Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Taking Hydrocodone-Acetaminophen 7.5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Notes: M54.16 Lumbar Radiculopathy, Not-Taking/PRN Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day, Not-Taking/PRN Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Not-Taking/PRN Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet 1 tablet Orally TID, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 306.0, Wt-kg 138.8, Ht 5'10, Ht-cm 152.4, BMI 59.76, Temp 98.4, BSA 2.42 M.

Examination:

Focused Spine Exam:

Slightly improved in terms of his discomfort level but still quite tender over the right rhomboid and scapular regions. Cervical motion with no restriction except for full extension. Motor strength is 5/5. Dysesthesias extend into the C8 distribution on the right side compatible with his symptoms. Surgical scar anterior neck well healed.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)
 2. Cervical disc displacement - M50.20
- Note transcribed by Pam Sweat, 06/25/2020.

Plan:

1. Others

Clinical Notes:

Patient needs surgical intervention given the severity of his compressive pathology and pain level and failure to respond to conservative efforts but due to his very stout body habitus, anterior cervical discectomy and fusion at C7, T1 will be very difficult. Honest discussion regarding the technical challenges faced with this location and his body habitus and offer of referral to tertiary care center was made. Patient is reluctant to consider this and wants me to proceed with surgery and we plan to discuss this more completely after he has had some time to further consider his feeling in this regard.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
06/23/2020

I have reviewed the review of systems, past medical, family, and social history as well as vital signs.
Appropriate changes made as needed.

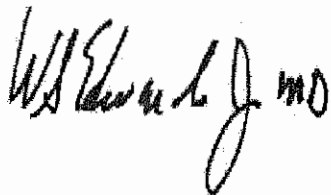
Imaging:

Imaging: CERVICALSPINE 2 OR 3 VIEWS (72040)

Garand, Lauren 06/23/2020 01:05:24 PM EDT > DONE Sweat, Pam 06/25/2020 10:15:35 AM EDT >
Lateral cervical spine x-rays with and without weights in his arms showed the C6-7 and C7, T1
levels to be obscured by his clavicles.

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: will call

A handwritten signature in black ink, appearing to read 'Willie Edwards MD', is written in a cursive style.

Electronically signed by WILLIE EDWARDS, MD on 06/25/2020 at 02:11 PM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 06/23/2020

Order Form**McLeod Spine Center**

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19321736

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:24 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 06/23/2020 12:15 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

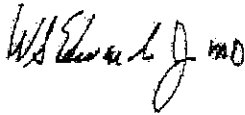
Assessment(s)

Instructions

CERVICALSPINE 2 OR 3 VIEWS (72040)

Notes: Garand,Lauren 06/23/2020 01:05:24 PM EDT > DONE

Sweat,Pam 06/25/2020 10:15:35 AM EDT > Lateral cervical
spine x-rays with and without weights in his arms showed the
C6-7 and C7, T1 levels to be obscured by his clavicles.



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
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JORDAN, RANDY
EVERETT, 01/29/1968

000200

McLeod
Physician Associates

McLeod Spine Center

800 East Cheves St STE 400-B
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 06/23/2020

ADDRESS: 1432 HWY 288 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical radiculopathy M54.12

Release to: on

Restrictions:

☐ No restrictions

☐ No jumping

☐ No lifting

☐ No overhead work

☐ Right-hand work only

☐ No repetitive bending

☐ No continual standing

☐ No prolonged sitting

☐ No climbing

☐ Sedentary Only

☐ No lower body

☐ No pinching

☐ Other

☐ No running

☐ Right ☐ Left

☐ Left-hand work only

☐ No repetitive stooping

☐ No continual walking

☐ No contact sports

☐ No continual stair climbing

☐ No upper body

☐ No twisting movements

Instructions:

PATIENT IS TO BE OUT OF WORK UNTIL AFTER SURGERY

Recheck Visit: PREOP VISIT TED

W. Everett Jordan MD

Physician's Signature

PA's Signature

06/23/2020

Date

Powered by MEDNETWORKS LLC

McLeod Spine Center		Willie S. Edwards, MD
800 East Cheves St STE 480-B FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	08/24/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	06/23/2020	
Assessments:		
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:	06/25/2020	
Notes:	Garand,Lauren 06/23/2020 01:05:24 PM EDT > DONE Sweat,Pam 06/25/2020 10:15:35 AM EDT > Lateral cervical spine x-rays with and without weights in his arms showed the C6-7 and C7, T1 levels to be obscured by his clavicles.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000281

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
07/23/2020

follow up progress note

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 52 Y **Sex:** Male
Phone: 843-680-9298
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 07/23/2020

Subjective:**Chief Complaints:**

1. Cervical Follow Up.

HPI:Constitutional:

Patient with disc protrusion C7, T1 and incapacitating symptoms. Referral to Duke to see Dr. Bill Richardson was carried out though we do not have the results yet. Patient was informed of his increased risk of complication with surgery due to his A1C of 10 and his morbid obesity. Dr. Richardson recommended MRI scan of his right shoulder as well as CT scan of his cervical spine to more clearly clarify the pathology.

ROS:General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF C3-C6 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/18/2020, None recent 07/23/2020.

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

Mother alive w/hx of memory issues. Father deceased from cancer.

000283

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
07/23/2020

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Drug/Alcohol: Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year?
No, Points 0, Interpretation Negative.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous , Taking Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Aspir-81 , Notes: prn, Taking Hydrocodone-Acetaminophen 7.5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Notes: M54.16 Lumbar Radiculopathy, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day, Not-Taking/PRN Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Ultram (traMADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet 1 tablet Orally TID, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 307, Wt-kg 139.26, Ht 5'10, Ht-cm 152.4, BMI 59.95, Temp 98.2, Pain scale 8, BSA 2.43 M.

Examination:

General Examination:

Surgical scar anterior neck well healed. Limited motion especially extension in rotation to the right. Spurling's is positive on the right side. Shoulder motion is painful in all planes especially abduction and forward flexion. No localized tenderness over the subdeltoid region, however. Motor strength is 5/5. Dysesthesias are present mostly in the right C8 distribution.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)
 2. Cervical spinal stenosis - M48.02
- Note transcribed by Pam Sweat, 07/28/2020.

Plan:

1. Cervical radiculopathy

Refill Hydrocodone-Acetaminophen Tablet, 7.5-325 MG, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablets, Refills 0, Notes: M54.16 Lumbar Radiculopathy .

Imaging: MRI : Shoulder, right

Avant,MA,Karen 07/23/2020 12:20:43 PM EDT > Precert & schedule Bailey,Christie 07/28/2020

04:16:43 PM EDT > MRI is approved 202010S1147 Valid- 07/28/2020-08/27/2020 Bailey,Christie

07/30/2020 12:31:44 PM EDT > MRI is scheduled at MRMC Plaza 08/14/2020 @ 8:40-Called and

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
07/23/2020

left message- Mailed information to patient- Faxed over order This DI was reviewed by Christie Bailey on 07/30/2020 at 12:31 PM EDT

Imaging: CT CERVICAL W/WO CON

Avant,MA,Karen 07/23/2020 12:19:40 PM EDT > Precert & schedule Bailey,Christie 07/28/2020 04:24:37 PM EDT > Pending auth Bailey,Christie 07/29/2020 11:27:31 AM EDT > Denied Bailey,Christie 07/30/2020 11:39:41 AM EDT > approved 202010S1153 Valid- 07/30/2020- 08/27/2020 Bailey,Christie 07/30/2020 12:32:23 PM EDT > CT is scheduled at MPMC Plaza 08/14/2020 @ 8:30- Called and left message- Mailed information to patient- Faxed over order This DI was reviewed by Christie Bailey on 07/30/2020 at 12:34 PM EDT

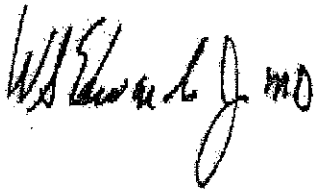
2. Others

Clinical Notes:

Appropriate studies noted above are ordered and he will follow up with us before returning to Dr. Richardson up at Duke and we are indebted to him for his valuable expertise in this challenging situation.

I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

Follow Up: will call



Electronically signed by WILLIE EDWARDS, MD on 07/28/2020 at 01:49 PM EDT

Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 07/23/2020

000285

Order Form

McLeod Spine Center

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19586243

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:23 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 07/23/2020 11:30 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

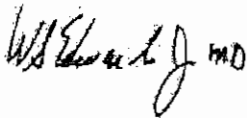
Assessment(s)

Instructions

MRI : Shoulder, right

- M54.12, Cervical radiculopathy

Notes: Avant,MA,Karen 07/23/2020 12:20:43 PM EDT > Present
& schedule Bailey,Christie 07/28/2020 04:16:43 PM EDT > MRI
is approved 202010S1147 Valid- 07/28/2020-08/27/2020
Bailey,Christie 07/30/2020 12:31:44 PM EDT > MRI is
scheduled at MRMC Plaza 08/14/2020 @ 8:40- Called and left
message- Mailed information to patient- Faxed over order



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by
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JORDAN, RANDY
EVERETT, 01/29/1968

000286

Order Form

McLeod Spine Center

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19586243

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:23 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 07/23/2020 11:30 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

CT CERVICAL W/WO CON

- M54.12, Cervical radiculopathy

Notes: Avant,MA,Karen 07/23/2020 12:19:40 PM EDT > Precent

& schedule Bailey,Christie 07/28/2020 04:24:37 PM EDT >

Pending auth Bailey,Christie 07/29/2020 11:27:31 AM EDT >

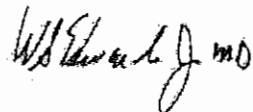
Denied Bailey,Christie 07/30/2020 11:39:41 AM EDT >

approved 202010S1153 Valid- 07/30/2020-08/27/2020

Bailey,Christie 07/30/2020 12:32:23 PM EDT > CT is scheduled

at MRMC Plaza 08/14/2020 @ 8:30-Called and left message-

Mailed information to patient- Faxed over order



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

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JORDAN, RANDY
EVERETT, 01/29/1968

000288

Order Form

McLeod Spine Center

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

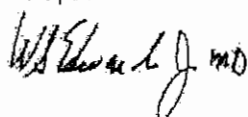
Req/Ctrl# (CD-): 19772460
Willie S. Edwards, MD
NPI: 1134129216
Provider Code: 1134129216
Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749
843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 08/24/2020 12:22 PM
Order Date: 08/14/2020 09:24 AM

Primary Insurance Name: BCBS STATE GROUP
Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260
Subscriber Number: ZCS87971921
Insured Name: JORDAN, RANDY EVERETT
Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
CT Spine Cervical w/ + w/o Contrast (2906929)		



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000289

McLeod Spine Center		Willie S. Edwards, MD
800 East Cheves St STE 480-B FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	08/24/2020
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-680-9298	
Ordered Date:	07/23/2020	
Assessments:	Cervical radiculopathy - M54.12	
Lab:	MRI ; Shoulder, right	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Avant,MA,Karen 07/23/2020 12:20:43 PM EDT > Precert & schedule Bailey,Christie 07/28/2020 04:16:43 PM EDT > MRI is approved 202010S1147 Valid- 07/28/2020-08/27/2020 Bailey,Christie 07/30/2020 12:31:44 PM EDT > MRI is scheduled at MRMC Plaza 08/14/2020 @ 8:40-Called and left message- Mailed information to patient- Faxed over order	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000287

Order Form**McLeod Spine Center**

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19772460

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 08/24/2020 12:23 PM

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 08/14/2020 09:24 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

MRI Shoulder Joint w/o Contrast Right (2908088)



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by

eClinicalWorks

(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

000200

JORDAN, RANDY EVERETT, M, 01/29/1968

McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC 29506-2777
843-432-1880

843-680-9298

FINAL RESULT

Accession Id: 10-CT-20-062551

Order Date: 08/14/2020

Procedure: 08/14/2020 09:24:52

Transcribed: 08/14/2020 09:25:12

Requesting Physician: EDWARDS, WILLIE S Ordering Physician: EDWARDS, WILLIE

CT Spine Cervical w/ + w/o Contrast (2906929)

REPORT

Exam: Report

History: Cervical Radiculopathy - M54.12. Neck pain.

Comparison: Cervical spine MRI, 6/16/2020.

Technique: Axial CT images acquired through the cervical spine without and with intravenous contrast. Sagittal and coronal reconstructions available. 80 mL Omnipaque 350 given IV.

FINDINGS: Atlantooccipital and atlantodental articulations appropriately aligned. Mild degenerative changes at the atlantodental articulation. No significant spinal stenosis at the C1-C2 level.

Straightening of expected cervical lordosis. ACDF hardware in place at C3-C6 with mature osseous interbody fusion through these levels. Ossification of the posterior longitudinal ligament

(OPLL) seen along the dorsal margin C2, C3, and C4 vertebral bodies. No signs of recent fracture or subluxation. Mild disc height loss at C2-C3 with prominent ventral spurring. Mild to

moderate disc height loss and ventral spurring present at C7. Facet joints well aligned with mild degenerative changes present throughout.

No abnormal prevertebral edema. Symmetric enlargement of the palatine tonsils bilaterally. Small right-sided tonsilloliths noted. Prominence of the lingual tonsils also seen major vascular

structures of the neck appear patent. Lung apices clear.

--C1-C2: As above.

--C2-C3: Small to moderate posterior disc and osteophyte complex. No significant spinal stenosis. Uncovertebral spurring and facet arthropathy present without significant neuroforaminal narrowing.

--C3-C4: Prior ACDF. OPLL results in moderate spinal stenosis. Uncovertebral spurring and facet arthropathy results in mild right neuroforaminal narrowing.

--C4-C5: Prior ACDF. Mild dorsal endplate spurring. Mild residual spinal canal narrowing. Bilateral uncovertebral spurring and facet arthropathy present with minimal right neuroforaminal narrowing.

--C5-C6: Prior ACDF. Dorsal endplate spurring. Mild residual spinal canal narrowing.

JORDAN, RANDY EVERETT, M, 01/29/1968

Accession ID: 10-CT-20-062551

REPORT

Bilateral uncovertebral spurring and facet arthropathy present with mild to moderate right neuroforaminal narrowing.

--C6-C7: Moderate posterior disc and osteophyte complex. Mild/moderate spinal stenosis.

Bilateral uncovertebral spurring and facet arthropathy present with moderate right and mild left

neuroforaminal narrowing.

--C7-T1: Substantial artifact present. Mild disc bulge. No appreciable spinal stenosis.

Uncovertebral spurring and facet arthropathy results in very mild right neuroforaminal narrowing.

IMPRESSION:

1. Prior ACDF spanning C3-C6. Ossification of the posterior longitudinal ligament seen along the dorsal margin C2, C3, and C4 vertebral bodies.
2. OPLL results in moderate spinal stenosis at C3-C4.
3. Mild residual spinal canal narrowing at C4-C5 and C5-C6. Mild/moderate spinal stenosis at C6-C7.
4. Mild to moderate multilevel neuroforaminal narrowing present with individual levels detailed above.
5. Symmetric enlargement of the palatine tonsils with small tonsillitis on the right. Correlate for signs/symptoms of sleep apnea. Consider further evaluation by ENT.

All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

***** Final *****

Dictated by: Moore, MD, Bradford D

Dictated DT/TM: 08/14/2020 9:49 am

Signed by: Moore, MD, Bradford D

Signed (Electronic Signature): 08/14/2020 10:07 am

JORDAN, RANDY EVERETT, M, 01/29/1968

Accession ID: 10-CT-20-062551

000292

JORDAN, RANDY EVERETT, M, 01/29/1968

McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC 29508-2777
843-432-1880

843-680-9298

FINAL RESULT

Accession Id: 10-MR-20-014556

Order Date: 08/14/2020

Procedure: 08/14/2020 09:29:28

Transcribed: 08/14/2020 09:57:33

Requesting Physician: EDWARDS, WILLIE S Ordering Physician: EDWARDS, WILLIE

MRI Shoulder Joint w/o Contrast Right (2908088)

REPORT

Exam: Report

10-MR-20-014556

8/14/2020 9:29 AM

MRI Shoulder Joint w/o Contrast Right

ORDERING CLINICAL INFORMATION: Cervical Radiculopathy - M54.12

ADDITIONAL CLINICAL INFORMATION: None.

COMPARISON: None.

PROCEDURE: Imaging of the Right shoulder was performed using a magnetic field strength of 3.0 Tesla. Multiphasic multiplanar MR was obtained utilizing T1, T2, and proton density weighted images with coronal, axial, and sagittal planes.

FINDINGS:

Supraspinatus Tendon: Small linear interstitial tear at the supraspinatus footprint attachment, partial-thickness. There is tendinosis in the supraspinatus. No full-thickness cuff tear.

Infraspinatus Tendon: Small partial-thickness undersurface tear of the superior space fibers with diffuse tendinosis. No full-thickness tear.

Subscapularis Tendon: Intact.

Teres Minor Tendon: Intact.

Long Head Biceps Tendon: Intact.

Rotator Cuff Muscles: No atrophy.

Labrum: Inferior labral tear with multiple parallel labral cyst. These track back towards the anterior inferior glenoid. In aggregate these cysts distended over approximately 2.7 cm length. The largest discrete cyst measures in the range of 8 mm.

Glenohumeral Articular Cartilage: Minimal cartilage thinning

Acromioclavicular Joint: Moderate hypertrophic changes.

Bones: Reactive edema around the AC joint.

Fluid: No large joint effusions. Para labral cyst formation is described. No significant bursal fluid.

IMPRESSION:

Miniscule partial-thickness tears of the rotator cuff. No full-thickness cuff tear. Cuff tendinosis is evident.

JORDAN, RANDY EVERETT, M, 01/29/1968

Accession ID: 10-MR-20-014556

000293

REPORT

Inferior labral tear with multiple para labral cysts.

AC degenerative joint changes.

***** Final *****

Dictated by: Christian, MD, Stephen R

Dictated DT/TM: 08/14/2020 1:12 pm

Signed by: Christian, MD, Stephen R

Signed (Electronic Signature): 08/14/2020 1:20 pm

JORDAN, RANDY EVERETT, M, 01/29/1968

Accession ID: 10-MR-20-014556

000294

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
08/18/2020

F/U w/Results

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 52 Y **Sex:** Male
Phone: 843-680-9298
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 08/18/2020

Subjective:**Chief Complaints:**

1. POST RT Shoulder & Ct Cervical .

HPI:Constitutional:

Patient with persistent right lower cervical dysesthesias secondary to disc protrusion C7, T1. Dr. William Richardson up at Duke was kind enough to see him in consultation and wanted further studies which we have available for review today including MRI scan of his right shoulder which showed meniscal partial thickness tear, no significant abnormalities and also CT scan of the cervical spine from 8/14/20 which I reviewed with the patient as well and demonstrates post op changes from C3 to C6 with residual OPLL in the upper cervical region. Previous MRI scan demonstrated a right sided disc protrusion at C7, T1.

ROS:General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF C3-C6 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/18/2020, None recent 07/23/2020.

000295

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
08/18/2020

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

Mother alive w/hx of memory issues. Father deceased from cancer.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(Alprazolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (Sitagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch (Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Taking Celebrex (Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Aspirin-81, Notes: prn, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day, Taking Hydrocodone-Acetaminophen 7.5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Notes: M54.16 Lumbar Radiculopathy, Not-Taking/PRN Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Ultram (tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco (Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S (Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T (Clonazepam Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco (Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T (Clonazepam Dipotassium) 7.5 MG Tablet 1 tablet Orally TID, Not-Taking/PRN Norco (Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex (Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 307, Wt-kg 139.26, Ht 5'10, Ht-cm 152.4, BMI 59.95, Temp 98.8, Pain scale 8, BSA 2.43 M.

Examination:

General Examination:

Unchanged from before. Stout white male with dysesthesias in the right C8 distribution. Motor strength appears to be 5/5. There may be some fatigue weakness in his grip strength. Cervical motion is mildly limited in all planes. Surgical scar left anterior neck well healed.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical spinal stenosis - M48.02 (Primary)
 2. Cervical disc displacement - M50.20
 3. Acute cervical radiculopathy - M54.12
- Note transcribed by Pam Sweat, 08/20/2020.

Plan:

1. Cervical spinal stenosis

Refill Hydrocodone-Acetaminophen Tablet, 7.5-325 MG, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablets, Refills 0, Notes: M54.16 Lumbar Radiculopathy.

2. Others

Notes:

000296

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
08/18/2020

Follow up with Dr. Richardson up at Duke with the appropriate imaging studies. Patient is working on his blood sugar control and understands that his A1C will need to be down in the 7 range instead of in the 10 range where it was recently. We are happy to share in his care post operatively if Dr. Richardson elects to offer surgical intervention to him for the cervicothoracic pathology.

Clinical Notes:

I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

Follow Up: prn



Electronically signed by WILLIE EDWARDS, MD on 08/20/2020 at 11:11 AM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 08/18/2020

000297

McLeod
Physician Associates

McLeod Spine Center

800 East Cheves St STE 480-B
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 08/18/2020

ADDRESS: 1432 HWY 288 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical spinal stenosis M48.02

Release to: on

Restrictions:

☐ No restrictions

☐ No jumping

☐ No lifting

☐ No overhead work

☐ Right-hand work only

☐ No repetitive bending

☐ No continuous standing

☐ No prolonged sitting

☐ No climbing

☐ Sedentary Only

☐ No lower body

☐ No painting

☐ Other

☐ No running

☐ Right ☐ Left

☐ Left-hand work only

☐ No repetitive stooping

☐ No continuous twisting

☐ No contact sports

☐ No continuous stair climbing

☐ No upper body

☐ No twisting movements

Instructions:

OUT OF WORK UNTIL NEXT APPT

Recheck Visit:

W. S. Edwards, Jr. MD

Physician's Signature

PA's Signature

Physician's Signature

Date

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
09/17/2020

follow up progress note

Patient: JORDAN, RANDY EVERETT

Account Number: e1007749

DOB: 01/29/1968 **Age:** 52 Y **Sex:** Male

Phone: 843-680-9298

Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727

Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 09/17/2020

Subjective:

Chief Complaints:

1. Lumbar follow up.

HPI:

Constitutional:

Symptoms unchanged. Right cervicothoracic radiculopathy. Worsening back pain as well. Previous MRI scan in January demonstrated moderate stenosis at L4-5.

ROS:

General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF C3-C6 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/18/2020, None recent 07/23/2020, NONE RECENT 09/17/2020.

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

Mother alive w/hx of memory issues. Father deceased from cancer.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
09/17/2020

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (Sitagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous , Taking Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Aspir-81 , Notes: prn, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day, Taking Hydrocodone-Acetaminophen 7.5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Notes: M54.16 Lumbar Radiculopathy, Taking MetFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour 1 tablet with evening meal Orally Once a day, Taking Adipex-P(Phentermine HCl) 37.5 MG Capsule 1 capsule Orally Once a day, Not-Taking/PRN Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Ultram(tramadol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepam Dipotassium) 7.5 MG Tablet 1 table Orally TID, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 305.8, Wt-kg 138.71, Ht 5'10, Ht-cm 152.4, BMI 59.72, Temp 98.6, BSA 2.42 M.

Examination:

General Examination:

No change from previous examination. Decreased cervical lordosis. No torticollis. Cervical motion good in all planes with discomfort at the extreme. Decreased grip strength on the right side. Reflexes 2+ symmetric. Dysesthesias mostly in the lower cervical distribution of the right upper extremity. Shoulder motion is full without impingement.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Lumbar radiculopathy - M54.16 (Primary)
Note transcribed by Pam Sweat, 09/22/2020.

Plan:

1. Others

Clinical Notes: Patient is pending surgical intervention at Duke when his medical comorbidities are under better control, specifically his insulin dependent diabetes. No indication for aggressive management of his lumbar spine at this point in time. Continued conservative efforts were recommended.

Our thanks again to Dr. William Richardson up at Duke who has been kind enough to accept his care from the cervical standpoint.

I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

Imaging:

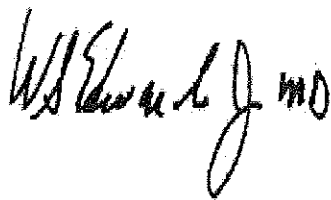
JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
09/17/2020

Imaging: LUMBAR (AP, LAT)

Garand, Lauren 09/17/2020 09:10:00 AM EDT > DONE Sweat, Pam 09/22/2020 12:14:14 PM EDT >
AP and lateral lumbar films confirm disc space narrowing at L4-5 and L5/S1. Also some
degenerative changes are present in the right hip.

Procedure Codes: 72100 Xray exam of lower spine

Follow Up: prn



Electronically signed by WILLIE EDWARDS, MD on 09/22/2020 at 02:02 PM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 09/17/2020

McLeod Spine Center 800 East Cheves St STE 480-B FLORENCE, SC 29506-2777 Tel: 843-432-1880 Fax: 843-432-1022		Willie S. Edwards, MD Orthopaedic Surgery
Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968, Sex: Male Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727 Phone: 843-680-9298	11/04/2020	
Ordered Date: 09/17/2020 Assessments: Lab: LUMBAR (AP, LAT) Fasting: No Specimen: Clinical Info:		
Name Result: Received Date: 09/22/2020 Notes:	Value Garand,Lauren 09/17/2020 09:10:00 AM EDT > DONE Sweat,Pam 09/22/2020 12:14:14 PM EDT > AP and lateral lumbar films confirm disc space narrowing at L4-5 and L5/S1. Also some degenerative changes are present in the right hip.	Reference Range

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

Order Form

McLeod Spine Center

800 East Cheves St, STE 480-B
FLORENCE, SC, 29506-2777
843-432-1880 843-432-1022

Req/Ctrl# (CD-): 19959049

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-680-9298 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 11/04/2020 01:34 PM

Order Date: 09/17/2020 10:00 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: ZCS87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

Instructions

LUMBAR (AP, LAT)

Notes: Garand, Lauren 09/17/2020 09:10:00 AM EDT > DONE

Sweat, Pam 09/22/2020 12:14:14 PM EDT > AP and lateral
lumbar films confirm disc space narrowing at L4-5 and L5/S1.

Also some degenerative changes are present in the right hip.



Electronically Signed By:
Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

JORDAN, RANDY
EVERETT, 01/29/1968

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
10/22/2020

follow up progress note

Patient: JORDAN, RANDY EVERETT

Account Number: e1007749

DOB: 01/29/1968 **Age:** 52 Y **Sex:** Male

Phone: 843-680-9298

Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727

Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 10/22/2020

Subjective:

Chief Complaints:

1. Cervical follow up.

HPI:

Constitutional:

Patient with chronic right cervical radiculopathy and some occasional weakness in his right hand but overall his condition has remained stable. Surgical treatment is contemplated at Duke once his medical condition improves. Some ulnar dysesthesia at times on the right side otherwise no functional issues.

ROS:

General/Constitutional:

Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:

General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:

Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Cervical Stenosis, Cervical spinal stenosis, Cervical radiculopathy, Arthritis of left subtalar joint, Right hip pain, Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present, Lumbar pain, Chronic hypertension, Anxiety, Lumbar postlaminectomy syndrome, Spondylosis of lumbar region without myelopathy or radiculopathy, Lumbosacral spondylosis without myelopathy, Type 2 diabetes mellitus without complication, without long-term current use of insulin, Sacroiliitis.

Surgical History: back surgery , ACDF C3-C6 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , URGENT CARE VISIT FOR SOB 2020, None recent 06/18/2020, None recent 07/23/2020, NONE RECENT 09/17/2020.

Family History: Father: deceased, lung cancer, diagnosed with Heart Disease, Cancer. Mother: alive, dementia.

Mother alive w/hx of memory issues. Father deceased from cancer.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
10/22/2020

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia (SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous , Taking Celebrex(Celecoxib) 200 MG Capsule 1 capsule with food Orally Once a day, Notes: prn, Taking Aspir-81 , Notes: prn, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Naproxen 250 MG Tablet 1 tablet with food or milk Orally Twice a day, Taking MetFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour 1 tablet with evening meal Orally Once a day, Taking Adipex-P(Phentermine HCl) 37.5 MG Capsule 1 capsule Orally Once a day, Taking Hydrocodone-Acetaminophen 7.5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Notes: M54.16 Lumbar Radiculopathy, Not-Taking/PRN Gabapentin 100 MG Capsule 2 capsules Orally QHS, Notes: prn, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Ultram(tramADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Not-Taking/PRN Norco(Acetaminophen-HYDROcodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 302, Wt-kg 136.99, Ht 5'10, Ht-cm 152.4, BMI 58.97, Temp 98.6, Pain scale 8, BSA 2.41 M.

Examination:

General Examination:

Unchanged from before. Cervical motion is limited in all planes. Motor strength is 5/5. Reflexes 2+ symmetric. Dysesthesias in the T1 distribution right side as previously noted. No long tract findings.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical spinal stenosis - M48.02 (Primary)
Note transcribed by Pam Sweat, 10/27/2020.

Plan:

1. Others

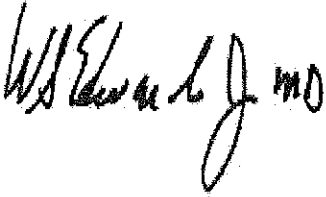
Clinical Notes:

Continue conservative efforts until such time as he is deemed an appropriate surgical candidate at Duke under Dr. Richardson's direction. I indicated to the patient it would be my pleasure to follow him post operatively to save on the number of trips required to Durham if Dr. Richardson feels comfortable with this.

I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

JORDAN, RANDY EVERETT DOB: 01/29/1968 (52 yo M) Acc No. e1007749 DOS:
10/22/2020

Follow Up: Post Duke

A handwritten signature in black ink, appearing to read 'Willie Edwards MD', with a stylized flourish at the end.

Electronically signed by WILLIE EDWARDS, MD on 10/27/2020 at 12:53 PM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 10/22/2020



Relationships as of 7/22/2020 (continued)

Vitals

Most recent update: 7/22/2020 3:05 PM

BP 131/82 (BP Location: Left upper arm, Patient Position: Sitting, BP Cuff Size: Adult)	Pulse 84	Temp 36.7 °C (98 °F) (Oral)	Resp 18	Ht 177.8 cm (5' 10")
--	-------------	--------------------------------	------------	-------------------------

Wt 140.6 kg (310 lb) ‡	SpO2 97%	BMI 44.48 kg/m ²
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Pain Information (Last Filed)

Score 5	Location Neck	Comments None	Edu? None
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PROVIDER PROGRESS NOTES

Progress Notes by Richardson, William James, MD at 7/22/2020 3:30 PM

Author: Richardson, William James, MD	Service: —	Author Type: Physician
Encounter Date: 7/22/2020	Filed: 7/22/2020 4:50 PM	Status: Signed
Editor: Richardson, William James, MD (Physician)		



Division of Spine Surgery

History of Present Illness:

Randy Jordan is a 52 y.o. male who presents today for evaluation of neck and lower back pain.

He is s/p prior C3-6 ACDF in 2017 with McLeod Clinic in South Carolina for OPLL and myelopathy. He states that he improved after this surgery but in recent months has had upper thoracic back pain that is aggravated by lifting. Pain does not radiate down arms. No difficulty with grip. Occasional left small finger numbness but not constantly. No gait issues.

He is 20+ years s/p lumbar decompression at unspecified level. He states that over the past few weeks since turning his ankle he has had recurrent midaxial lower back pain without radiation. No associated weakness. Worse with activity and flexion. No bowel/bladder incontinence.

His PMH is significant for DM II - last A1c is 10.4 on 07/14/20.

Spine Questionnaires:

No flowsheet data found.

Past Medical History:



PROVIDER PROGRESS NOTES (continued)

Progress Notes by Richardson, William James, MD at 7/22/2020 3:30 PM (continued)

Past Medical History:

Diagnosis	Date
• Diabetes mellitus without complication (CMS-HCC)	
• Spinal stenosis of cervical region	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• cervical surgery		

Medications:

Current Outpatient Medications Ordered in Epic

Medication	Sig	Dispense	Refill
• ALPRAZolam (XANAX) 0.5 MG tablet	alprazolam 0.5 mg tabs		
• gabapentin (NEURONTIN) 300 MG capsule			
• HYDROcodone-acetaminophen (NORCO) 7.5-325 mg tablet	hydrocodone 7.5 mg-acetaminophen 325 mg tablet		
• SITagliptin (JANUVIA) 100 MG tablet	januvia 100 mg tabs		
• TRESIBA FLEXTOUCH U-100 pen injector (concentration 100 units/mL)			

No current Epic-ordered facility-administered medications on file.

Allergies:

Not on File

Social History:

He reports that he quit smoking about 15 years ago. He has never used smokeless tobacco. He reports that he does not drink alcohol or use drugs.

Review of Systems:

A comprehensive 14 point ROS was performed, reviewed, and the pertinent orthopaedic findings are documented in the HPI.

Physical Exam:

Vitals:

07/22/20 1458
BP: 131/82
BP Location: Left upper arm



PROVIDER PROGRESS NOTES (continued)

Progress Notes by Richardson, William James, MD at 7/22/2020 3:30 PM (continued)

Patient Sitting
Position:
BP Cuff Size: Adult
Pulse: 84
Resp: 18
Temp: 36.7 °C (98 °F)
TempSrc: Oral
SpO2: 97%
Weight: (I) 140.6 kg (310 lb)
Height: 177.8 cm (5' 10")

Body mass index is 44.48 kg/m².

General/Constitutional: No apparent distress: well-nourished and well developed.

Eyes: Pupils equal, round with synchronous movement.

Respiratory: Non-labored breathing

Vascular: No edema, swelling or tenderness, except as noted in detailed exam.

Integumentary: No impressive skin lesions present, except as noted in detailed exam.

Neurological: Oriented to person, place, and time.

Psychological: Normal mood and affect.

Musculoskeletal: Normal, except as noted in detailed exam and in HPI.

Spine Examination:

Inspection:

Gait	Normal
Deformity	No deformity

Range of Motion:

Cervical	
Cervical flexion	Normal/ Painless
Extension	Normal/ Painless
Lateral bending	Normal/ Painless
Lateral Rotation	Normal/ Painless

Palpation:

Cervical	
Tenderness	Nontender

Neural Evaluation:

Cervical	
Spurling's	Normal
Hoffman's	Normal
Clonus	Normal

Sensory :



PROVIDER PROGRESS NOTES (continued)

Progress Notes by Richardson, William James, MD at 7/22/2020 3:30 PM (continued)

Cervical	Right	Left
C5	Normal	Normal
C6	Normal	Normal
C7	Normal	Normal
C8	Normal	Normal
T1	Normal	Normal

Motor:

Cervical	Right	Left
Deltoid	5/5	5/5
Biceps	5/5	5/5
Triceps	5/5	5/5
Wrist Extensor	5/5	5/5
Wrist Flexor	5/5	5/5
Grip	5/5	5/5
Intrinsics	5/5	5/5

Reflexes:

Cervical	Right	Left
Biceps	Normal	Normal
Brachioradialis	Normal	Normal
Triceps	Normal	Normal
Hoffman	Absent	Absent
Inverted Brachioradialis	Negative	Negative

R shoulder exam:

Pain with passive forward flexion, empty can testing and Hawkin's test of the shoulder. No pain with external rotation

Results Reviewed:

The following spine imaging studies were reviewed today:

X-rays of the cervical spine 2 views were reviewed today. Prior C3-6 spine ACDF with interbody cages in good alignment without evidence of complication. Degenerative changes consistent with DISH above and below the fused segment.

X-rays 2 view of the lumbar spine today are unremarkable. Some age-appropriate mild degenerative changes are seen at L5 and S1 with osteophyte formation but largely preserved disc spaces. No retrolisthesis.

MRI of the cervical spine dated June 2020 shows prior C3-6 ACDF hardware. Appears to be residual stenosis at level of C3-4 maximally. There is mild stenosis at C6-7, with preserved CSF fluid signal. Possible osteophytes v. residual OPLL at C5/6, C6/7 on the right side, although this is not clear on

Generated on 10/2/20 4:08 PM



PROVIDER PROGRESS NOTES (continued)

Progress Notes by Richardson, William James, MD at 7/22/2020 3:30 PM (continued)

this particular study.

Lumbar spine MRI dated January 2020 shows no significant foraminal stenosis and no significant central stenosis. There are no significant disc protrusions.

No results found for: HCT, HGB, CREATININE, WBC, CRP, SEDRATE, ALB, PREALB

Assessment:

1. **Cervical spondylosis**
2. Spinal stenosis of cervical region
3. Rotator cuff tear arthropathy, unspecified laterality

ICD-10-CM
M47.812
M48.02
M75.100
M12.819

Plan:

I reviewed the diagnosis, management options, expected outcomes and reasons for scheduled and emergent follow-up. All questions were adequately answered today. The patient expressed verbal understanding and agreement with the stated plan. We will proceed with the following today.

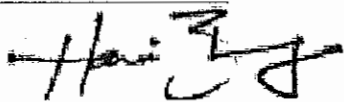
Discussed his symptoms, exam, and imaging today. His complaints are pain related rather than concerns for myelopathy. We discussed that his DISH and/or residual OPLL may be contributing to his neck pain and/or back pain, but his exam is also suspicious for shoulder pathology such as rotator cuff tear. We will better evaluate both with a right shoulder MRI and a cervical CT scan.

Unfortunately his extremely high A1c and BMI preclude any elective surgery at this point. We discussed that his A1c would need to be below 7.0 and his BMI below 40 before we would consider any elective procedures. It also precludes any steroid injections. He will follow up with his primary care physician to begin optimizing his DM control.

He will call us to discuss the results of the imaging after it is complete to determine further steps. Patient understood and agreed with all parts of this plan.

All of the patient's questions were answered today. We have encouraged the patient to call us if any further problems or questions should arise.

Scribe Attestation:

I, 

, am acting as scribe for William James Richardson, MD.



PROVIDER PROGRESS NOTES (continued)

Progress Notes by Richardson, William James, MD at 7/22/2020 3:30 PM (continued)

Diagnoses and all orders for this visit:

Cervical spondylosis

- MRI shoulder right without contrast; Future

Spinal stenosis of cervical region

- CT cervical spine without contrast; Future
- MRI shoulder right without contrast; Future

Rotator cuff tear arthropathy, unspecified laterality

- MRI shoulder right without contrast; Future

Is a tough problem not sure that I have the answer at this point. He has had multilevel ACDF for what this appears to be OPLL he has a MRI scan which shows continued foraminal stenosis at multiple levels through the fusion on the right side as well as at the level below the fusion at C6-7. His symptoms though are not necessarily correlating with a radiculopathy at that level. He has some positive impingement positive Jobe's test and so I worry about his shoulder. In addition I would like a CT scan to better assess the foraminal narrowing from the OPLL. And then finally his hemoglobin A1c is 10 would not consider operating on his neck until the A1c was 7 or less. I have offered to get an MRI of his shoulder CT scan of his neck letting work on his A1c with his primary care doctor. Told him to Dr. Edwards continues to be a spine surgeon he can talk with him about work and medication I will be happy to see him back after the above the studies if he get his sugars under control. I personally saw and evaluated the patient, and participated in the management and treatment plan as documented in the resident/fellow note.

William James Richardson, MD

William James Richardson, MD
Department of Orthopaedic Surgery and Rehabilitation
Division of Spine Surgery
Office: 919-684-5711
Clinic: 919-660-8885

Electronically Signed by Richardson, William James, MD on 7/22/2020 4:50 PM

NON-PROVIDER PROGRESS NOTES

Progress Notes by Thompson, Elizabeth A, CMA at 7/22/2020 3:30 PM

Author: Thompson, Elizabeth A, CMA
Encounter Date: 7/22/2020
Editor: Thompson, Elizabeth A, CMA (Medical Assistant)

Service: —
Filed: 7/22/2020 4:50 PM

Author Type: Medical Assistant
Status: Signed



Neutral

As of: December 23, 2020 8:42 PM Z

R Jordan

Tucker v. S.C. DOT

Supreme Court of South Carolina

March 26, 2019, Heard; July 24, 2019, Filed

Opinion No. 27906

Reporter

427 S.C. 299 *; 831 S.E.2d 426 **; 2019 S.C. LEXIS 70 ***; 2019 WL 3311059

Johnny Tucker, Employee, Respondent, v. South Carolina Department of Transportation, Employer, and State Accident Fund, Carrier, Petitioners.

Prior History: [***1] Appeal from the Workers' Compensation Commission. Appellate Case No. 2018-000076.

Tucker v. S.C. DOT, 2017 S.C. App. Unpub. LEXIS 408 (S.C. Ct. App., Oct. 18, 2017)

decision finding that an employee's claim was untimely under S.C. Code Ann. § 42-17-90(A) (2015) because the timing requirement was satisfied upon the filing of a Form 50 to initiate the claim, there was no basis in the law for the proposition that the date a claimant requested a hearing was determinative of whether a claim for change of condition was timely, and there was no indication whatsoever that the employee or his counsel attempted to intentionally delay a hearing in the hope that evidence would later develop to support a change of condition claim.

Disposition: AFFIRMED.

Outcome

Petition granted, decision affirmed, and matter remanded.

Core Terms

claimant, twelve month, last payment, change of conditions, requesting

LexisNexis® Headnotes

Case Summary

Overview

HOLDINGS: [1]-The court of appeals properly reversed a Workers' Compensation Commission

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

HNI [📄] **Statute of Limitations, Claims Periods**

The timing requirement in S.C. Code Ann. § 42-17-

90(A) (2015) is satisfied upon the filing of a Form 50 to initiate the claim.

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

HN2 [📌] Statute of Limitations, Claims Periods

S.C. Code Ann. § 42-17-90(A) (2015) provides that when a party makes a claim based on a change of condition, "the review must not be made after 12 months from the date of the last payment of compensation pursuant to an award."

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

Workers' Compensation &
SSDI > Administrative
Proceedings > Awards > Modification

HN3 [📌] Statute of Limitations, Claims Periods

S.C. Code Ann. § 42-17-90(A) (2015) is ambiguous in respect to the timing requirement. Its operative language regarding timing is "the review must not be made after 12 months from the date of the last payment of compensation." The term "review" is not defined anywhere in the Workers' Compensation Act, in the Workers' Compensation Commission's regulations, or in judicial decisions. The ordinary meaning of the term gives little guidance as to the intent of the Legislature as to what event must occur to meet the timing requirement. In addition, the point in time at which a review becomes "made" is not something that is clear. However, there is no basis in the law for the proposition that the date a claimant requests a hearing is determinative of whether a claim for change of condition is timely.

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

HN4 [📌] Statute of Limitations, Claims Periods

In the context of S.C. Code Ann. § 42-17-90(A) (2015), an application for review must be made within one year after the last payment of compensation.

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

Workers' Compensation &
SSDI > Administrative
Proceedings > Awards > Modification

HN5 [📌] Statute of Limitations, Claims Periods

A Form 50 is the modern equivalent of what had been referred to as an application. The filing of a Form 50 to initiate a claim for a change of condition is the event that must occur within 12 months of the last payment of compensation to meet the timing requirement of S.C. Code Ann. § 42-17-90(A) (2015).

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

HN6 [📌] Statute of Limitations, Claims Periods

The fact a claimant does not request a hearing does not mean the claim will sit unattended. A "primary goal of the Workers' Compensation Act is to provide quick and efficient resolution of work-related injury claims. The Workers' Compensation Commission shares with the parties the responsibility to meet that goal. In most instances, a claim filed with the Commission will be assigned to one commissioner who must promptly conduct a hearing and determine the dispute in a summary

manner. *S.C. Code Ann. § 42-17-40(A)* (2015). If the parties reasonably need time to prepare, or to negotiate in good faith, the assigned commissioner—or an appellate panel on review—should allow it. In ordinary circumstances, however, no claim may be allowed to sit while the commission waits for a party to request a hearing. In other words, even if a claimant checks the line box indicating "I am not requesting a hearing at this time," the Commission must act reasonably to move the claim toward a "quick and efficient resolution."

Workers' Compensation &
SSDI > ... > Claims > Statute of
Limitations > Claims Periods

Workers' Compensation &
SSDI > Administrative
Proceedings > Awards > Modification

HN7 [📄] Statute of Limitations, Claims Periods

If an employer suspects that an employee intentionally delay a hearing in the hope that evidence will later develop to support a change of condition claim, and the Workers' Compensation Commission does nothing to move the claim toward resolution, the employer may request a hearing or in some other fashion seek to protect its interests.

Counsel: David Hill Keller and Evelyn A. Norton, Turner Padgett Graham & Laney, P.A., of Greenville, for Petitioners.

Preston F. McDaniel, The McDaniel Law Firm, of Columbia; Gerald Malloy, Malloy Law Firm, of Hartsville, for Respondent.

Judges: JUSTICE FEW, BEATTY, C.J., KITTREDGE, HEARN and JAMES, JJ., concur.

Opinion by: FEW

Opinion

[*299] [426] ON WRIT OF CERTIORARI TO THE COURT OF APPEALS**

[*300] JUSTICE FEW: In this appeal from the workers' compensation commission, we address the timing requirement in *South Carolina Code subsection 42-17-90(A)* (2015) for a claim based on a change of condition. We reject Petitioners' argument that satisfying this timing requirement is dependent on a claimant requesting a hearing within the time period set forth in the subsection. Rather, we hold **HN1** [📄] the timing requirement is satisfied upon the filing of a Form 50 to initiate the claim.

Johnny Tucker injured his shoulder on May 2, 2011, while working at the South Carolina Department of Transportation. The commission found he "sustained 5% permanent partial disability . . . for which he is entitled to fifteen weeks of compensation." On May 2, 2013, Tucker filed a Form 50 asserting **[***2]** a claim for additional benefits on the basis that his condition caused by the 2011 injury had changed. Tucker checked the box on line 13a of the Form 50 indicating, "I am not requesting a hearing at this time." On July 30, 2014, Tucker filed another Form 50. This second Form 50 was identical to the first except this time he checked the box on line 13b indicating, "I am requesting a hearing."

Petitioners—the Department of Transportation and the State Accident Fund—defended the claim on the basis that Tucker did not comply with the

timing requirement of subsection 42-17-90(A). HN2[] The subsection provides that when a party makes a claim based on a change of condition, "the review must not be made after twelve months from the date of the last payment of compensation pursuant to an award." Tucker received his last payment of compensation on November 28, 2012. The first Form 50 was filed within twelve months, but Tucker's request for a hearing in the second Form 50 did not occur within twelve months.

[**427] Petitioners argued a claimant must request a hearing within twelve months to satisfy the timing requirement. The commission agreed, and denied the claim. The court of appeals did not agree. It held [***3] the claim "was timely filed," and reversed in an [*301] unpublished decision. *Tucker v. S.C. Dep't of Transp.*, Op. No. 2017-UP-379 (S.C. Ct. App. filed Oct. 18, 2017). Petitioners filed a petition for a writ of certiorari with this Court, again arguing a claimant must request a hearing within twelve months. We granted the petition.

HN3[] Subsection 42-17-90(A) is ambiguous in respect to the timing requirement. Its operative language regarding timing is "the review must not be made after twelve months from the date of the last payment of compensation." The term "review" is not defined anywhere in the Workers' Compensation Act, in the commission's regulations, or in our decisions. The ordinary meaning of the term gives us little guidance as to the intent of the Legislature as to what event must occur to meet the timing requirement. In addition, the point in time at which a review becomes "made" is not something that is clear to us. We find, however, there is no basis in the law for Petitioners' proposition that the date a claimant requests a hearing is determinative of whether a claim for change of condition is timely.

We have addressed this timing requirement before. In *Wallace v. Campbell Limestone Co.*, 198 S.C. 196, 17 S.E.2d 309 (1941), the claimant waited more [***4] than three years after his last payment

of compensation to file a claim for additional benefits. 198 S.C. at 199, 17 S.E.2d at 310. We held the commission correctly denied the claim on the ground it was filed too late. 198 S.C. at 203, 17 S.E.2d at 312. We later characterized our holding in *Wallace* as, "We have gone no further than to hold that HN4[] the application for review must be made within one year after the last payment of compensation." *Allen v. Benson Outdoor Advert. Co.*, 236 S.C. 22, 30, 112 S.E.2d 722, 726 (1960) (citing *Wallace*).

In *Allen*, the claimant did file his application for review within twelve months, "but there was no hearing . . . until . . . twelve days after the expiration of the one year period." 236 S.C. at 29, 112 S.E.2d at 725. The employer and carrier argued "it is not sufficient for the application for review to be made within one year after the last payment of compensation but the application must be heard by the Commission within that period." 236 S.C. at 29-30, 112 S.E.2d at 725. We rejected that position, stating, "It represents a literal and strict construction [*302] of [the subsection] when under the well-settled rule a liberal construction is required." 236 S.C. at 30, 112 S.E.2d at 725. After noting, "Similar statutes have been construed in other jurisdictions as only requiring that the application for review be made within the statutory period," 236 S.C. at 30, 112 S.E.2d at 726, we held the commission could hear the claim because [***5] "[t]he application for review here [was] filed within one year after the last payment of compensation," 236 S.C. at 31, 112 S.E.2d at 726.¹

Petitioners place a strained interpretation on our decision in *Allen*. The argument seems to be that requesting a hearing is the event we referred to in *Allen* as the "application for review." We find no support for this argument. In *Allen* itself, we gave

¹In *Allen*, we held the commission had "jurisdiction" to hear the claim, 236 S.C. at 31, 112 S.E.2d at 726, but the issue we addressed in *Allen*—and address here—is not jurisdictional. Rather, the question is simply whether the claimant satisfied the timing requirement of subsection 42-17-90(A). If not, the commission has jurisdiction, but it must deny the claim as untimely.

no indication the claimant *ever* requested a hearing. We stated simply, "Hearings were held" 236 S.C. at 25, 112 S.E.2d at 723. We now hold HN5 [¶] a Form 50 is the modern equivalent of what we then referred to as an application.² [**428] The [**303] Form states at the top, "A claim for workers' compensation benefits is made based on the following grounds." It then has various boxes to check and blanks to fill in to provide the essential factual and legal basis for the claim. We do not

²Form 50 did not exist when we decided *Allen* in 1960. There were other industrial commission forms at least as early as 1947, but there was no separate form for filing a claim. The available forms included Form 11, entitled "Notice of Accident to His Employer," and Form 25, entitled "Request that Claim be Assigned for Hearing." Form 50 appears to have been created in 1968. At that time, Form 50 was entitled "Application of Employee for Benefits and Request for Hearing." Until 1990, the Form 50 was called an "Application," and the filing of it was an automatic request for a hearing. Ernest B. Castles, *THE SOUTH CAROLINA WORKMEN'S COMPENSATION ACT ANNOTATED* (Castles ed., 1947), *later revised as THE SOUTH CAROLINA WORKMEN'S COMPENSATION LAW* (S.C. Indus. Comm'n ed., 1950, 1956, 1959, 1970, and 1974).

The workers' compensation commission adopted regulations in 1990. 14 S.C. Reg. 109-76 (Jun. 22, 1990). Before then, "practitioners often filed a claim by filing a letter of representation. A letter of representation was construed to toll the statute of limitations and preserve the claim until it was ripe for adjudication. Filing a Form 50 . . . caused a hearing to be scheduled regardless of whether the claim was ripe" Grady L. Beard et al., *THE LAW OF WORKERS' COMPENSATION INSURANCE IN SOUTH CAROLINA* 434-35 (6th ed. 2012). The commission amended Form 50 in 1990 to add lines 13a and 13b "to eliminate setting claims for adjudication prematurely." *Id.* at 435. After the amendment, the common practice to file a claim was a claimant would file a Form 50 and "check[] the box opposite line 13a" indicating no hearing was requested. *Id.* "When the claim [became] ripe for adjudication, the claimant [w]ould file a new Form 50 . . . marking the box opposite line 13b . . . requesting a hearing." *Id.* (citing 67 S.C. Code Ann. Regs. 67-207 (Supp. 2018)).

In common practice, therefore, to file a timely claim, attorneys have done precisely what Tucker did in this case. There is no indication there was ever a practice or procedure under which the request for a hearing was given any significance in meeting timing deadlines. While the discussion in Beard, *supra*, relates to the filing of an initial claim to meet the two-year statute of limitations in section 42-15-40 of the South Carolina Code (2015), we see no reason to believe the same practice was not observed in filing a claim for a change of condition. Therefore, Petitioners' contention that we meant in *Allen* to require the request of a hearing to meet the timing requirement of subsection 42-17-90(A) is unsupported in law and the history of practice in this area.

believe this form can be reasonably construed as anything other than an "application for review" as we used the term in *Allen*. Therefore, if *Allen* was not clear before, we now clarify that the filing of a Form 50 to initiate a claim for a change of condition is the event that must occur within twelve months of the last payment of compensation to meet the timing requirement of subsection 42-17-90(A). [***6]

HN6 [¶] The fact a claimant does not request a hearing does not mean the claim will sit unattended. In *Russell v. Wal-Mart Stores, Inc.*, 426 S.C. 281, 826 S.E.2d 863 (2019), we pointed out a "primary goal of the Workers' Compensation Act is to provide quick and efficient resolution of work-related injury claims." 426 S.C. at 285, 826 S.E.2d at 865. The commission shares with the parties the responsibility to meet that goal. 426 S.C. at 287, 826 S.E.2d at 866. We stated, "In most instances, . . . a claim filed with the commission will be assigned to one commissioner who must promptly conduct a hearing and 'determine the dispute in a summary manner.'" 426 S.C. at 288, 826 S.E.2d at 866 (quoting S.C. Code Ann. § 42-17-40(A) (2015)). If the parties reasonably need time to prepare, or to negotiate in good faith, the assigned commissioner—or [**304] an appellate panel on review—should allow it. In ordinary circumstances, however, no claim may be allowed to sit while the commission waits for a party to request a hearing. In other words, even if a claimant checks the line 13a box indicating "I am not requesting a hearing at this time," the commission must act reasonably to move the claim toward a "quick and efficient [***7] resolution."³

At oral argument, we discussed with counsel the possibility a claimant may file a Form 50 within twelve months, and then intentionally delay a hearing in the hope that evidence will later develop

³ We recognize that our decisions in *Russell* and this case will change the practice of allowing claims to sit until a hearing is requested, and will require the commission to consider amending certain regulations, including 67-207.

to support a change of condition claim. In the case before us, there is no indication whatsoever Tucker or his counsel attempted to do this. Such an improper effort,⁴ as we have explained, should have no chance of success. However, HIN7[~~7~~] if an employer suspects this, and the commission does nothing to move the claim toward resolution, the employer may request a hearing or in some other fashion seek to protect its interests.

[**429] We affirm the court of appeals' decision finding the claim "timely." We remand to the commission to promptly conduct a hearing on the merits of Tucker's claim for a change of condition.

AFFIRMED.

BEATTY, C.J., KITTREDGE, HEARN and JAMES, JJ., concur.

End of Document

⁴ See Rule 3.1, RPC, Rule 407, SCACR ("A lawyer shall not bring or defend a proceeding, or assert or controvert an issue therein, unless there is a basis in law and fact for doing so that is not frivolous . . .").

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.1602438

Randy Jordan, Employee,	)	
	)	
Claimant,	)	
	)	DEPOSITION OF:
vs.	)	
	)	JASON B. O'DELL, M.D.
South Carolina Department of	)	
Transportation,	)	
	)	
Employer,	)	
	)	
Defendants.	)	
=====	)	

Deposition of JASON B. O'DELL, M.D., taken
before Laura W. Little, Verbatim Reporter and Notary
Public in and for the State of South Carolina, at
McLeod Orthopaedics-Florence, 1005 East Cheves Street,
McLeod Medical Park Five, Florence, South Carolina,
commencing at 6:11 p.m. on the 3rd day of December
2020.

Laura W. Little
Laura Little Reporting Service
345 Potato House Road
Darlington, South Carolina 29532
843-393-6466
act4court@bellsouth.net

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
APPEARANCES OF COUNSEL	STIPULATIONS
For the Employee/Claimant:	Prior to the giving of any testimony by the
Stephen J. Wukela, Esquire	witness, it was expressly stipulated and agreed between
Wukela Law Firm	the parties to this action, through their respective
Post Office Box 13057	counsel, that:
Florence, South Carolina 29504	By Notice and/or Consent, said deposition is being
For the Carrier/Defendants: (Telephonically)	taken in accordance with Section 42-3-160, Code of Laws
Sarah G.J. Verstraten, Esquire	of South Carolina 1976, and Rule 30 of the South
Willson, Jones, Carter & Baxley, P.A.	Carolina Rules of Civil Procedure, which shall control
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Mt. Pleasant, South Carolina 29464	Said deposition shall be taken for the purpose of
	discovery and/or for use as evidence in the above-
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	time of the trial except as to the form of the
	question;
	Reading and signing of the transcript of testimony
	by the witness was waived.

6 1 A. Yeah. 2 Q. Very good. All right. So this is a Workers' 3 Compensation case. This is a little bit unusual 4 posture. It's a case that was resolved and closed and 5 we're actually trying to determine whether there's been 6 what's a so-called change of condition and whether Mr. 7 Jordan's condition has changed. This was an admitted 8 injury to his back, neck and his left ankle back in 9 2016, actually, when he was struck by a vehicle while 10 he was working for a DOT crew. None of that is 11 particularly important, I guess, to you, but just to 12 give you a posture--- 13 A. Yeah. 14 Q. ---of what we're about. I understand having 15 received your records that you began to see Mr. Jordan 16 in June of 2019, is that right? 17 A. Correct. 18 Q. All right. The first record I have of you 19 seeing him was June the 18th, 2019? 20 A. Yes, sir. 21 Q. All right. And how did he present on June 22 the 18th? 23 A. He had complaints of both perceived pain and 24 instability on the ankle, the left side, and we had 25 found this, you know, guardrail, falling over a	8 1 Sarah, it was APA 4, Page 66. 2 MS. VERSTRATEN: Thank you. 3 A. Okay. So he talks about an MRI that was 4 done, I guess around that time and it seemed to be 5 benign, basically, so at that point he rated the 6 patient, I assume, released the patient, and placed the 7 patient at MMI. 8 Q. All right. And just for complete reference 9 I'm going to ask you to turn to page 99, the MRI to 10 which you were referring and in which Dr. Daily was 11 referring in that report is found there and it's dated 12 February the 15th, 2017 if I've got my numbers correct. 13 A. Yes. Yeah, so February of that year. Yeah, 14 it just says mild chronic change, no acute abnormality. 15 I guess the chronic change they talk about is a little 16 bit of midfoot arthritis, that's not uncommon, the MRIs 17 always say that. It doesn't describe any significant 18 pathology to the subtalar joint or the Achilles which 19 are kind of the areas we've been treating him. Okay. 20 Q. Okay. And, again, I recognize that you 21 didn't have the benefit of that note and hadn't seen 22 that note before. 23 A. Yeah. 24 Q. But with that knowledge now, how, how was Mr. 25 Jordan's presentation on June the 18th, 2019 when he
7 1 guardrail type of work-related injury that was about 2 three years before the visit that we saw him. We did 3 not treat him for the previous injury that I have a 4 record of so I'm not sure he did, but at that time 5 basically he had some lateral sided foot pain, which is 6 not uncommon. We discussed, as we would normally 7 discuss, the possibility of reimaging the area given a 8 chronic condition versus considering an injection and 9 at that point we had ordered an MRI for the patient. 10 Q. All right. And, Doctor, you mentioned that 11 you had not treated him previously for the ankle with 12 that work injury? 13 A. Yes. 14 Q. Do you need to go? 15 A. No. 16 Q. Okay. I will tell you that he was treated by 17 a Dr. Daily and I'm going to show you a document, which 18 is actually Page 66 of APA 4 of the case when it was 19 heard previously. I know you've not seen this record 20 before, but I'll ask you to review it. 21 A. Okay. (Deponent complies) 22 MS. VERSTRATEN: And, Stephen, do you 23 have a date for that record? 24 MR. WUKELA: Yes, ma'am. It's June the 25 29th of 2017 by Dr. Daily. And of my previous APA,	9 1 first saw you compared to his presentation when he last 2 saw Dr. Daily back in June of 2017? 3 A. So that was the last visit with Dr. Daily was 4 that time, is that right? 5 Q. It is. It was, yes, sir. 6 A. Let's see if he has an exam here. So at that 7 point I guess they made recommendations for medium duty 8 work and he was released. There's not really any 9 physical exam on that particular note. I guess that 10 was just a follow up to a FCE. You know, what he 11 stated to me was that he was having increasing pain 12 with prolonged activity, which is what prompted him to 13 come and see me. 14 Q. Okay. The last sentence of your history 15 indicates that he stated that his ankle had been 16 progressively getting worse since the time of his 17 initial injury? 18 A. Correct. 19 Q. Okay. And what was your plan at that point, 20 Doctor? 21 A. So at that point I didn't really know about 22 his prior imaging and it had been long enough anyway 23 that it probably wouldn't matter. If I had I would 24 have still repeated an MRI so that's what we ended up 25 doing at that time.

10

1 Q. All right. And it looks like he did have
2 that MRI and followed up with you on July the 9th of
3 2019, is that correct?

4 A. Yes.

5 Q. And at that point did you have the benefit of
6 that MRI?

7 A. The new one, yeah. Right.

8 Q. The new one, yes. Right. Correct.

9 A. Right. So, what we saw at that time he had a
10 little bit of fluid in the subtalar joint posteriorly.

11 No progressive arthritis. I mean it did look better

12 than I thought it might. Still had no evidence of any

13 bone edema or progressive arthritis of that joint.

14 Small amount of fluid in the joint that does seem to be

15 a newer finding compared to the older MRI that I don't
16 have the report of.

17 Q. Okay. And what was your recommendation then
18 at that point?

19 A. So based on that we said, well, there's some

20 fluid in the joint, let's see, you know, because

21 clinically we believe that joint to be hurting him so

22 as we would often do we injected it to see if that

23 would make a difference in his symptoms.

24 Q. And I think the edema that you're referring
25 to that you saw on this MRI that you didn't see on the

11

1 previous MRI that you've now had the opportunity to
2 review, that's the fluid that you're referring to?

3 A. The sort of fluid in the posterior part of
4 the subtalar joint.

5 Q. I see. Okay. All right. And so then the

6 next time you saw him he came in in November of 2019?

7 He had that injection?

8 A. Yeah.

9 Q. You did perform that injection?

10 A. So we would tend to do about a two month

11 follow up after an injection so it has time to start

12 working, time to wear off, and then discuss the

13 symptoms.

14 Q. Got you.

15 A. So that was his plan. And so what he said

16 was -- I mean, he seemed a little better. He states

17 that he still felt like the foot was unsteady at times,

18 but he didn't have as much pain complaints. He

19 couldn't really say if the injection had worn off or

20 whatnot, but he didn't think that it was worse, but he

21 was also having difficulty. At that time he described

22 the SI joint.

23 Q. Okay. And I suspect that most of the

24 Commissioners are familiar with the anatomy here, but

25 would you describe very briefly for the layman the

12

1 anatomy of the SI joint?

2 A. So that would be the junction between the

3 pelvis and the sacrum. The sacroiliac joint and the

4 ilium is the pelvic bone. So it's a form of lower

5 back pain. Sometimes it can be localized to the

6 posterior part of the hip, sometimes it could radiate.

7 That seemed to be the area he was hurting, which was on

8 the -- let's see -- it's on the right side, it was on

9 the contralateral side.

10 Q. Contralateral side of where he -- it was the

11 left ankle and right hip?

12 A. Correct. Yes.

13 Q. Okay. So now, you know, we had been talking

14 about the ankle and your treatment of the left ankle

15 and now we're talking about the right hip. What's the

16 clinical significance of that?

17 A. So in somebody who has a lingering issue or

18 potentially a worsening issue I do think that gait

19 related problems can lead to some of these secondary

20 hip or back problems or even knee problems on the other

21 side.

22 Q. Okay. Was that your concern in this case?

23 A. That's what led us to, you know, kind of work

24 on those things. You know, we knew that -- I mean,

25 obviously, imaging is not the initial treatment of a

13

1 hip or back issue so we try to do some therapy for him.

2 Q. Your note indicates that you guys sent him

3 over for some physical therapy to try to normalize the

4 gait?

5 A. Correct.

6 Q. Okay.

7 A. We felt his SI joint issue was gait related

8 and we felt like we've done as much as we could for his

9 foot with an injection with an MRI that wasn't too bad

10 otherwise so we decided to look at some areas.

11 Q. Got it. All right. And so then he does have

12 the physical therapy, I gather, and comes back and sees

13 you January the 16th of 2020?

14 A. That's correct.

15 Q. All right. And how are his -- what's his

16 condition at that point?

17 A. He stated his pain was 6 out of 10 and that

18 he was not really clinically getting better. At that

19 point more of his complaints related to lumbar, which

20 did prompt us to obtain an x-ray in the office that

21 day.

22 Q. Okay. So you indicate that he feels that his

23 pain is getting worse?

24 A. Correct.

25 Q. And with regard to the pain that's getting

14 1 worse are you referring to the ankle or the, or the SI 2 joint? 3 A. His hip and back pain. 4 Q. I see. And so it was at that point then you 5 referred him over for an x-ray first and then an MRI of 6 the lumbar spine? 7 A. We, we did. We ordered a -- yeah, we ordered 8 a CT scan. Well, that was the order that was put in. 9 We wanted an MRI. It says CT there, I think that was 10 put in error, but corrected it in time. 11 Q. Okay. I see. 12 A. Yeah. So given the worsening and failure of 13 PT to improve him clinically we said let's image it. 14 Q. I see. Okay. And, you know, as I said at the 15 outset, his back was an admitted injury in the initial 16 accident, his ankle was an admitted injury. At this 17 point both his ankle and his back are worsening, is 18 that a fair statement? 19 A. Yes. 20 Q. All right. So now you have the -- the MRI 21 was performed? 22 A. Correct. 23 Q. All right. And then he comes back and sees 24 you on February the 13th, 2020, is that correct? 25 A. Yes.	16 1 in that note too that due to the worsening of his back 2 pain and failure of physical therapy you referred him 3 over to Johnson. Or am I skipping ahead? 4 A. I think that was probably the next note. 5 Q. I see. I'm sorry. Okay. 6 A. Yeah. We gave him a little more PT, really 7 not much better. We felt like we had kind of maximized 8 his non-invasive treatment at that point. 9 Q. I see. 10 A. And, you know, certainly those two visits our 11 conversations became very much dominated by the lumbar 12 issues. So that's when we made out -- in April of 13 2020, end of April, we said let's have you see Dr. 14 Johnson and we put him on Gabapentin as a more specific 15 nerve related pain medication. 16 Q. I see. And his gait was still antalgic at 17 that point? 18 A. Correct. 19 Q. All right. Now I've got several notes where 20 it looks like he saw Johnson throughout May and then 21 ultimately over to Edwards? 22 A. I saw that he had several ESIs done, yeah. 23 Q. Okay. Have you seen, have you seen Mr. 24 Jordan back since April 24th of 2020? 25 A. No, sir.
15 1 Q. Okay. How was he in February? 2 A. He continued to have significant pain at that 3 time. He stated that he was having some radiation of 4 the pain at that point, radicular type pain, so pain 5 radiating into the lower extremity, and so the MRI 6 showed changes both at L4-5 and 5-1. 7 Q. All right. What's your plan at that point, 8 Doctor? 9 A. So at that point we talked a little more 10 about maybe a sustained oral anti-inflammatory regimen, 11 some specific PT for the back. Our initial PT was sort 12 of just work broadly. Unfortunately, you know, work 13 comp, if I order lumbar PT directly, it would often be 14 denied, but if I order PT for gait, it sort of gives 15 them a license to do some additional treatment. For 16 the same reason I'll get a lumbar x-ray in the office 17 when I can just order it and it doesn't have to get 18 approved and then that maybe helps me treat the patient 19 later by ordering an MRI. So we formalized PT for the 20 back specifically at that time. 21 Q. It's still your concern or impression is that 22 this worsening of the back situation is a product of 23 gait? 24 A. That is my opinion. 25 Q. Okay. And so have -- there's also a mention	17 1 Q. Okay. So he's still treating with the 2 partners in your office, Dr. Johnson and Dr. Edwards 3 and the like? 4 A. Yeah. 5 Q. Okay. 6 A. So he's -- I think he's had maybe two ESIs 7 and I don't know if he's had any back surgery, but. 8 Q. Okay. And I don't, I don't think so at this 9 point. 10 A. Okay. All right. 11 Q. But it's my understanding that Dr. Edwards is 12 still caring for him? 13 A. Yes. That's what it appeared to be. 14 Q. Okay. So do you have any plans to see him 15 back in the near term or is it your expectation that 16 he'll finish out his treatment with Johnson and Edwards 17 or what's the plan in that regard? 18 A. You know, to me, with -- I think it's helpful 19 to see the old MRI. He doesn't have progressive 20 arthritis on the MRI, which would be a sensitive way to 21 see that. So there was some fluid there and we 22 injected him and he didn't have a lot of relief from 23 the injection, you know, and then as we continued to 24 work him up and treat him, I think essentially most of 25 his leg pain was really his back. So I think he has

18 1 radicular pain. I think that correlates with his 2 lumbar spine findings. That was -- that doesn't 3 necessarily explain the instability that he feels, but 4 because the injection in the ankle was plus-minus-- 5 Q. Right. 6 A. ---I do think that his chronic ankle injury 7 is what led to the worsening of his back so to me I 8 think the right thing for him is to continue treatment 9 on the back. Certainly glad to see him back for the 10 ankle once he recovers from his back surgery, if that's 11 where it goes, but I didn't specifically feel like I 12 needed to see him back. 13 Q. Okay. Okay. So in sum here, you've had a 14 little bit of benefit of seeing -- I know you didn't 15 see him before in the Workers' Compensation claim 16 before it was closed initially. 17 A. Yes. 18 Q. But you've had Dr. Daily's note here and 19 you've had the benefit of treating him for his ankle. 20 Just with regard to his ankle first-- 21 A. Yeah. 22 Q. ---do you have an opinion as to whether his 23 ankle was worse when you saw him in June of 2019 than 24 it was when Dr. Daily released him back in June of 25 2017?	20 1 back before this accident. 2 A. Okay. 3 Q. Okay. A distant surgery. And in this 4 accident -- after this accident he was treated by Dr. 5 Vandernoord up in Charlotte and he did not have any 6 surgery. 7 A. Okay. 8 Q. And he was released with a rating and--- 9 A. Related to the accident? 10 Q. Related to the accident. 11 A. Okay. 12 Q. And he went back to work. I'll show you, 13 I'll show you a record from Dr. Vandernoord of November 14 the 17th, 2016, and I think this is after he had a 15 Functional Capacity Evaluation. 16 MR. WUKELA: This is November 17th of 17 2016, Sarah. 18 A. (Deponent reviews document) Okay. All right. 19 Q. All right. The question I asked, though, was 20 whether the condition of his ankle and the altered gait 21 resulted in the aggravation and a worsening of the 22 condition of his lumbar spine? 23 A. Yes. I think that's what happened. 24 Q. All right. And was the treatment, the 25 referrals you made to Dr. Johnson and then ultimately
19 1 A. I believe that his ankle remains symptomatic 2 between these times and, you know, I would have to 3 believe that it would have been worse for the patient 4 for him to seek treatment with me under separate 5 insurance, that sort of thing. 6 Q. He indicated to you that it was -- his 7 symptoms were worse? 8 A. And he told me that and he told me he had a 9 case, which is good because not everybody does that, 10 and he did see us under his private insurance. 11 Q. All right. So I guess the question remains 12 do you have an opinion as to whether his ankle 13 condition worsened after being released by Dr. Daily? 14 A. I think it did, yes. 15 Q. All right. Now we also talked about his back 16 and as we indicated before the back was an admitted 17 injury in the initial accident. That case was closed, 18 but I think I've understood your testimony that -- or 19 let me just ask you, do you have an opinion as to 20 whether his ankle condition aggravated the condition of 21 his back? 22 A. I believe that he did. Do you know what was 23 done to his back before? 24 Q. Well, let me, I'll tell you. I'll give you 25 the records here. He had had a distant surgery on his	21 1 from Dr. Johnson to Dr. Edwards, necessary to treat 2 that worsening? 3 A. Yes, it was. 4 Q. I think those are all the questions. Give me 5 just a second to make sure I've not overlooked 6 anything. All right, Doctor, I think those are all the 7 questions. Have all the responses you've given me 8 today been made to a reasonable degree of medical 9 certainty? 10 A. Yes. 11 Q. Please answer any questions Ms. Verstraten 12 has for you. 13 CROSS EXAMINATION BY MS. VERSTRATEN: 14 Q. Hey, Dr. O'Dell. 15 A. Hey. 16 Q. I represent the State Accident Fund as well 17 as the Claimant's employer and I just have a few, very 18 few, quick follow up questions. Based on your 19 testimony today is it correct you have not seen the 20 medical records other than the one you saw today from 21 Dr. Daily? You did not review the medical records from 22 Dr. Daily, Dr. Vandernoord, or Dr. Alexander before you 23 first saw the claimant in June of 2019? 24 A. Right. So he -- since he saw me outside of 25 the work comp system, I, you know, didn't have any

22 1 referral records or anything like that. 2 Q. Okay. So none of those doctors, his 3 authorized treating providers that he saw for his comp 4 claim, none of those doctors referred him over to your 5 office and specifically requested that he see you for 6 his issues? 7 A. Yeah. I don't know if his primary care made 8 the referral or if it was a self-referral. I'm not 9 sure. 10 Q. Okay. And you said earlier he was already 11 treating you in your practice with Dr. Edwards, is that 12 correct, for his cervical spine issues? 13 A. I know that he's seen him in the past. I saw 14 some older x-rays in the system from that. At the time 15 I saw him -- I mean, we both, me and Dr. Edwards used 16 to be in the same practice. At the time I saw the 17 patient we are not -- I mean we are both employed by 18 the hospital, but in separate practices within the 19 hospital since 2016. 20 Q. Okay. Got you. Well, since you've seen him 21 is it correct that none of his treatment or care has 22 been coordinated with or approved by the Workers' 23 Compensation carrier? 24 A. You know, I don't know if towards the end it 25 became that way. I'm really not sure.	24 1 MR. WUKELA: Thanks, Sarah. That's all 2 we got. Thank you for your time, Doctor. 3 (THERE BEING NO FURTHER QUESTIONS, 4 DEPOSITION CONCLUDED AT 6:35 P.M. 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
23 1 Q. Okay. 2 A. I know at first it wasn't. That's all. 3 Q. To your knowledge he's not currently paying 4 for his treatment at your office under Workers' Comp, 5 is that correct? 6 A. As far as I know, the notes I have, it 7 doesn't have work comp as the payer at the top of the 8 chart. 9 Q. Okay. And did, did the claimant tell you 10 anything about any new or recent accidents when you 11 first saw him in June of 2019? 12 A. I don't recall that, no. 13 Q. Okay. And to your knowledge has he reported 14 any new acute injury of any kind that he was involved 15 in, you, know, after he started treating with you in 16 June of 2019? 17 A. He related his treatment to his prior injury, 18 so no, I don't know about a different accident. 19 Q. Okay. And to your knowledge did he have any 20 complaints about the treatment he received with Dr. 21 Daily, Dr. Vandemoord, or Dr. Alexander? 22 A. He did not that I recall. 23 Q. Okay. All right. I believe that's all I've 24 got as well. I appreciate your time. 25 A. Okay. Thanks.	25 1 CERTIFICATE OF REPORTER 2 STATE OF SOUTH CAROLINA) 3 COUNTY OF DARLINGTON) 4 I, Laura W. Little, Verbatim Reporter and 5 Notary Public in and for the State of South Carolina, 6 certify that I did have Jason B. O'Dell, M.D., appear 7 before me at 6:11 p.m. on the 3rd day of December 2020, 8 at McLeod Orthopaedics-Florence, 1005 East Cheves 9 Street, McLeod Medical Park Five, Florence, South 10 Carolina; that the witness was duly sworn and cautioned 11 to tell the truth and nothing but the truth; that the 12 foregoing pages constitute a true and accurate 13 transcript of his testimony given at that time and 14 place. 15 I certify that I am not of counsel or kin to 16 any of the parties, nor am I interested in any manner 17 in its outcome. 18 IN WITNESS WHEREOF I have hereunto set my 19 hand and seal this the 12th day of December 2020. 20 21 _____ 22 Laura W. Little, Verbatim Reporter 23 Notary Public, State of South Carolina 24 My Commission Expires August 19, 2025. 25

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Jennifer Matthews

From: Hutto, Deborah <dhutto@wcc.sc.gov>
Sent: Monday, September 30, 2019 11:36 AM
To: Jennifer Matthews
Cc: sgverstraten@wjlw.net; philton@saf.sc.gov
Subject: RE: [External] Randy Jordan v. SCDOT WCC File No. 1602438

I have removed the hearing from the docket and noted our records accordingly.

Thank you,

Deborah

From: Jennifer Matthews <jmatthews@wukelalaw.com>
Sent: Monday, September 30, 2019 10:32 AM
To: Hutto, Deborah <dhutto@wcc.sc.gov>
Cc: sgverstraten@wjlw.net; philton@saf.sc.gov
Subject: [External] Randy Jordan v. SCDOT WCC File No. 1602438

I am withdrawing my hearing request pending additional discovery. Please return this case to the general files.

Stephen J. Wukela, Esquire
Wukela Law Firm
PO Box 13057
Florence, SC 29504
(P) 843-669-5634
(F) 843-669-5150

CONFIDENTIAL & PRIVILEGED

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Corrected

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Kandy Jordan
Physician's Name: Jeffrey Daily, MD
Practice/Clinic: Ortho Carolina, PA
Preparer's Name: _____

MRN #: 10645986
Employer's Name: SC Dept of Transportation
Insurance Carrier: WC SC State Accident Fund
SCWC File No: _____
Phone: _____

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 42-15-60, 42-15-60, 42-1-172, or 42-11-10.

Date of Injury: 2/5/16 Date of first office visit: 3/9/16 Date of last office visit: 6/29/17

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: M25572

Body part(s) injured: left ankle Body part(s) affected: _____

Date of maximum medical improvement: 6/29/17

Has the Claimant sustained permanent physical impairment as a result of the work injury? Yes ☒ No ☐

If so, the permanent physical impairment is: 0 % medical impairment to the left ankle (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
_____ % medical impairment to the _____ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

_____ The AMA's *Guides to the Evaluation of Permanent Impairment* _____ Edition; or
_____ Other medical treatise: _____ or
_____ Other: _____

Does the Claimant have permanent physical limitations as a result of the injury? Yes ☒ No ☐

If so, the permanent physical limitations are: No lifting greater than 50#; No prolonged bending, stooping, squatting, kneeling or twisting.

Does the Claimant possess retained hardware as a result of the injury? Yes ☐ No ☐

If so, the retained hardware is: _____

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function? Yes ☐ No ☐

If so, the medical care and treatment that is needed is/are: _____

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

889

Treating or Evaluating Physician

Date

7/11/17

WCC Form #14B
12/2016

14B

Physician's Statement

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: 1602438
Carrier File #: 2016-316
Carrier Code #:
Employer FEIN #:

Claimant's Name: Randy Everett Jordan
Address: 1432 Hwy 268
City: Mount Croghan State: SC Zip: 29727
Home Phone: (843) 680-9298 Work Phone:
Preparer's Name: Sarah G. J. Verstraten
Employer's Name: SC Department of Transportation
Address: 955 Park Street, Post Office Box 191
City: Columbia State: SC Zip: 29202
Carrier: State Accident Fund
Preparer's Phone #: (843) 606-3295

This form is only applicable to injuries by accident occurring on or after July 1, 2007 pursuant to Title 42-15-60 (A) as amended. The execution of this document is an agreement between the parties relating to a Workers' Compensation claim under §§42-1-160, 42-1-172 or 42-11-10.

Date of Injury or Illness 2/4/2016

The above parties agree to pay and accept compensation based on the following facts:
A compensable ☒ Injury ☐ Illness ☐ Repetitive Trauma occurred on: 2/4/2016 (month/day/year).

The Injury was to left leg (ankle) and neck body part(s) injured and also the injury affected
n/a other body part(s).

The authorized treating physician has released the Claimant from his or her care and has found maximum medical improvement on 6/29/2017 (month/day/year) with an impairment rating of Zero (0%) to the left ankle.

Average weekly wage: \$819.77 Compensation rate \$546.54

By agreement of the parties, the following award has been referred to the Commission for approval:

5%	Percentage loss of use to: Left leg	(body part(s) injured).	9.75	weeks
10%	Percentage loss of use to: Whole spine (neck and back)	(body part(s) affected).	30	weeks
	Percentage loss of use to: whole person			weeks
	Disfigurement to:			weeks
	Wage Loss: \$ amount			weeks
	Total and Permanent Disability:			weeks
	Other:			weeks

Estimated award (number of weeks times compensation rate) \$ 21,724.97

The estimated award is subject to verification by the Commission

Additionally, the Employer's Representative agrees to pay and the Claimant accepts the following medical care and treatment as recommended by the authorized treating physician pursuant to the attached physician's statement, The Employer will provide medical care and treatment as set out in the Commission's Order of 9/18/2018

Additional medical ordered: ☐ Yes ☒ No

See attached 14B physician's statement dated: 7/11/2017

☐ Claimant is entitled to lifetime replacement, repair, and maintenance of causally related medical hardware pursuant to 42-15-60(C). Denied.

This agreement is binding on approval by the Commission. A claim for additional compensation based on a worsening of the Claimant's condition must be filed no later than one (1) year from the date of the last payment of compensation. Only medical care specifically detailed herein will be paid under this agreement. If a dispute arises with regard to continued medical treatment, either party may request a hearing before the Commission pursuant to 42-15-60(B) 3 and (C).

Signature of Claimant's Representative
9/7/18

Signature of Attorney for Carrier
9/18/19

Signature of Attorney/Witness/Translator
9/18/18
sgverstraten@wilaw.net
Email

Claims Mediator

Date Agreement Approved

Jurisdictional Commissioner

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE CASE NO. 2022-000409
SCWCC FILE NO. 1602438

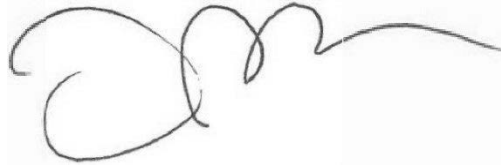
Randy Jordan, Employee, Respondent,

v.

S. C. Department of Transportation, Employer, and State Accident Fund, Carrier, Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Timothy B. Killen, SC Bar # 72501
Holder Padgett Littlejohn + Prickett, LLC
945 Houston Northcutt Boulevard
Mt. Pleasant, South Carolina 29465
(843) 277-0826
tkillen@hplplaw.com
ATTORNEY FOR APPELLANTS

July 22, 2022

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

APPELLATE CASE NO. 2022-000409

SCWCC FILE NO. 1602438

Randy Jordan, Employee, Respondent,

v.

S. C. Department of Transportation, Employer, and State Accident Fund, Carrier, Appellants.

PROOF OF SERVICE

I certify that I have served Respondent, and attorney of record, Stephen Wukela, Esquire, and the Honorable Jenny Abbott Kitchings, Clerk of Court, South Carolina Court of Appeals, the Appellants' Record on Appeal via electronic mail on July 22, 2022.

Stephen Wukela, Esquire
Wukela Law Firm
stephen@wukelalaw.com

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
ctappfilings@sccourts.org



Michelle A. Adams
Paralegal to Timothy B. Killen
Holder Padgett Littlejohn + Prickett, LLC
madams@hplplaw.com