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THE STATE OF SOUTH CAROLINA
In the Supreme Court

S.C. SUPREME COURT

APPEAL FROM THE SOUTH CAROLINA COURT OF APPEALS

Appellate Case No: 2012-205569

Loretta Springs, ...Petitioner,
Clemson University and State Accident Fund.....Respondent.

APPENDIX

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RECORD ON APPEAL

**THE STATE OF SOUTH CAROLINA
In the Court of Appeals
In The Supreme Court**

**APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION APPELLATE PANEL**

Case No: 2012205569

Loretta Springs, ...Appellant,

v.

Clemson University and State Accident Fund.....Respondent.

RECORD ON APPEAL

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Single Commission Decision and Order dated April 11, 2011

**DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 0717106**

**LORETTA SPRINGS, CLAIMANT,
verses
CLEMSON UNIVERSITY, EMPLOYER,
and
STATE ACCIDENT FUND, CARRIER/DEFENDANTS.**

Hearing: Held in Greenville, South Carolina on January 13, 2011.

Appearances:

Claimant represented by:
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Defendants represented by:
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Purpose of Hearing: To determine all issues pursuant to the Forms 50 and 51.

Decision and Order: By Commissioner Avery B. Wilkerson, Jr.

Filed: April 11, 2011

ANDERSON 74299v1

STIPULATIONS

1. This matter was heard by the undersigned Commissioner in Greenville, South Carolina on January 13, 2011. Notices were timely and properly served upon all parties of interest. The parties appeared and evidence on the claim was submitted.

2. The parties stipulated that they were subject to and bound by the provisions of the South Carolina Workers' Compensation Act, as amended, and that venue was appropriate. The Commission's file in this matter, with the exception of any self-serving statements and unstipulated medical reports, was made a part of the record in this case.

3. The undersigned Commissioner informed the parties that his wife was on the Foundation Board at Clemson University and she would be going on the Board of Trustees effective July 11, 2011. Neither party considered this a conflict of interest and waived any objection to the undersigned Commissioner hearing this matter.

4. The date of the Claimant's accident was October 12, 2007.

5. The parties stipulated that the Claimant's average weekly wage was \$434.91 with a corresponding weekly compensation rate of \$289.95.

APA SUBMISSIONS

The Claimant's attorney objected to the Defendants submitting the Claimant's employment records under the APA and the parties agreed that these records would be removed from the record. The Defendants objected to the Claimant's Supplemental APA which included Dr. Kriegel's Medical Certificate dated January, 12, 2011 and it was removed from the record but allowed to be proffered as evidence.

Pursuant to the Administrative Procedures Act, the following records were submitted as evidence on behalf of the Claimant.

EXHIBIT NO.	NAME OF REPORT/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGES NOS.
1	Clemson University Fire Department/EMS	12/12/07	1-2
2	Clemson University/Refem Health Center	10/12/07 - 11/19/07	3-12
3	Oconee Memorial Hospital	10/12/07 - 04/03/08	13-38
4	Lake Ridge Neurological, PA Jerry F. Sherrill, Jr., MD	10/17/07 - 10/14/09	39-61
5	Mountainview Medical Imaging	11/16/07 - 04/01/09	62-64
6	Piedmont Comprehensive Pain Management Eric Loudermilk, MD	12/04/07 - 02/19/10 Continues to Treat	65-101
7	Clemson Sports Medicine	02/26/08 - 04/15/08	102-114
8	Anderson Radiology	04/04/08	115-116
9	Montgomery Center for Family Medicine Nancy L. Voight, MD	09/22/08 - 10/02/08	117-128
10	Spartanburg Neurosurgical Institute, PA	01/20/09	129-131
11	Roger C. Peace Rehabilitation Hospital	09/14/09 - 01/14/10	132-148
12	Medicus	02/13/08	149-152
13	Kriegel & Associates Michael L. Kriegel, PhD	12/10/09 - 10/11/10 Continues to Treat	153-170

Pursuant to the Administrative Procedures Act, the following records were submitted as evidence on behalf of the Defendants.

EXHIBIT NO.	NAME OF REPORT/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGES NOS.
14	Dr. Harry Vincent May	02/05/07, 02/08/07, 02/16/07, 07/02/08, 07/17/08, 10/08/08	171-172
15	St. Francis	02/23/07, 02/25/07	173-177
16	Oconee Memorial Hospital	10/12/07	178
17	Clemson Redfern Center Health Center	11/15/07, 09/04/08	179-180
18	Clemson Sports Medicine	02/26/08, 03/31/08, 04/02/08, 04/10/08, 04/17/08	181-182
19	Piedmont Comprehensive Pain Management Group	05/15/08, 10/26/10	183-184
20	Associates in General Surgery, PA	07/17/08	185-186
21	Mountainview Medical Imaging	04/01/09	187
22	Lake Ridge Neurological, PA	03/26/10	188

23	Kriegel & Associates	04/15/10, 07/01/10, 07/15/10, 07/22/10, 07/27/10, 08/03/10, 08/17/10, 08/19/10, 08/26/10, 08/30/10, 09/07/10, 09/21/10, 09/23/10, 10/07/10, 10/14/10, 10/21/10	189-204
24	Ameritox Report	11/10/10	205-207
26	Kriegel & Associates	11/02/10, 11/11/10	235-236
27	Kriegel & Associates	11/16/10, 11/18/10	237-238

STATEMENT OF THE CASE

The Claimant maintains she suffered a work related injury from an accident occurring on October 12, 2007 when she fell from a golf cart hitting her head and injuring her neck, back, and hip. The Claimant contends she sustained a physical brain injury and injuries to her head, her back, her coccyx, her left lower extremity related to nerve damage, her ears, her nose, her tongue, her olfactory nerve, anxiety, depression, and psychological overlay. The Claimant asks for lifetime benefits as a result of physical brain damage or, in the alternative, asks the Claimant to be determined permanently and totally disabled with continuing medical treatment for the remainder of her life. The Claimant further asks for *Utica-Mohawk* language and lump sum payment if allowable under the South Carolina Workers' Compensation Act. The Claimant also contends that the accident aggravated the Claimant's pre-existing post-traumatic stress disorder.

The Defendants contend the Claimant has reached maximum medical improvement in regard to her work related injuries on October 11, 2010 and rely on the ratings of Dr. Jerry Sherrill. The Defendants admit an injury to the Claimant's coccyx, hip, and head. The Defendants maintain the Claimant suffered a minor closed head injury (concussion) which subsequently healed. The Defendants specifically deny physical brain damage. The Defendants contend the Claimant's current psychological condition and need for counseling is primarily

related to her past post-traumatic stress disorder as a result of childhood abuse resulting in dissociative identity disorder (multiple personalities). Further, the Defendants deny the extent of the Claimant's injuries including those to the Claimant's back, specifically to the bulging disks, and the causal relationship between the Claimant's loss of taste and smell.

EVIDENCE OF THE CASE

The Claimant's husband, Daniel Allen Springs, testified on behalf of the Claimant. Mr. Springs has been married to the Claimant for five and one-half (5½) years. He is employed with Clemson University and began his employment there on October 12, 2007, the day of the Claimant's accident. (TOR, p. 17). He and the Claimant met when they both worked at Clements Electrical prior to their employment with Clemson University. (TOR, p. 18). Mr. Springs did not witness the accident, but was notified at the end of the day when a co-worker brought his wife to the shop. (TOR, pp. 19-20).

Mr. Springs testified his wife was "out of it" for a while. She had continued dizziness, lack of equilibrium, no short term memory, impaired long term memory, and was very disoriented for a long period of time. (TOR, p. 21). He feels she never returned to 100% normal. He stated that prior to the accident, Ms. Springs and he were both very active. She did the bulk of housework, laundry, and preparing meals. Since the accident, the Claimant has had a number of difficulties. Mr. Springs stated that if she runs the vacuum cleaner more than five (5) minutes, she is "pretty well done" and she has no business lifting anything of any considerable weight. He further testified Ms. Springs has a hard time walking and is still having a bit of difficulty with her equilibrium. (TOR, p. 22). She does not have the strength she used to have and planting a garden, bending, squatting, and kneeling are very hard for her. Prior to the accident, horseback riding was a main part of her life and she enjoyed hiking, fishing, going

places, and seeing things. She was a very social person but now cannot remember people long enough to know with whom she is talking. (TOR, pp. 22-23). She has a lot of problems with her memory and has anger outbursts. Mr. Springs testified Ms. Springs takes a prescription medication for pain, an antidepressant, and wears a patch for pain. She also uses a TENS unit to ease pain. (TOR, pp. 26-27).

Mr. Springs testified that Ms. Springs' dizziness and headaches did improve after the accident. (TOR, p. 27). He further testified she can do some household chores, some cooking, and some housekeeping. Mr. Springs was aware of Ms. Springs' multiple personalities, but he had never seen the personality disorders prior to the accident. (TOR, p. 28). Mr. Springs acknowledged he had no training in determining how to detect personality disorders. He learned of her multiple personalities after she began seeing Dr. Kriegel. He testified that certain of her personalities have certain memories, and it is his understanding these personalities are the way she copes with her early childhood trauma. (TOR, p. 30).

The Claimant testified on her behalf. She graduated from high school in 1981 and holds a certificate in medical records from Tri-County Tech. (TOR, p. 31). After the Claimant graduated from high school, she waitressed in a bar and restaurant. She then went into landscaping and did this while she was working to be a zookeeper for Anheuser Busch at Busch Gardens. She was sent to California where she was trained to care for Koalas and Clydesdales. She became the lead keeper. She worked for Anheuser Busch for 11 or 12 years. She then married and worked on a farm in Piedmont, South Carolina. She also worked at the Greenville Zoo and at Walnut Grove, an auction company where dairy cows were sold. In addition, Ms. Springs did some construction cleaning. (TOR, pp. 32-33). The Claimant testified she was hired

as a maintenance technician at Clemson University. Her job duties included making repairs to HVAC, electrical, plumbing, etc. all over the campus. She worked in Zone 4. (TOR, p. 36).

The accident in this case occurred at the end of the day. She hopped in a golf cart to return to the shop with another team member from another zone. They were traveling between the library and the fountain. The doors had been taken off of the cart because it was hot. They were going pretty fast and when the driver swerved to the left, she fell out of the cart landing on her back. (TOR, p. 37). She also hit the backside of her head. Her co-worker got her back in the cart, took her to the shop, and then on to Redfern Clinic for evaluation and treatment. She stated her entire head and backside were hurting. (TOR, p. 38.)

The Claimant testified x-rays were taken of her tailbone, and they took her on to the hospital the same day where a CAT scan was performed. She returned to the hospital the next day because she had nausea and had been blacking out all night. She was told she had a concussion. She later saw a neurologist and a neurosurgeon for treatment of these conditions. (TOR, pp. 39-40). The Claimant further testified she is currently in pain management, has seen two (2) neuropsychologists for memory issues, and has seen an ENT for loss of taste and smell. (TOR, p. 41). The Claimant currently sees Dr. Eric Loudemilk for pain management and Dr. Michael Kriegel for counseling. She takes medication for pain and an antidepressant. (TOR, pp. 42-45).

The Claimant testified that after the accident she returned to work for some period of time. There were people in the shop who did her work for her and she was given tasks that were not as physical, such as checking fire extinguishers and cutting keys. Cutting keys was too hard, so they sent her to the Workers' Compensation office to do busy work. She was told since she could not do her job, which included lifting 50 pounds, she would need to find a job somewhere

else. (TOR, pp. 45-46). At that point, she began receiving temporary total compensation checks and still receives these once a week. She has not worked since leaving Clemson University.

The Claimant testified she had problems hearing following the accident, but this has resolved. She further testified she began having problems with smell and taste about a week or so after the accident and continues to have problems with these. (TOR, pp. 46-48). The Claimant testified her coccyx was broken and her neck and lower back cause her pain. (TOR, pp. 49-50).

Ms. Springs testified she has good days and bad days. She can walk down her street and can still hike as long as the surface is level. (TOR, p. 52). She now lies on the couch most of the day. She sees Dr. Kriegel for pain management and emotional counseling. While receiving counseling, it became apparent she was abused as a child, however, this had never previously interfered with her marriages, her employment, or daily living. (TOR, p. 53-54). She stated she had been able to leave that memory behind prior to the work injury by staying busy and working hard jobs. Since the accident, she has not been able to put it out of her mind and it now interferes with her daily life and marriage, and probably her ability to work. She testified she started receiving Social Security Disability approximately one (1) year ago and that her Medicare would soon start. (TOR, pp. 54-55).

The Claimant testified that prior to the accident she took an antidepressant for about 6 months when she was in her 20's and was going through a divorce. She is currently 48 years old. She stated she continues to have memory problems but has learned to cope through therapy. She testified her word recall is not as bad as it used to be, but she has more anger problems and is more emotional. (TOR, pp. 55-56.)

The Claimant acknowledged that she has multiple personalities and she is aware of them some of the time. She maintained she had never experienced them prior to the injury. She stated the earliest alter personality is 4 years old. She was not sure if Dr. Kriegel's treatment was helping her with pain because she has only been seeing him for a year. She did believe his teaching her breathing techniques had helped. She wished to continue seeing Dr. Kriegel because she was hoping to rid herself of most of her situation.

The Claimant testified she and her husband were looking to buy a house prior to the injury and were continuing to pursue purchasing a home. She stated she receives Social Security Disability, but it is not much since she is still receiving Workers' Compensation. (TOR, pp. 57-58). The Claimant testified that receiving a lump sum award from Workers' Compensation would assist them in paying off some bills and making a down payment on the purchase of a home. (TOR, p. 59).

On cross-examination, the Claimant acknowledged she had episodes of dizziness and severe headaches prior to her work injury and had been treated by the Mayo Clinic in Florida. She underwent an MRI of the brain for these problems. (TOR, p. 60). She acknowledged that her current restrictions include no lifting over 35 pounds on a limited basis. She acknowledged she had another accident when she stood up, her leg was asleep, and she stumbled and sprained her right ankle. (TOR, p. 61). The Claimant denied straining her back while lifting some household appliances when they were moving but acknowledged she had mentioned to Dr. Kriegel that her back hurt because they were moving. She then testified one of her alter personalities (a 12-year old) always wants to do things to be helpful. When she "came out," she tried to move things and her current self would have to take back over and tell the alter she could not move things. She denied she aggravated her back lifting. (TOR, p. 62). The Claimant

acknowledged she has been diagnosed with a mild disk bulge but nothing for which surgery was recommended. (TOR, p. 63). She further testified that her dizziness has resolved but she stated she still sometimes loses her balance. She stated her severe headaches and the problems with her ear have likewise resolved. (TOR, p. 64).

The Claimant acknowledged that Dr. Kriegel has diagnosed her with at least five (5) different personalities. She testified Dr. Kriegel has been helping her learn coping techniques for getting rid of pain, stress, and depression. (TOR, p. 66). The Claimant acknowledged she has been married three (3) times and she has a 28-year old son. She stated she left her son's father because he was using drugs and that she had suppressed her childhood abuse. She stated she was unaware of her multiple personalities prior to the accident. (TOR, p. 67).

The Claimant testified that when she disassociates, one of the alter personalities (a male) asks another alter (an 8-year old female) to discuss a bad occurrence. This female alter can make her smell and taste (nausea) as if the occurrence were happening. The Claimant testified she loves to cook and she paints as a hobby. (TOR, p. 68). The Claimant further recalled "losing time" (blacking out) in high school. She stated these could have been due to different personalities because she was being abused at the time, but she never saw anyone for these problems, or sought treatment prior to this accident. (TOR, p. 69).

A review of the medical records indicates that the Claimant had a normal CT scan of the brain on October 12, 2007. There are no MRIs or CT scans showing physical brain damage. According to the Oconee Hospital record dated October 12, 2007, the Claimant suffered a minor closed head injury. An MRI of the Claimant's back dated April 1, 2009 indicates a mild disc bulge at L5-S1 with mild degenerative changes and a subtle right lateral disc bulge at S1-S2. The MRI found no significant neural impingement. Dr. Sherrill's medical records indicate that

the Claimant's back problems were completely non-surgical. On August 1, 2008, the Claimant was assigned a seven (7%) percent impairment to the lumbar spine, equating to a five (5%) percent rating to the whole person, by Dr. Carol Burnette. She was assigned permanent restrictions of no repetitive bending, no pushing, pulling, or lifting greater than 35 pounds maximum on an infrequent basis, 20 pounds or less on an occasional basis, and 10 pounds or less on a frequent basis. Dr. Sherrill, a neurologist, assigned a three (3%) percent medical impairment to the Claimant's head and a zero (0%) percent medical impairment to the Claimant's low back on March 26, 2010 and returned her work with no restrictions.

Dr. Kriegel's medical records indicate that the Claimant has been diagnosed with dissociative identity disorder (multiple personalities). She has at least five (5) alter personalities and has been battling depression for many years. Dr. Kriegel believes the Claimant suffers from post-traumatic stress disorder as a result of childhood abuse. Dr. Kriegel's medical record dated October 14, 2010 states that it is difficult to determine how much of her symptoms are related to post-traumatic stress disorder and how much of the memory issues are a result of the closed head injury. Dr. Kriegel's medical record dated February 17, 2010 states that there is potential that her memory problems may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during her work accident. Dr. Kriegel's medical record dated March 19, 2010 states that her symptoms appear more and more related to post-traumatic stress disorder from childhood abuse than to her work injury.

After review of all pertinent information, consideration of the evidence presented at the hearing, and consideration of the medical records and documentation submitted, the following findings of fact are made.

FINDINGS OF FACT

1. All parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended.
2. The Claimant had an admitted injury to her coccyx, hip, and head on October 12, 2007.
3. The initial injury to the Claimant's ear has healed with no permanency.
4. The Claimant's back problems related to the accident have also resolved and she is at MMI.
5. Although the Claimant's PTSD was aggravated by the accident, it is not disabling.
6. The Claimant testified that while she was working, the issues with her PTSD never appeared. She testified she always worked hard and had numerous jobs, including waitressing at a bar and restaurant, landscaping, working as a zookeeper for Anheuser Busch at Busch Gardens, working on a farm, working at the Greenville Zoo, and working at an auction company called Walnut Grove. The Claimant also did some construction cleaning and at the time of the accident was a maintenance technician at Clemson University.
7. The Claimant has had and suffers from some very serious problems, however, based on the greater weight of the evidence, I do not find the accident of October 12, 2007 caused all of the problems the Claimant is experiencing. The evidence establishes that the five (5) different personalities associated with the personality dissociative identity disorder were suppressed and unknown prior to the accident. This disorder was diagnosed during her counseling sessions.

8. The greater weight of the evidence establishes that while the Claimant suffered a head injury. The head injury (concussion) has healed and there is no evidence that the Claimant suffered physical brain damage. *Crisp v. SouthCo., Inc.*, 390 S.C. 340, 701 S.E.2d 762 (S.C. Ct. App. 2010).
9. The CT scan of the Claimant's brain dated October 12, 2007 (APA, p. 14) was normal.
10. The MRI of the Claimant's lumbar spine dated April 1, 2009 (APA, p. 62) shows a mild disc bulge at L5-S1 with minimal facet degenerative change, a subtle disc bulge suspected at S1-S2, and no significant neural impairment.
11. There were no depositions of any physicians or healthcare providers.
12. Based on the greater weight of the evidence, I deny the olfactory nerve claim. The Claimant failed to meet her burden of proof in establishing that this is a result of the work injury.
13. Based on the greater weight of the evidence, I deny the Claimant's claim for physical brain damage. The Claimant failed to meet her burden of proof in establishing that she sustained physical brain damage as a result of the work injury.
14. I award the Claimant such further causally related medical treatment as would tend to lessen her disability. This would currently include the counseling she receives from Dr. Kriegel as the counseling for the PTSD is hand in hand with the counseling for pain therapy.
15. Based on the greater weight of the evidence, the Claimant sustained a five (5%) percent disability to her back as a result of her work injury.

16. Dr. Sherrill's medical record dated April 15, 2009 states that the Claimant had no restriction neurologically to keep her from working. (APA, p. 58).
17. Dr. Sherrill indicates on April 28, 2009 that the Claimant suffered a physical brain injury and he recommended referral to Roger C. Peace Rehabilitation Hospital. (APA, p. 59).
18. Dr. Sherrill's medical record dated October 14, 2009 states the Claimant is in for a follow-up and she states she is doing well. She had no complaints of any poor olfaction and stated her concentration had gotten better. (APA, p. 60).
19. On October 14, 2009, Dr. Sherrill noted that the Claimant did not have dementia and that the lumbar spine was non-surgical. (APA, p. 61).
20. I find that 152 pages of the APA were for the year 2009.
21. Dr. Kriegel indicates that the Claimant has chronic pain problems and states that she needs twice a week psychotherapy. (APA, p. 168).
22. The medical record from Oconee Hospital dated October 12, 2007 states that the Claimant sustained a coccyx fracture and minor closed head injury. (APA, p. 16).
23. The neuro-psychological evaluation of Sheldon Herring, Ph.D., dated October 26, 2009 finds the Claimant to be characterized by average general intellectual skills; average to above average higher level reasoning, functional visual and verbal memory; and relatively intact attention. Minor difficulties in mental flexibility and speeded visual attention are noted. The overall profile was generally within normal limits and there are only very isolated weaknesses which may be secondary to persistent pain and depression. Dr. Herring finds that, although the

Claimant has significant lifting restrictions and has chronic pain, she has the cognitive capacity to seek alternative work. (APA, p. 136).

24. The medical record of Dr. Kriegel dated February 17, 2010 states that the Claimant has found herself focusing on memories from her childhood. There is the potential that her memory problems may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during her accident. (APA, p. 160).
25. The medical record of Dr. Kriegel dated March 19, 2001, states that the Claimant's symptoms relate and make it appear more and more that she suffers from post-traumatic stress disorder from childhood abuse. (APA, p. 163).
26. The Claimant's MRI dated April 1, 2009 (APA, p. 187) states the Claimant has mild disc bulging with no significant neural impingement.
27. Dr. Sherrill states on the Form 14-B dated March 26, 2010 that the Claimant sustained a three (3%) percent medical impairment to the head, a zero (0%) percent impairment to the low back, and is able to work without restriction. (APA, p. 188).
28. Based on the greater weight of the evidence, I find the Claimant to have reached maximum medical improvement on March 24, 2010.
29. The medical record of Dr. Kriegel dated August 19, 2010 states the Claimant has been battling depression for many years and that the reason the Claimant did not recognize it as such is primarily because it has been her constant companion. (APA, p. 196).

30. The medical record of Dr. Kriegel dated August 26, 2010 states that the Claimant has had a difficult time in the last two (2) days with her memory. In addition, she has had a much greater than normal level of anxiety and agitation. As we discussed this during our session, it became clear that it was associated to her PTSD and dissociative identity disorder. She dissociated twice during our session today and was then able to relate the triggering mechanism that occurred two (2) days ago. She is beginning to understand more fully how her PTSD can play a major role in her memory issues. It does appear that she does have some level of memory dysfunction as a result of her on-the-job injury but the PTSD has an impact on her memory as well. She appeared to be much calmer and reassured by the time that she left today. (APA, p. 197).
31. Dr. Kriegel's medical record dated September 7, 2010 indicates the Claimant was trying to get ready for a move from her home when she strained her back lifting some household appliances. (APA, p. 199).

CONCLUSIONS OF LAW

S.C. CODE ANN. §42-1-160 defines injury by accident; S.C. CODE ANN. §42-9-10 defines the amount of compensation for total disability and what constitutes total disability including, but not limited to, physical brain damage; S.C. CODE ANN. §42-9-30 defines period of disability and compensation; S.C. CODE ANN. §42-15-60 defines time period of medical treatment and supplies furnished and refusal to accept treatment, settle claims, and total and permanent disability; S.C. CODE ANN. §42-17-40 defines conduct of hearings and issuance of awards.

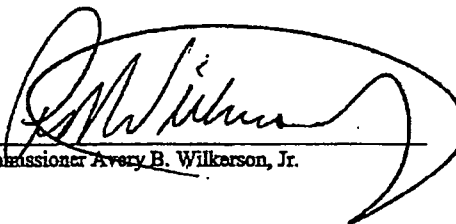
ORDER AND AWARD

Based upon the forgoing Findings of Fact and Conclusions of Law, it is ordered as follows:

1. The Claimant is entitled to 10 weeks of permanent disability to her coccyx and 15 weeks of permanent disability to her back, representing five (5%) percent disability to her back, totaling 25 weeks. Based on the Claimant's compensation rate of \$289.95, this totals \$7,248.75.
2. The Claimant sustained a minor closed head injury which subsequently healed and has not suffered permanent physical brain damage as contemplated under S.C. CODE ANN. §42-9-10.
3. The Claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. The Claimant's memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury. Accordingly, the Claimant is not entitled to any permanent disability for the closed head injury.
4. The Claimant is entitled to additional medical care and treatment which would tend to lessen her period of disability. At the current time, this would include the counseling by Dr. Kriegel as his counseling is for both pain and her PTSD.
5. The Claimant is to be referred to vocational rehabilitation, and the Defendants will be responsible for the cost.
6. No hearing costs are assessed in this matter.

IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**



Commissioner Avery B. Wilkerson, Jr.

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.
April 11, 2011

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

Appellate Panel Decision and Order dated November 16, 2011

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION**

**APPELLATE PANEL DECISION AND ORDER
WCC FILE NO: 0717106**

Loretta Springs, Employee,

1st Appellant/Respondent,

-vs-

Clemson University, Employer,

and

State Accident Fund, Carrier,

2nd Appellants/Respondents.

Hearing: Appellate Panel Review held in Columbia, South Carolina on August 15, 2011, per notices timely and properly served.

Appearances:

On Behalf of 1st Appellant/Respondent: Paul C. Rathke, Esquire
THE JOEL BIEBER FIRM

On Behalf of 2nd Appellants/Respondents: Reginald M. Gay, Esquire
McNAIR LAW FIRM, P.A.

Appellate Panel DECISION and ORDER filed: 11-16, 2011.

ANDERSON 74775-1

STATEMENT OF THE CASE

The Claimant maintains she suffered work related injuries from an accident occurring on October 12, 2007 when she fell from a golf cart hitting her head and injuring her neck, back, and hip. The Claimant contends she sustained a physical brain injury and injuries to her head, her back, her coccyx, her left lower extremity related to nerve damage, her ears, her nose, her tongue, her olfactory nerve, anxiety, depression, and psychological overlay. The Claimant asks for lifetime benefits as a result of physical brain damage or, in the alternative, asks the Claimant to be determined permanently and totally disabled based on a combination of her head and back injuries, with continuing medical treatment for the remainder of her life. The Claimant further asks for *Utica-Mohawk* language and lump sum payment if allowable under the South Carolina Workers' Compensation Act.

The Defendants contend the Claimant has reached maximum medical improvement in regard to her work related injuries of October 11, 2010 and rely on the ratings of Dr. Jerry Sherrill. The Defendants admit an injury to the Claimant's coccyx, hip, and head. The Defendants maintain the Claimant suffered a minor closed head injury (concussion) which subsequently healed. The Defendants specifically deny physical brain damage. The Defendants contend the Claimant's current psychological condition and need for counseling is primarily related to her past post-traumatic stress disorder as a result of childhood abuse resulting in dissociative identity disorder (multiple personalities). Further, the Defendants deny the extent of the Claimant's injuries including those to the Claimant's back, specifically to the bulging disks, and the causal relationship between the Claimant's loss of taste and smell.

A hearing in this matter was held before Commissioner Avery B. Wilkerson, Jr. The hearing was set on the Claimant's Form 50. Commissioner Wilkerson took evidence on the

claim and subsequently issued a Decision and Order filed April 11, 2011. Commissioner Wilkerson found that the Claimant had reached maximum medical improvement in regard to her work related injuries, had suffered a partial permanent disability to her back and coccyx, had not suffered physical brain damage, and was in need of additional medical care and treatment. Accordingly, Commissioner Wilkerson issued the following award:

1. The Claimant is entitled to 10 weeks of permanent disability to her coccyx and 15 weeks of permanent disability to her back, representing five (5%) percent disability to her back, totaling 25 weeks. Based on the Claimant's compensation rate of \$289.95, this totals \$7,248.75.

2. The Claimant sustained a minor closed head injury which subsequently healed and has not suffered permanent physical brain damage as contemplated under S.C. Code Ann. §42-9-10.

3. The Claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. The Claimant's memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury. Accordingly, the Claimant is not entitled to any permanent disability for the closed head injury.

4. The Claimant is entitled to additional medical care and treatment which would tend to lessen her period of disability. At the current time, this would include the counseling by Dr. Kriegel as his counseling is for both pain and her PTSD.

5. The Claimant is to be referred to vocational rehabilitation, and the Defendants will be responsible for the cost.

Both the Claimant and the Defendants subsequently and timely filed Requests for Review by the Appellate Panel of the South Carolina Workers' Compensation Commission asserting

numerous errors on the part of Commissioner Wilkerson. On appeal the Claimant presented the following issues:

1. Did the Single Commissioner err in finding that the Claimant's back problems related to the accident have resolved?
2. Did the Single Commissioner err in not finding a compensable injury to the Claimant's olfactory nerve considering the substantial evidence of her altered sense of taste and smell?
3. Did the Single Commissioner err in not finding that the Claimant's psychological problems, including depression, are compensable under the Workers' Compensation Act and in finding that they are not disabling when all of the substantive evidence shows that it is disabling to the Claimant?
4. Did the Single Commissioner err in not finding that the Claimant met her burden of proof that she suffered a physical brain injury and that physical brain injury was the result of the work injury as medically defined and as contemplated by S.C. CODE ANN. § 42-9-10?
5. Did the Single Commissioner err in not finding the Claimant permanently and totally disabled pursuant to S.C. CODE ANN. § 42-9-10 and § 42-9-30(21)?

The Defendants, on appeal, also asserted that the Hearing Commissioner erred and presented the following issues:

1. Did the Single Commissioner err in awarding continued counseling from Dr. Kriegel as the evidence concludes the counseling is primarily for post traumatic stress disorder as a result of childhood abuse?
2. Did the Single Commissioner err in referring the Claimant to vocational rehabilitation and holding the Defendants responsible for the costs?

All proffered testimony from the hearing before Commissioner Wilkerson was taken and transcribed. The hearing on the parties' grounds for appeal was held before the South Carolina Workers' Compensation Commission Appellate Panel on August 15, 2011 in Columbia, South Carolina. Commissioners presiding at the Appellate hearing were Commissioner Derrick L. Williams, Commissioner David W. Huffstetler, and Commissioner Susan S. Barden. Such, together with all documentary evidence, was delivered to the members of the Appellate Panel and has since been under study and consideration. Pursuant to S.C. CODE ANN. § 42-17-50, the Appellate Panel, in its review, shall review the award, weigh the evidence as presented at the initial hearing, and if good grounds be shown therefore, make its own findings of fact and reach its own conclusions of law consistent with or inconsistent with those of the Hearing Commissioner. After a careful and thorough review of the instant case, the Commissioners, by unanimous vote, herein affirm the Decision of the Single Commissioner in its entirety. Therefore, the following findings of fact and rulings of law shall become the law of the case and the Decision and Order of the Hearing Commissioner be and hereby is affirmed.

FINDINGS OF FACT

Based upon the documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act and the Commission's file relative to this claim, **WE THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:**

1. All parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended.
2. The Claimant had an admitted injury to her coccyx, hip, and head on October 12, 2007.
3. The initial injury to the Claimant's ear has healed with no permanency.

4. The Claimant's back problems related to the accident have also resolved and she is at MMI.

5. Although the Claimant's PTSD was aggravated by the accident, it is not disabling.

6. The Claimant testified that while she was working, the issues with her PTSD never appeared. She testified she always worked hard and had numerous jobs, including waitressing at a bar and restaurant, landscaping, working as a zookeeper for Anheuser Busch at Busch Gardens, working on a farm, working at the Greenville Zoo, and working at an auction company called Walnut Grove. The Claimant also did some construction cleaning and at the time of the accident was a maintenance technician at Clemson University.

7. The Claimant has had and suffers from some very serious problems, however, based on the greater weight of the evidence, we do not find the accident of October 12, 2007 caused all of the problems the Claimant is experiencing. The evidence establishes that the five (5) different personalities associated with the personality dissociative identity disorder were suppressed and unknown prior to the accident. This disorder was diagnosed during her counseling sessions.

8. The greater weight of the evidence establishes that while the Claimant suffered a head injury. The head injury (concussion) has healed and there is no evidence that the Claimant suffered physical brain damage. *Crisp v. SouthCo., Inc.*, 390 S.C. 340, 701 S.E.2d 762 (S.C. Ct. App. 2010).

9. The CT scan of the Claimant's brain dated October 12, 2007 (APA, p. 14) was normal.

10. The MRI of the Claimant's lumbar spine dated April 1, 2009 (APA, p. 62) shows a mild disc bulge at L5-S1 with minimal facet degenerative change, a subtle disc bulge suspected at S1-S2, and no significant neural impairment.

11. There were no depositions of any physicians or healthcare providers.

12. Based on the greater weight of the evidence, we deny the olfactory nerve claim. The Claimant failed to meet her burden of proof in establishing that this is a result of the work injury.

13. Based on the greater weight of the evidence, we deny the Claimant's claim for physical brain damage. The Claimant failed to meet her burden of proof in establishing that she sustained physical brain damage as a result of the work injury.

14. We award the Claimant such further causally related medical treatment as would tend to lessen her disability. This would currently include the counseling she receives from Dr. Kriegel as the counseling for the PTSD is hand in hand with the counseling for pain therapy.

15. Based on the greater weight of the evidence, the Claimant sustained a five (5%) percent disability to her back as a result of her work injury.

16. Dr. Sherrill's medical record dated April 15, 2009 states that the Claimant had no restriction neurologically to keep her from working. (APA, p. 58).

17. Dr. Sherrill indicates on April 28, 2009 that the Claimant suffered a physical brain injury and he recommended referral to Roger C. Peace Rehabilitation Hospital. (APA, p. 59).

18. Dr. Sherrill's medical record dated October 14, 2009 states the Claimant is in for a follow-up and she states she is doing well. She had no complaints of any poor olfaction and stated her concentration had gotten better. (APA, p. 60).

19. On October 14, 2009, Dr. Sherrill noted that the Claimant did not have dementia and that the lumbar spine was non-surgical. (APA, p. 61).
20. We find that 152 pages of the APA were for the year 2009.
21. Dr. Kriegel indicates that the Claimant has chronic pain problems and states that she needs twice a week psychotherapy. (APA, p. 168).
22. The medical record from Oconee Hospital dated October 12, 2007 states that the Claimant sustained a coccyx fracture and minor closed head injury. (APA, p. 16).
23. The neuro-psychological evaluation of Sheldon Herring, Ph.D., dated October 26, 2009 finds the Claimant to be characterized by average general intellectual skills; average to above average higher level reasoning, functional visual and verbal memory; and relatively intact attention. Minor difficulties in mental flexibility and speeded visual attention are noted. The overall profile was generally within normal limits and there are only very isolated weaknesses which may be secondary to persistent pain and depression. Dr. Herring finds that, although the Claimant has significant lifting restrictions and has chronic pain, she has the cognitive capacity to seek alternative work. (APA, p. 136).
24. The medical record of Dr. Kriegel dated February 17, 2010 states that the Claimant has found herself focusing on memories from her childhood. There is the potential that her memory problems may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during her accident. (APA, p. 160).
25. The medical record of Dr. Kriegel dated March 19, 2001, states that the Claimant's symptoms relate and make it appear more and more that she suffers from post-traumatic stress disorder from childhood abuse. (APA, p. 163).

26. The Claimant's MRI dated April 1, 2009 (APA, p. 187) states the Claimant has mild disc bulging with no significant neural impingement.

27. Dr. Sherrill states on the Form 14-B dated March 26, 2010 that the Claimant sustained a three (3%) percent medical impairment to the head, a zero (0%) percent impairment to the low back, and is able to work without restriction. (APA, p. 188).

28. Based on the greater weight of the evidence, we find the Claimant to have reached maximum medical improvement on March 24, 2010.

29. The medical record of Dr. Kriegel dated August 19, 2010 states the Claimant has been battling depression for many years and that the reason the Claimant did not recognize it as such is primarily because it has been her constant companion. (APA, p. 196).

30. The medical record of Dr. Kriegel dated August 26, 2010 states that the Claimant has had a difficult time in the last two (2) days with her memory. In addition, she has had a much greater than normal level of anxiety and agitation. As we discussed this during our session, it became clear that it was associated to her PTSD and dissociative identity disorder. She dissociated twice during our session today and was then able to relate the triggering mechanism that occurred two (2) days ago. She is beginning to understand more fully how her PTSD can play a major role in her memory issues. It does appear that she does have some level of memory dysfunction as a result of her on-the-job injury but the PTSD has an impact on her memory as well. She appeared to be much calmer and reassured by the time that she left today. (APA, p. 197).

31. Dr. Kriegel's medical record dated September 7, 2010 indicates the Claimant was trying to get ready for a move from her home when she strained her back lifting some household appliances. (APA, p. 199).

CONCLUSIONS OF LAW

S.C. CODE ANN. §42-1-160 defines injury by accident; S.C. CODE ANN. §42-9-10 defines the amount of compensation for total disability and what constitutes total disability including, but not limited to, physical brain damage; S.C. CODE ANN. §42-9-30 defines period of disability and compensation; S.C. CODE ANN. §42-15-60 defines time period of medical treatment and supplies furnished and refusal to accept treatment, settle claims, and total and permanent disability; S.C. CODE ANN. §42-17-40 defines conduct of hearings and issuance of awards; S.C. CODE ANN. §42-17-50 defines review and rehearing by Commission.

AWARD

Based upon the forgoing Findings of Fact and Conclusions of Law, it is ordered as follows:

1. The Claimant is entitled to 10 weeks of permanent disability to her coccyx and 15 weeks of permanent disability to her back, representing five (5%) percent disability to her back, totaling 25 weeks. Based on the Claimant's compensation rate of \$289.95, this totals \$7,248.75.
2. The Claimant sustained a minor closed head injury which subsequently healed and has not suffered permanent physical brain damage as contemplated under S.C. CODE ANN. §42-9-10.
3. The Claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. The Claimant's memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury. Accordingly, the Claimant is not entitled to any permanent disability for the closed head injury.

4. The Claimant is entitled to additional medical care and treatment which would tend to lessen her period of disability. At the current time, this would include the counseling by Dr. Kriegel as his counseling is for both pain and her PTSD.

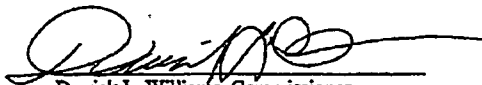
5. The Claimant is to be referred to vocational rehabilitation, and the Defendants will be responsible for the cost.

6. No hearing costs are assessed in this matter.

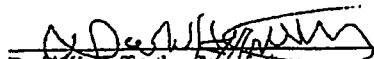
FULL AFFIRMATION.

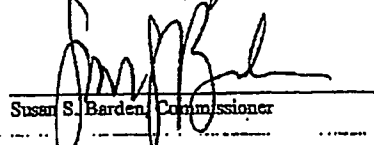
IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


Derrick L. Williams, Commissioner

WE CONCUR:


David W. Huffstetler, Commissioner

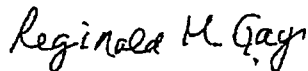
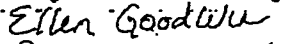

Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

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

This 16 day of November, 2011
By Valerie D. Heller

Administrative Assistant to the Commissioner


Claimant's Form 30, Request for Review

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. Box 1715
Columbia, SC 29202-1715
803-737-5675



WOC File #: 0717106
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Loretta Springs SSN: _____ Employer's Name: Clemson University
Address: _____ Address: E-307 Martin Hall
City: _____ State: _____ Zip: _____ City: Clemson State: SC Zip: 29634
Home Phone: 864-593-3214 Work Phone: 864-320-2170 Insurance Carrier: State Accident Fund
Preparer's Name: Paul C. Rathke Law Firm: The Joel Beber Firm Preparer's Phone #: (864) 370-9300

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of Injury: 10/12/2007 (m/d/yyyy)
The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

- 1) Did the hearing commissioner err in finding as a fact that Claimant's back problems related to the accident have resolved when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 2) Did the hearing commissioner err in finding as a fact that Claimant's PTSD is not disabling when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 3) Did the hearing commissioner err in finding as a fact that although Claimant suffers from some very serious problems, based on the greater weight of the evidence, does not find that the accident of October 12, 2007 caused all of the problems when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 4) Did the hearing commissioner err in finding as a fact that the head injury that Claimant sustained has healed and there is no evidence that the Claimant suffered physical brain damage when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?

(Check one) Oral argument: ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Reginald Gray, Esquire, McNeil Law Firm, P.A.
Alicia Hamm, Adjuster, State Accident Fund, P.O. Box 102100, Columbia, SC 29221-5000
Virginia Crocker, South Carolina Workers Compensation Commission, P.O. Box 1715, Columbia, SC 29202-1715

on the _____ day of April, 2011 by ☒ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature: [Signature] Attorney Title: _____ Date: April 4, 2011

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

WOC Form # 30
Rev. 3/97

30

REQUEST FOR COMMISSION REVIEW

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 0717106
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Loretta Springs SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Preparer's Name: Paul C. Rathke Law Firm: The Joel Bieber Firm Insurance Carrier: State Accident Fund
Preparer's Phone #: (864) 370-9300

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of Injury: 10/12/2007 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

- 5) Did the hearing commissioner err in finding as a fact that the Claimant did not meet her burden of proof establishing that olfactory nerve damage was a result of the work injury when all of the reliable, probative and substantive evidence of the case supports such finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 6) Did the hearing commissioner err in finding as a fact that the Claimant did not meet her burden of proof in establishing physical brain damage was a result of the work injury when all of the reliable, probative and substantive evidence of the case supports such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 7) Did the hearing commissioner err in finding as a fact the Claimant only sustained a 5% percent disability rating to her back as a result of her work injury when all of the reliable, probative and substantive evidence of the case supports such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 8) Did the hearing commissioner err in concluding that claimant sustained a minor closed head injury which subsequently healed and has not suffered a permanent physical brain damage as contemplated under S.C. Code Ann. § 42-9-10 and the conclusion is inconsistent with the law of South Carolina and other portions of the Order?
- 9) Did the hearing commissioner err in concluding that the claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. That the memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury and that claimant is not entitled to any permanent disability for the closed head injury and the conclusion is inconsistent with the law of South Carolina and other portions of the Order?
- 10) Did the hearing commissioner err in concluding that the claimant should be referred to vocational rehabilitation and the conclusion is inconsistent with the law of South Carolina and other portions of the Order?

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party, R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision, R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

WCC Form # 30
Rev. 3/97

30

REQUEST FOR COMMISSION REVIEW

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Claimant/Appellant's Brief to the Full Commission dated January 13, 2010

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0717106

Loretta Springs, Employee/Claimant

vs.

Clemson University,

Employer,

and

State Accident Fund,

Carrier,

Defendants.

CLAIMANT/APPELLANT'S BRIEF

HEARING COMMISSIONER:

Honorable Avery B. Wilkerson, Commissioner

CLAIMANT REPRESENTED BY:

Paul C. Rathke, Esquire
The Joel Bieber Firm, LLC
201 East North Street
Greenville, South Carolina 29601

DEFENDANTS REPRESENTED BY

Reginald Gay, Esquire
McNair Law Firm
132 East Benson Street, Suite 200
P.O. Box 4086
Anderson, SC 29602

DATE OF HEARING:

January 13, 2011

FILED ON:

SCWCC
JUL 13 2011
JUDICIAL

STATEMENT OF THE CASE

This case involves admitted injuries to Claimant's head and left hip and contested injuries to Claimant's coccyx, olfactory nerve, back, left lower extremity and brain. Defendants also contest causation on Claimant's depression.

The case was heard by the single Commissioner on January 13, 2011. The Single Commissioner issued an Order on April 11, 2011. From that Order, both parties have appealed.

ISSUES PRESENTED

- 1) Did the hearing commissioner err in finding as a fact that Claimant's back problems related to the accident have resolved when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 2) Did the hearing commissioner err in finding as a fact that Claimant's PTSD is not disabling when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 3) Did the hearing commissioner err in finding as a fact that although Claimant suffers from some very serious problems, based on the greater weight of the evidence, does not find that the accident of October 12, 2007 caused all of the problems when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 4) Did the hearing commissioner err in finding as a fact that the head injury that Claimant sustained has healed and there is no evidence that the Claimant suffered physical brain damage when the reliable, probative and substantial evidence of the case does not support such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 5) Did the hearing commissioner err in finding as a fact that the Claimant did not meet her burden of proof establishing that olfactory nerve damage was a result of the work injury when all of the reliable, probative and substantive evidence of the case supports such finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 6) Did the hearing commissioner err in finding as a fact that the Claimant did not meet

her burden of proof in establishing physical brain damage was a result of the work injury when all of the reliable, probative and substantive evidence of the case supports such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?

- 7) Did the hearing commissioner err in finding as a fact the Claimant only sustained a 5% percent disability rating to her back as a result of her work injury when all of the reliable, probative and substantive evidence of the case supports such a finding and the finding is inconsistent with the law of South Carolina and other portions of the Order?
- 8) Did the hearing commissioner err in concluding that claimant sustained a minor closed head injury which subsequently healed and has not suffered a permanent physical brain damage as contemplated under S.C. Code Ann. § 42-9-10 and the conclusion is inconsistent with the law of South Carolina and other portions of the Order?
- 9) Did the hearing commissioner err in concluding that the claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. That the memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury and that claimant is not entitled to any permanent disability for the closed head injury and the conclusion is inconsistent with the law of South Carolina and other portions of the Order?
- 10) Did the hearing commissioner err in concluding that the claimant should be referred to vocational rehabilitation and the conclusion is inconsistent with the law of South Carolina and other portions of the Order?

ARGUMENT

The Single Commissioner erred in finding that the Claimant's back problems related to the accident have resolved.

Finding of Fact #4 in the Order is in direct contradiction with all of the evidence in the case and with the other findings of the Order itself to the extent it holds that the Claimant's back problems have resolved. The Finding also states that the Claimant's back has reached maximum medical improvement and, perhaps, that was the sole intent of the Finding and it was not

intended to say her back had no permanent disability. The Single Commissioner addressed Claimant's back in Findings 10, 15 and 21 and awards a 5% disability to her back and continuing treatment which would tend to lessen her period of disability.

Accordingly, Finding of Fact #4 should be reversed to the extent it holds that the Claimant's back problems have resolved.

The Single Commissioner erred in not finding a compensable injury to the Claimant's olfactory nerve considering the substantial evidence of her altered sense of taste and smell.

After the work accident consisting of, *inter alia*, a blow to her head, the Claimant has not regained a normal sense of taste or smell. (Transcript p 47, 48) This problem is noted in the medical records of Dr. Sherrill. (See APA pages 46, 48, 49). It is also noted in Dr. Voight's records (APA p. 117-124).

In light of these complaint's Dr. Sherrill referred the Claimant to a specialist (APA p. 149). The impression on the specialist was an alteration of taste and smell from a contaco (*sic*) injury when she hit the back of his head. This is substantial evidence that the claimant has damage to her olfactory nerve from the work injury. The Order should be reversed on this finding.

The Single Commissioner erred in not finding that the Claimant's psychological problems, including depression, are compensable under the Workers Compensation Act and in finding that they are not disabling when all of the substantive evidence shows that it is disabling to the claimant.

The Appellate Panel is the ultimate fact finder in Workers' Compensation cases and is not

bound by the Single Commissioner's findings of fact. Muir v. C.R. Bard, Inc., 336 S.C. 266, 519 S.E.2d 583 (Ct. App. 1999). The final determination of witness credibility and the weight to be accorded evidence is reserved to the Appellate Panel. Shealy v. Aiken County, 341 S.C. 448, 535 S.E.2d 438 (2000); Parsons v. Georgetown Steel, 318 S.C. 63, 456 S.E.2d 366 (1995); Gibson, 338 S.C. at 517, 526 S.E.2d at 729.

Mental injuries are compensable if they are induced either by physical injury or by unusual or extraordinary conditions of employment. Anderson v. Baptist Med. Ctr., 343 S.C. 487, 493, 541 S.E.2d 526, 528 (2001); Getsinger v. Owens-Corning Fiberglass Corp., 335 S.C. 77, 80, 515 S.E.2d 104, 106 (Ct. App. 1999); Stokes v. First Nat'l Bank, 298 S.C. 13, 21, 377 S.E.2d 922, 926 (Ct. App. 1988). A mental condition is causally related to the original injury if the condition was induced by the physical injury. Estridge v. Joslyn Clark Controls, Inc., 325 S.C. 532, 537-38, 482 S.E.2d 577, 580 (Ct. App. 1997).

Section 42-9-35 applies to the aggravation of a pre-existing condition and provides:

- a) [HN7] The employee shall establish by a preponderance of the evidence, including medical evidence, that:
 - (1) the subsequent injury aggravated the preexisting condition or permanent physical impairment; or
 - (2) the preexisting condition or the permanent physical impairment aggravates the subsequent injury.
- b) The commission may award compensation benefits to an employee who has a permanent physical impairment or preexisting condition and who incurs a subsequent disability from an injury arising out of and in the course of his employment for the resulting disability of the permanent physical impairment or preexisting condition and the subsequent [*13] injury.

The Commissioner found that Claimant's PTSD was aggravated by the work injury. That

finding was not appealed and is the law of the case (See finding of Fact #5). The Commissioner also found that "the evidence establishes that the five (5) different personalities associated with the personality dissociative identity disorder were suppressed and unknown prior to the accident. This disorder was diagnosed during her counseling sessions". (Finding of Fact #7) Thus, the Commissioners own findings confirm the aggravation of the pre-existing condition.

Clearly the Claimant was highly functioning prior to the work injury. She was able to perform her job at Clemson without problems. The psychological problems she now faces had never surfaced before, nor did they interfere with employment at any time in her past. Dr. Kriegel, the authorized treating physician, is clear in his records that, "[Claimant's] inability to work has affected not only her emotional level but also her emotional stability." (Claimant's APA p. 156). He also states, "[Her] physical symptoms have created tremendously powerful psychological symptoms." (Claimant's APA p. 157) Dr. Kriegel then summarizes, "[Her] coping skills have been overwhelmed by her current situation." (Claimant's APA p. 163).

While the Single Commissioner is correct in the Order that no deposition of Dr. Kriegel was taken, the doctor's opinion on these issues was made absolutely clear in the questionnaires he completed. (Claimant's APA pages 167-170). In response to those submitted questions, he opined as follows:

1. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 has exacerbated Ms. Springs Post Traumatic Stress Disorder and caused the onset of symptoms.

☒ Yes
☐ No

2. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the need for psychological treatment is related to the work accident on October 12, 2007.

☒ Yes
☐ No

3. Is Loretta Springs at Maximum Psychological improvement from the symptoms brought forth by the work injury of October 12, 2007?

☐ Yes
☒ No

4. What further treatment is needed and at what frequency to optimize Ms. Spring's recovery from the symptoms brought forth by the work injury of October 12, 2007?

Ms. Springs needs individual cognitive behavioral psychotherapy on a minimum of a weekly basis. Optimal treatment would be for her to receive treatment twice weekly due to the severity of her symptoms.

1. Is future treatment needed for Ms. Springs to maintain her level of functioning?

☒ Yes
☐ No

2. If yes to number 1, what further treatment is needed and at what frequency to optimize Ms. Spring's recovery from the symptoms brought forth by the work injury of October 12, 2007?

Ms. Springs will require continued cognitive-behavioral psychotherapy, two sessions per week in order to optimize her recovery.

3. With treatment outlined in 1 and 2 above, Is Loretta Springs at Maximum Psychological improvement from the symptoms brought forth by the work injury of October 12, 2007?

✓ Yes

 No

4. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 has exacerbated Ms. Springs Post Traumatic Stress Disorder and caused the onset of symptoms. Because of the work injury Ms. Springs has an impairment rating of Class 4 Moderately Severe Impairment.

These opinions of the authorized treating physician entirely consistent with the injuries the claimant received in her work accident and with the entire record in this case. There is no evidence on the other side of this issue and the findings and award in this case should be reversed finding the claimants severe psychological problems compensable and disabling.

The Single Commissioner erred in not finding that the Claimant met her burden of proof that she suffered a physical brain injury and that physical brain injury was the result of the work injury as medically defined and as contemplated by S.C. Code Ann §42-9-10.

SC Code Ann. §42-9-10 provides that any person determined to be totally and permanently disabled who has suffered physical brain damage is not subject to the 500 week limitation and shall receive benefits for life. The statute does not require that the total and

permanent disability to be solely the result of physical brain damage. Pearson v. JPS Converter & Indus. Corp., 327 S.C. 393, 489 S.E. 2d 219 (S.C. Ct. App. 1997).

In this case, all of the medical records show that the Claimant suffered a physical brain injury utilizing one term or another for the one medical condition. (See for example Claimant's APA pages 8, 16, 24, 43, 58, 59, 123) The terms used in the medical records include "Concussion", "Minor closed head injury" as well as physical and traumatic brain injury. The Centers for Disease Control define "Concussion" as a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. A "closed head injury" is a brain injury from an external impact that does not include a break in the skull. Each of these providers including, Rose M. McDonald, M.D., Miles D. McGuff (Oconee Memorial Hospital ER), Howard Leslie, M.D. (Oconee Memorial Hospital ER), Jerry F. Sherrill, Jr., M.D., Nancy L. Voight, Ph.D., ABPP/CN, Sheldon Herring, Ph.D., Jane W. Reister (Medicus) found and diagnosed a physical brain injury.

The medical records are replete with the resulting symptoms of the brain injury. A small sampling of those symptoms as found in the record include dizziness, altered cognitive states, nausea and chronic headaches. The Order even finds a physical brain injury in Finding #17.

The Single Commissioner erred in not finding the Claimant permanently and totally disabled pursuant to § 42-9-10 and §42-9-30(21).

While an impairment rating may not rest on "surmise, speculation or conjecture . . . it is not necessary that the percentage of disability or loss of use be shown with mathematical exactness." Roper v. Kimbrell's of Greenville, 231 S.C. 453, 461, 99 S.E.2d 52, 57 (1957)

(citations omitted); see also Linen v. Ruscon Constr. Co., 286 S.C. 67, 68-69, 332 S.E.2d 211, 212 (1985) (finding that although expert testimony found claimant suffered from a 20-30% impairment to his back, testimony of vocational expert and claimant provided substantial evidence to affirm Appellate Panel's decision finding claimant's impairment exceeded 50%); Lyles v. Quantum Chem. Co. 315 S.C. 440, 445-46, 434 S.E.2d 292, 294-95 (Ct. App. 1993) (finding, pursuant to section 42-9-30, that while expert testimony suggested claimant suffered only a 35% impairment to his back, testimony of claimant and others provided substantial evidence that claimant's impairment exceeded 50%).

Looking at the treatment the Claimant is still receiving for her back pain it is clear that the injury is significant and is limiting in her daily life. She is on a narcotic pain medication called Norco, a pain patch, and she has a TENS unit. (Transcript p. 42, 43) These medications are prescribed by Eric P. Loudermilk, M.D..

The Claimant is also undergoing pain management therapy with Dr. Kriegel which was found compensable and is continuing.

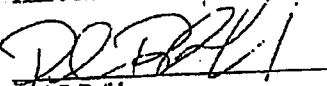
The greater weight of the competent evidence in this case clearly support a finding that the Claimant has suffered greater than 50% disability to her back and is thus permanently and totally disabled under the Act.

CONCLUSION

For the foregoing reasons, the Claimant contends that the Single Commissioner's Order should be reversed in part and that the Claimant be awarded lifetime total and permanent benefits under 42-9-10 with a compensable physical brain injury, severe psychological overlay, and a

disability to her back greater than 50%; that the Claimant's depression and PTSD be held related and compensable; and that the damage to the olfactory nerve be found compensable. The Order should be upheld in part confirming the Claimant's continuing medical treatment.

THE JOEL BIEBER FIRM


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Transcript of Record dated January 13, 2010
Testimony of Daniel Springs pages 1-30

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE #0717106

LORETTA SPRINGS	)	
CLAIMANT,	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	HEARING OF
CLEMSON UNIVERSITY	)	LORETTA SPRINGS
EMPLOYER,	)	
AND	)	VS
STATE ACCIDENT FUND	)	CLEMSON UNIVERSITY
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Loretta Springs versus Clemson University, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 1:35 P.M., Thursday, January 13, 2010, at Greenville County Square, 301 University Ridge, Suite 5100, Greenville, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

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APPEARANCES

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ALSO PRESENT:
Ms. Denise Godwin

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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STIPULATIONS

Commissioner Wilkerson: Today's date is the --
wait a minute -- the 13th -- we've had such an
interesting -- it is the 13th isn't it?

Mr. Gay: It is.

Commissioner Wilkerson: Okay. We've had such a
crazy week. Today is the 13th day of January,
2011. We're here in reference to Workers' Comp
file number 0717106. The Claimant in this case is
Loretta Springs and her Attorney is Paul Rathke.
The employer in this case is Clemson University,
their carrier is the State Accident Fund and the
Attorney is Reginald Gay. The date of accident on
this case is 10/12/2007. The average weekly wage
on this case is four thirty-four, ninety-one
(\$434.91), thus the comp rate is two eighty-nine,
ninety-five (\$289.95). The issues that we're here
today on are set forth in Forms 50 and 51. We did
have -- have a rather lengthy pre-hearing
conference to iron out some issues that we would
have and are here to hear today. A couple of
things before we get started, are there any
objections to APA's, jurisdiction, venue or any
other items? I know Mr. Rathke had one (1)
objection to the employment records or -- I'll let

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1 you so put it on the record.

2 Mr. Rathke: Right. The employment records were
3 included in the APA's; I believe only medical
4 records are proper in an APA and we would object
5 to including any non-medical records.

6 Commissioner Wilkerson: Okay. And in reference
7 to that, I'm going ask that those be taken out.
8 You can get them in -- I'm not going into how you
9 can get them in; you know how to get them in but
10 by -- by showing them to the other party we can
11 list them as exhibits if you so need to, so. Is
12 that the only objection you have to his APA's is
13 the medical -- oh, excuse me, is the employment
14 record information?

15 Mr. Rathke: Yes.

16 Commissioner Wilkerson: So, you can still get it
17 in. Okay, that's fine. We'll take those out,
18 okay? I don't know where they are because I
19 haven't seen anything yet.

20 Mr. Gay: The -- I -- the supplemental APA, which
21 I served yesterday afternoon, you said you didn't
22 get a copy of --

23 Mr. Rathke: I did not.

24 Mr. Gay: -- you're going to object to that; I --
25 we've already discussed that at pre-trial.

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1 Mr. Rathke: I'll waive my objection to that if
2 you'll waive you objection to mine.

3 Mr. Gay: I can't do that.

4 Mr. Rathke: Right. So -- yes.

5 Commissioner Wilkerson: That's fine. And those
6 won't come in either because they're late,
7 whatever the supplemental APA's are from yesterday

8 --

9 Mr. Rathke: It -- it's --

10 Commissioner Wilkerson: -- I haven't seen them,
11 so.

12 Mr. Rathke: -- I think everybody's supplementals
13 are both documents from the same treating
14 physician -- from the -- Dr. Kriegel, so.

15 Mr. Gay: Correct.

16 Mr. Rathke: Yes.

17 Mr. Gay: But -- but I still -- I've got to object
18 to yours, I know you're objecting to mine; so,
19 mine won't come in and yours won't come in is what
20 I understand the Commissioner to have said during
21 the pre-trial.

22 Mr. Rathke: Well, I can waive it, it's his --
23 it's Dr. Kriegel's records; I -- I want Dr.
24 Kriegel's records -- I'm not going to object to
25 those things, so.

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1 Commissioner Wilkerson: Okay. You're going to
2 let his in --

3 Mr. Rathke: Yes, Dr. Kriegel's --

4 Commissioner Wilkerson: -- except the employment
5 records?

6 Mr. Rathke: -- yes.

7 Commissioner Wilkerson: Okay. That's fine.

8 Leave Kriegel's in, take the employment records
9 out.

10 Mr. Gay: Okay. I -- I took those out of the
11 original.

12 Commissioner Wilkerson: Whatever I --

13 Mr. Gay: Okay.

14 Commissioner Wilkerson: -- I always trust you all
15 because you're both good Attorneys and I trust
16 what you give me, so.

17 Mr. Rathke: Right.

18 Commissioner Wilkerson: That's why I didn't take
19 them before we started, okay?

20 Mr. Rathke: Right.

21 Mr. Gay: Okay.

22 Commissioner Wilkerson: Okay. Thank you.

23 Mr. Rathke: And that's the -- that's the --

24 Commissioner Wilkerson: And no objection,
25 obviously, to jurisdiction or venue --

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1 Mr. Rathke: -- no.
2 Commissioner Wilkerson: -- from your prospective?
3 Okay. You have an objection, I think, left?
4 Mr. Gay: I have an objection to --
5 Commissioner Wilkerson: I'm sorry.
6 Mr. Gay: -- I'm sorry.
7 Commissioner Wilkerson: No, go ahead. No.
8 Mr. Gay: I do have an objection to the
9 supplemental APA, which was served on me yesterday
10 afternoon from Dr. Kriegel as to -- it was a
11 certificate for his opinion and I do object to
12 that as being timely.
13 Commissioner Wilkerson: Yes, and I would not let
14 that come in either. You said you wanted to
15 proffer --
16 Mr. Rathke: Right.
17 Commissioner Wilkerson: -- that in there. So,
18 what I always ask you to do -- and you haven't had
19 one in front of me -- I always ask you to bring an
20 envelope to put it in to proffer it.
21 Mr. Rathke: Right.
22 Commissioner Wilkerson: And you didn't do it.
23 Since you didn't bring it what I'll do --
24 Mr. Rathke: We'll just fold it up and staple it.
25 Commissioner Wilkerson: -- I'll fold it over,

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1 she'll -- have you got a stapler?

2 Court Reporter: Yes, sir.

3 Commissioner Wilkerson: Okay. Just pass it that
4 way because it's easier. She'll staple it and
5 we'll write -- you can write proffer on it. I've
6 actually had people bring stuff that's seventy
7 (70), eighty (80) pages.

8 Mr. Rathke: Right.

9 Commissioner Wilkerson: I said, now where do you
10 think I'm going to put this in unless you put it
11 in an envelope and seal it? So -- but that won't
12 come in, it's proffered --

13 Mr. Rathke: Right.

14 Commissioner Wilkerson: -- for additional
15 opportunities, okay? Anything else from your
16 perspective? Jurisdiction no problem, venue no
17 problem?

18 Mr. Gay: No, Commissioner.

19 Commissioner Wilkerson: Okay. We've ruled on
20 those objections; so, at this time the
21 Commission's file becomes a part of the record
22 with the exception of self-serving declarations
23 and unstipulated medical reports. We've spent
24 quite a bit of time in -- in the pre-hearing but
25 let me -- let me go over a couple of things before

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1 I hear the positions of each one of you and
2 there's a reason for that. In pre -- I think my
3 Administrative Assistant sent both of you emails
4 that -- that -- I just want to make sure everybody
5 understands my position as the Commissioner and
6 what I'm looking at; you all understand that.
7 Whether it could be potentially, what I refer to
8 as a conflict from -- from one respect to the
9 other is I want to put this on the record, that --
10 that my wife is on the Foundation Board at Clemson
11 University. She'll be going on the Board of
12 Trustees effective the -- July the 11th of this
13 year. I always like to let everybody know that.
14 Paul understands why I'm looking more at this side
15 than the other because they had a case with me
16 last week and they've heard this one (1) time
17 before; so, I won't belabor that. So, I just want
18 to make sure that everybody understands that and
19 if either side has a problem with me hearing the
20 case I am A-okay with that as well. I just wanted
21 everybody to hear that and put that on the record
22 that from a perspective of potential conflict I
23 like to lay that out and see if there's any
24 objection from the Plaintiff in this case first
25 and then see if there's any objection from the

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1 Defense. So, Mr. Rathke, I'm going to ask you is
2 there any objection to that?

3 Mr. Rathke: No, in consultation with my clients
4 there's no objection.

5 Commissioner Wilkerson: Okay. That's fine. I'll
6 go ahead and -- from your perspective?

7 Mr. Gay: No objection.

8 Commissioner Wilkerson: Okay. So, I'll go ahead
9 and hear the case. I just like to put that out
10 just in case something comes back at some point in
11 time; I don't think it will but -- okay. So, now,
12 Mr. Rathke, I'm going to let you put your position
13 on the record and I'll -- I'm going to take some
14 more notes if I missed it the first time because
15 sometimes I do but go ahead --

16 Mr. Rathke: Okay.

17 Commissioner Wilkerson: -- Paul, please.

18 Mr. Rathke: We're here for a final hearing with
19 the final statement of MMI being from Dr. Kriegel
20 on October 11th, of '10. And we're here for
21 injuries, the body parts are physical brain
22 injury, head, back, coccyx, left lower extremity
23 related to the nerve damage, ears, nose -- ears,
24 the nose and tongue with the olfactory nerve,
25 anxiety, depression and psychological overlay.

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1 We're asking for lifetime benefits because of the
2 effects of the physical brain injury or in the
3 alternative totally and permanently disabled with
4 continuing medical treatment for the remainder of
5 her life.

6 Commissioner Wilkerson: Utica Mohawk and lump
7 sum?

8 Mr. Rathke: We are -- yes, if there -- we're
9 asking for a lump sum if -- if allowable under the
10 Act and for Utica Mohawk language to be included
11 in the order.

12 Commissioner Wilkerson: Some are still using
13 Utica Mohawk, some are using Utica Mohawk and
14 James versus Ann, some are using James versus Ann;
15 I usually leave that up to you all if I put that
16 in the order, okay?

17 Mr. Rathke: Okay.

18 Commissioner Wilkerson: So, anything else, Mr.
19 Rathke?

20 Mr. Rathke: I do believe that is it. I -- there
21 -- there hasn't been any request or there was
22 never a -- this is here based on our 50. There's
23 never been a hearing request by the Defense or any
24 request for overpayment, so -- and she's still
25 receiving TT.

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Commissioner Wilkerson: Sure. That's fair.

Okay, Mr. Gay?

Mr. Gay: Commissioner, this is an admitted injury to the coccyx, hip and head. We deny physical brain damage. I think it's clear that she did have an injury to her head but as we discussed during pre-trial, head injuries can heal and we deny any -- that there's any objective evidence of any physical brain damage and also, argue that there's no expert opinion that her current problems are causally related to any physical brain damage. And we deny the extent of the back injury and specifically to the bulging disk, which -- and also the causal relationship between the loss of taste and smell. As stated earlier in the pre-trial, the Claimant has the burden of proof in establishing physical brain damage. And I ran through a number of APA exhibits, which we'd like to rely; do you want me to repeat those or do you

--
Commissioner Wilkerson: No, I've got page 14, page 16, 160, 163, 136, 196, 197, 201 and from Mr. Rathke earlier I had 235 -- oh, I'm sorry, 59, 56, 60 and 61.

Mr. Gay: -- and I'm not --

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1 Commissioner Wilkerson: And all of them are in
2 but that's just the one's --
3 Mr. Rathke: Right.
4 Mr. Gay: -- sure.
5 Commissioner Wilkerson: -- you all referenced
6 earlier, so.
7 Mr. Gay: I might have one (1) or two (2) others.
8 Commissioner Wilkerson: Okay. I'm sorry.
9 Mr. Gay: I think APA page 188 and I don't know if
10 you mentioned pages 187 and 188, you may have.
11 Commissioner Wilkerson: I did not.
12 Mr. Gay: Okay. And --
13 Commissioner Wilkerson: I read them all but thank
14 you.
15 Mr. Gay: -- yes. And we just believe that the
16 evidence will establish that there is no physical
17 brain damage, no permanent organic brain damage.
18 Commissioner Wilkerson: Okay. And -- and one (1)
19 other thing we talked about as well and I want to
20 go ahead and handle that up front too, is if by
21 chance -- I understand that there may be a
22 situation where we may have a multiple personality
23 type situation, it may or may not exist; if it
24 does then -- then I'll -- I'll try to stop the
25 hearing to resolve that issue and then we'll --

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1 we'll pick back up. So, if all of a sudden you
2 hear me, we're off the record, I just want to go
3 ahead and get that upfront because if not we're
4 going to start and stop a couple of times. -I'm
5 A-okay with that. That's not a problem, okay?
6 It's just sometimes we have objections back and
7 forth; I'm just going to try to keep it as low-key
8 as possible, okay? All right.

9 Mr. Gay: And, Commissioner --

10 Commissioner Wilkerson: I'm sorry.

11 Mr. Gay: -- one (1) other point, that we dispute
12 that her current counseling is related to this
13 Workers' Compensation accident; we believe it's
14 related to post traumatic stress disorder and from
15 child abuse. So, we would deny that she's
16 entitled to future medical for counseling.

17 Commissioner Wilkerson: And I think their
18 position was the -- that the post traumatic
19 disorder was aggravated by the accident.

20 Mr. Rathke: Right.

21 Commissioner Wilkerson: It all depends on what
22 the medical tells me, okay?

23 Mr. Rathke: Right.

24 Commissioner Wilkerson: I'm fine with that.
25 okay. All right.

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1 Mr. Gay: That's all. Thank you.
2 Mr. Rathke: And just to be clear, I did reference
3 APA page 235 but that is the proffered --
4 Commissioner Wilkerson: Oh, I'm sorry.
5 Mr. Rathke: -- document.
6 Commissioner Wilkerson: Thank you because I --
7 Mr. Rathke: Okay.
8 Commissioner Wilkerson: -- thank you because I
9 wouldn't -- once I go back through this case over
10 the weekend I would have been looking for that
11 everywhere and I don't want to read that, okay?
12 Mr. Rathke: Okay.
13 Commissioner Wilkerson: Thank you. Anything
14 else?
15 Mr. Rathke: No, Commissioner.
16 Mr. Gay: No, Commissioner.
17 Commissioner Wilkerson: All right. And I believe
18 you want to call the husband first, is my
19 understanding.
20 Mr. Rathke: Right.
21 Commissioner Wilkerson: So, we'll have him
22 testify first and then -- so, we'll -- sir, I'm
23 going to get you to raise your right hand, the
24 Court Reporter will swear you in and you'll see me
25 taking some notes. So, go right ahead, Gigi.

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1 Court Reporter: Please raise your right hand.
2 Whereupon;

3 DANIEL ALLEN SPRINGS, being duly sworn and cautioned to
4 speak the truth, the whole truth and nothing but the truth,
5 testified as follows:

6 Court Reporter: Please state your full name for
7 the record.

8 Witness: My name is Daniel Allen Springs.

9 Court Reporter: Thank you, sir.

10 Commissioner Wilkerson: Thank you, Mr. Springs.

11 DIRECT EXAMINATION

12 By Mr. Rathke:

13 Q. Okay. We just got your name for the record. Where do
14 you work currently?

15 A. Clemson University.

16 Q. And when did you begin working at Clemson University?

17 A. The day of the accident, October 12th, twenty oh seven
18 (2007).

19 Q. Okay. And you are married to the Claimant, Loretta
20 Springs?

21 A. Yes, I am.

22 Q. How long have you been married?

23 A. Five and a half (5 ½) years.

24 Q. Okay. When --

25 A. We're getting close to six (6).

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1 Q. -- when did you get married?

2 A. Twenty oh five (2005).

3 Q. Twenty oh five (2005)?

4 A. Yes.

5 Q. Oh, the year --

6 Commissioner Wilkerson: Yes.

7 Q. -- 2005. Okay.

8 Commissioner Wilkerson: Remember the world
9 changed on -- it used to be 2005 and everything
10 last year changed to twenty ten (2010) and now
11 it's twenty eleven (2011).

12 Mr. Rathke: Yes.

13 Commissioner Wilkerson: It's the --

14 Mr. Rathke: I -- I stuck by it all along.

15 Commissioner Wilkerson: -- okay, good. It's the
16 dangeest thing I've every seen.

17 Q. Okay. And how long have you known Ms. Springs?

18 A. I would say since twenty oh three (2003).

19 Q. okay. where did you meet her?

20 A. We met at work working for Clements Electrical.

21 Q. okay. And what was your job at Clements Electrical?

22 A. I was an Electrical Installer.

23 Q. Okay. what did you install?

24 A. Conduit, wiring; all things electrical.

25 Q. Okay. And did you -- you worked with Loretta?

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- 1 A. Yes.
- 2 Q. What was she doing?
- 3 A. She was -- I would say an Apprentice --
- 4 Q. Okay.
- 5 A. -- a helper.
- 6 Q. Okay. And was -- her job, did it require physical
- 7 labor?
- 8 A. Yes, it did.
- 9 Q. Okay. And was she assisting you, specifically?
- 10 A. There were times when we worked together and there were
- 11 -- there were several different crews; it just depended
- 12 upon the situation.
- 13 Q. Okay. Other than the job at Clements Electrical, since
- 14 you've been married to Loretta what other jobs did she
- 15 hold?
- 16 A. After Clements she went to work for Clemson University
- 17 Maintenance Facilities.
- 18 Q. You said the first day that you worked was the -- the
- 19 day of the injury of October 12th, 2007?
- 20 A. Yes, sir.
- 21 Q. Were you -- you weren't on the scene where the accident
- 22 occurred?
- 23 A. No, sir.
- 24 Q. Okay. Were you notified?
- 25 A. It was the end of the day and I found out about it when

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1 Patrick brought her to the shop.

2 Q. Who is Patrick?

3 A. He was driving the golf cart that -- that the accident
4 occurred by.

5 Q. Okay. All right. I want to ask you about how -- since
6 the accident how Loretta has been. Immediately after
7 the accident can you tell me how -- when she returned
8 home from the hospital the first time, that first night
9 after the accident how was her condition?

10 A. Her condition was very poor; she was very dizzy, very
11 disoriented. She had a concussion but Oconee Memorial
12 nor Redfern Medical Center had told her that she had a
13 concussion.

14 Mr. Gay: Objection to anything the health care
15 provider would have said.

16 Commissioner Wilkerson: Yes, you can't tell me
17 what the doctor said. I'm sorry.

18 A. I'm sorry, okay.

19 Commissioner Wilkerson: No, that's okay. No,
20 that's fine. He'll object and --

21 A. Okay.

22 Commissioner Wilkerson: -- and I'll understand
23 and --

24 A. She was --

25 Commissioner Wilkerson: -- tell me what your

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observation was of her.

1
2 A. -- my observation was she was pretty well out of it and
3 didn't -- she was not able to speak coherently, unable
4 to walk; I would have to hold her hands to take her to
5 the restroom, very groggy, very sleepy. I was very
6 concerned about her.

7 Q. okay. And was she also vomiting?

8 A. Yes.

9 Q. okay. Did you take her back to the doctor?

10 A. I did, the next day.

11 Q. okay. And where did you take her?

12 A. Oconee Memorial Hospital.

13 Q. okay. Did these -- these problems continue the
14 following weeks?

15 A. It took a very long time for her to come back around;
16 so, yes -- yes, they did.

17 Q. okay. Can you describe in the -- in the -- in the
18 following -- the weeks following the injury, what
19 problems -- did the dizziness continue?

20 A. The dizziness continued, the lack of -- lack of
21 equilibrium, no short term memory, impaired long term
22 memory I would say because I would ask her about things
23 prior and -- very disoriented for a very long period of
24 time.

25 Q. okay. And saying that you're -- you're saying that --

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1 you're not saying that she never returned to normal,
2 right?

3 A. A hundred percent (100%) normal? No, sir.

4 Q. Okay. All right. And I want to distinguish, you know,
5 some of the changes in her but let's start with
6 physically. Physically is she able to do things she
7 was able to do prior to this injury?

8 A. No, she is not.

9 Q. Okay. What types of things would she do around the
10 house, in the yard and everything prior to being hurt?

11 A. She would do much of the -- the great bulk of the
12 housework and laundry and preparing meals. When we
13 moved in together she and I moved all of our stuff
14 together, just the two (2) of us, and it was no problem
15 for her. She's always very active and we were always
16 very active together and physical limitations or
17 activities really weren't much of an issue.

18 Q. And now?

19 A. Now? If we go to the market or the store that's about
20 it. If she runs the vacuum cleaner for more than five
21 (5) minutes then she's pretty well done for and she has
22 no business lifting anything of any considerable
23 weight. She walk -- has a hard time walking; she still
24 has a bit of difficulty with her equilibrium; she lists
25 to port and starboard. The -- the strength is -- is

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- 1 pretty well gone.
- 2 Q. Okay. Does she do anything at all in the yard anymore?
- 3 A. Maybe sweep the porch or the front walkway or -- other.
- 4 than that, no.
- 5 Q. Okay.
- 6 A. And as far as like, you know, planting a garden or
- 7 something, the bending and the squatting and the
- 8 kneeling and all, that's very hard for her.
- 9 Q. Okay. Now, is that something she used to do?
- 10 A. Yes.
- 11 Q. Okay. And she used to work on a farm; is that right?
- 12 A. Yes.
- 13 Q. Any other hobbies that she used to have but no longer
- 14 engages in?
- 15 A. Horseback riding was a main part of her life and
- 16 hiking, fishing, going places, seeing things. And
- 17 she's also a very social person, enjoys the company of
- 18 other people and they enjoy her as well. Now she can't
- 19 remember people long enough to know who she's talking
- 20 to, so.
- 21 Q. Okay. And I want to get into that. Have you noticed
- 22 memory problems --
- 23 A. Yes.
- 24 Q. -- with your wife?
- 25 A. Yes, I have.

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1 Q. How did -- how did they, you know, show themselves to
2 you?

3 A. Most notably at church she meets people and she never
4 remembers them. It took her quite some time to learn
5 the Pastor's name. I will describe an event from our
6 recent past and she doesn't recall right away what
7 happened; I have to go through steps leading up to the
8 event and then she'll remember. She doesn't remember
9 where she puts stuff, doesn't remember where stuff is,
10 doesn't remember where places are, has a hard time with
11 places.

12 Q. Does she lose words in the middle of sentences?

13 A. Yes. Yes, she'll be trying to tell me something and
14 can't think of the word and it takes her awhile to come
15 up with it and a lot of times I'll deduce what word
16 she's trying for and tell her what it is to help her.

17 Q. Okay. Does she handle situations the same way?

18 A. No, she doesn't. Stress is pretty evident. Little
19 things that used to not bother her at all, they can
20 cause her to make a great big deal about it now.
21 Little things that she would just let go previously,
22 now they weigh on her and -- and she's -- she doesn't
23 deal with them very well.

24 Q. Okay. Does she fly off the handle or have --

25 A. Yes, she does.

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- 1 Q. -- anger outbursts? Okay. And is she emotionally
2 different; does she cry more often?
3 A. Yes. Yes, she does. Beforehand I had only seen her
4 cry when there was a death in the family and now it's a
5 pretty common occurrence.
6 Q. And you -- you're currently aware that in her past she
7 was -- she was -- had been abused --
8 A. Yes.
9 Q. -- as a child?
10 A. Yes.
11 Q. Is this something you knew about prior to working
12 there?
13 A. No.
14 Q. Do you ever see any psychological problems or anything
15 where she couldn't cope with any situations prior to
16 the work injury?
17 A. No.
18 Q. Okay. And you see that now since the work injury?
19 A. Yes.
20 Q. Okay. Prior to the work injury did you ever see a
21 situation where she -- where your wife acted in any way
22 as if she was not herself?
23 A. No.
24 Q. Okay. And is that something you see now?
25 A. Yes.

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- 1 Q. And how does that -- you know, how do you recognize
2 that in her; if she has a problem and she's not being
3 Loretta?
- 4 A. Yes, I can -- we're -- we're very close and I can
5 detect differences in her facial expressions, in her
6 speech patterns, the way she talks. Her actual voice
7 changes reflect -- depending upon which different
8 distinct personality it is; they are different and they
9 are distinct.
- 10 Q. Okay. Now, do you assist in her care?
- 11 A. Yes.
- 12 Q. Okay. Do you make sure she takes the medications that
13 are prescribed to her?
- 14 A. Yes.
- 15 Q. Okay. And does she rely on you to do that?
- 16 A. If I don't remind her most of the time she forgets.
- 17 Q. Okay. And she's taking a pain medication?
- 18 A. Yes.
- 19 Q. And some sort of antidepressant?
- 20 A. Yes.
- 21 Q. Okay. Are those the only two (2) prescriptions she has
22 that -- oral prescriptions?
- 23 A. Yes.
- 24 Q. Okay. And she also has a patch for pain?
- 25 A. Yes, sir.

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1 Q. Okay. And does she have anything else she uses for
2 pain?

3 A. A TENS unit that electrically shocks the nerves to try
4 to ease the pain.

5 Q. Okay. How often does she use that?

6 A. A couple of times a week.

7 Q. Okay.

8 Mr. Rathke: I have no further questions.

9 Commissioner Wilkerson: Mr. Gay?

10 Mr. Gay: Thank you.

11 CROSS-EXAMINATION

12 By Mr. Gay:

13 Q. The night of the accident when your wife came home from
14 the hospital was she on any kind of pain medication or
15 anything of that nature?

16 A. Yes, I believe they gave her Morphine.

17 Q. Okay. And -- and after the accident after several
18 weeks, a couple of months, her dizziness, headaches,
19 things like that improved; did they not?

20 A. It was a very slow process.

21 Q. Okay. But they did improve; is that right?

22 A. To a certain extent.

23 Q. Okay. And -- and she was having some problems with her
24 ear at the time -- immediately following the accident?

25 A. Yes.

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- 1 Q. And that resolved; is that correct?
- 2 A. As far as I know.
- 3 Q. Okay. Now, she can -- your wife can do some household
- 4 chores; is that correct?
- 5 A. Some.
- 6 Q. Okay. How about cooking; does she cook?
- 7 A. She can cook.
- 8 Q. Okay. And -- and I believe you said she does some
- 9 sweeping and some -- can do some of the housekeeping;
- 10 is that right?
- 11 A. Some.
- 12 Q. Okay. And let's talk a little bit about the
- 13 personality disorders. I believe you said you've never
- 14 seen the different personality disorders prior to the
- 15 accident; is that --
- 16 A. That is correct.
- 17 Q. -- correct? Okay. Now, do you accompany her to the
- 18 counseling sessions she's currently getting through Dr.
- 19 Kriegel?
- 20 A. I have taken her before. I went in to meet him. I
- 21 went with her to one (1) session just to make sure he
- 22 was on the up-and-up. Other than that if I take her
- 23 I'll wait in the automobile.
- 24 Q. Okay. Have you had any education, any training or
- 25 anything in -- in learning how to detect when she

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1 changes to these personalities?

2 A. No, sir.

3 Q. You haven't received any kind of counseling or
4 education on that?

5 A. No, sir.

6 Q. How did you learn to determine these changes in
7 personalities?

8 A. We're together as much of the time as we can be
9 together. I can tell when it's someone other than the
10 wife that I married.

11 Q. Okay. How did you learn that she had the personality
12 disorder?

13 A. I guess it was around the time with Dr. Kriegel; when
14 she started seeing Dr. Kriegel.

15 Q. But how -- did you learn through Dr. Kriegel or through
16 her or how did -- how did you learn that she had that
17 disorder?

18 A. Over time they just -- I started noticing changes in
19 her and the way that she would talk and the way that
20 she would act and knowing that they were a part of her
21 then I started talking to her and they are several
22 separate and distinct entities that exist inside of her
23 and it's very apparent when they're there.

24 Q. And when she's in these different personalities does --
25 does she have different memories or --

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1 A. Yes.

2 Q. -- can she not -- and at some -- during certain
3 personalities she can't remember certain things; is
4 that --

5 A. Certain personalities --

6 Q. -- correct?

7 A. -- have certain memories.

8 Q. And is it your understanding that that's the way that
9 she copes with the early childhood trauma that she
10 endured?

11 A. That's what I'm told.

12 Mr. Gay: I don't believe I have any other
13 questions.

14 Commissioner Wilkerson: Any follow-up?

15 Mr. Rathke: No follow-up.

16 Commissioner Wilkerson: Thank you, sir.

17 Witness: Yes, sir.

18 Commissioner Wilkerson: Just -- just stay seated,
19 we're okay. So, Ms. Spring, I'm going to get you
20 to raise your right hand, okay? And I'll have my
21 Court Reporter swear you in as well, okay? I'm
22 going to take some of your testimony.

23 Court Reporter: Please raise your right hand.

24 Whereupon;

25 LORETTA LYNN SPRINGS, being duly sworn and cautioned to

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Transcript of Record dated January 13, 2010
Testimony of Loretta Springs pages 31-71

1 speak the truth, the whole truth and nothing but the truth,
2 testified as follows:

3 Court Reporter: Please state your full name for
4 the record.

5 Witness: Loretta Lynn Springs.

6 Court Reporter: Thank you, ma'am.

7 Commissioner Wilkerson: Thank you, Ms. Springs.

8 You can turn this way toward your Attorney. I'm
9 fine with that or whatever is comfortable.

10 DIRECT EXAMINATION

11 By Mr. Rathke:

12 Q. All right. And what's your full name?

13 A. Loretta Lynn Springs.

14 Q. Okay. okay. You're a high school graduate, right?

15 A. Yes, sir.

16 Q. Okay. From 1981 --

17 A. Yes, sir.

18 Q. -- is that right? And other than your high school
19 education have you had any further education?

20 A. Not any college, no.

21 Q. Okay. You have a certificate from Tri-County Tech; is
22 that right?

23 A. Yeah.

24 Q. And what's that in?

25 A. It was in medical records.

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- 1 Q. Okay. And when did you receive that?
2 A. It was before I went to work for Clements Electrical.
3 Q. Okay.
4 A. So, that's been -- give me a second, nine (9) years
5 from now.
6 Q. And were you ever employed --
7 A. No.
8 Q. -- with that certificate? Okay. And I want to go
9 through your work history from high school. Do you
10 know what your first job was; do you recall?
11 A. It was before high school; I worked in a daycare.
12 Q. Okay. But I mean after -- after you graduated high
13 school --
14 A. After -- after high school?
15 Q. -- as adult jobs?
16 A. Yeah, I was working in a bar, I was waitressing in a
17 bar and then after that I worked in a restaurant.
18 Q. Okay. Then did you go --
19 A. And then I went into landscaping.
20 Q. -- okay.
21 A. I was a Landscaper and all the whole time I was trying
22 to get in as -- to be a Zookeeper at Busch Gardens and
23 then I got a job at Busch Gardens and I moved up and
24 became the lead keeper there and it was a great job.
25 And then I got married, had a farm in Piedmont, worked

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1 the farm. I also worked Greenville Zoo and also worked
2 for an auction -- I like to stay busy. I worked for an
3 auction company that settled -- sold dairy cows.

4 Q. Okay. Well, let's go through one (1), did you do
5 construction cleaning at one point?

6 A. Yeah, that was a long time ago.

7 Q. Okay. And then at Anheuser Busch as a Keeper were you
8 keeping Clydesdales?

9 A. Yeah.

10 Q. Okay.

11 A. I started out actually in the bird gardens and I was a
12 lead Keeper there and they sent me to California and I
13 trained to take care of the Koalas and I was a lead
14 keeper of the bird gardens and the Koala exhibit. And
15 from there I transferred -- after several years
16 transferred over to the Clydesdale handling, worked the
17 Clydesdales. And then that's when I moved from Florida
18 to South Carolina.

19 Q. Okay. And all total was it eleven (11) years at
20 Anheuser Busch?

21 A. Eleven (11) or twelve (12), yeah.

22 Q. All right. And you said you had a farm?

23 A. Yeah.

24 Q. All right. And --

25 A. It was out --

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- 1 Q. -- was that with your former husband?
2 A. -- yeah. Grew my own feed and -- and raised cattle.
3 Q. Okay. Do you know how many head?
4 A. Three (3) or four hundred (400) head.
5 Q. Okay. How many acres?
6 A. About -- well, depending on -- it -- a total of about
7 seven hundred (700) acres but not all of it had cattle
8 on it. Some we grew silage on --
9 Q. Okay.
10 A. -- and there were crops of different types.
11 Q. All right. And then you met -- and you were -- you
12 were tilling land and you were taking care of the
13 cattle?
14 A. Yeah --
15 Q. Okay.
16 A. -- and working at Greenville Zoo.
17 Q. Okay. And you worked, you said, for an auction
18 company; is that Walnut Grove?
19 A. Yeah.
20 Q. All right. And what were you doing with Walnut Grove?
21 A. That -- that was the auction company; they would go in
22 and sell a dairy out and I would tag the cattle, load
23 the cattle for the buyers.
24 Q. Okay. You were hands on with the livestock --
25 A. Oh, yeah.

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- 1 Q. -- right? Okay. And then when you were at Greenville
2 Zoo you were also a Keeper with the animals?
3 A. Yeah.
4 Q. Okay. All right. Okay. And then after the Zoo was
5 Clements Electrical your next job?
6 A. Yeah.
7 Q. Okay. And what did you do with Clements Electrical?
8 A. I was an Electrical Assistant like a -- a sort of an
9 Apprentice just, you know, wiring, installing conduit.
10 Anything to do with electrical most -- it was all
11 commercial and it -- or industrial; it wasn't
12 residential.
13 Q. Okay. That was also a hands-on physical job?
14 A. Oh, yeah.
15 Q. Okay. How long were you at Clements?
16 A. I don't know.
17 Q. Okay. Was --
18 A. That might be --
19 Q. -- that's okay. Was your next job then --
20 A. -- three (3) years, maybe, three (3) or four (4).
21 Q. -- okay. Well, what you remember --
22 A. Yeah, three (3) or four (4) years.
23 Q. -- I don't want you guessing it. Okay. And then
24 Clemson, was that your next job after Clements?
25 A. Yep.

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- 1 Q. Okay.
- 2 A. Yep.
- 3 Q. And then at -- when you started at Clemson, what -- do
- 4 you remember when you started at Clemson?
- 5 A. I don't remember which year, no.
- 6 Q. Okay.
- 7 A. It's on the records I'm sure.
- 8 Q. All right. Do you -- what did you do at Clemson?
- 9 A. I was a Maintenance Technician.
- 10 Q. Okay. Well, what did that entail?
- 11 A. We do repairs all over campus, HVAC, electrical,
- 12 plumbing; just anything that needed fixed.
- 13 Q. Okay. Were you part of a team of people --
- 14 A. Yeah.
- 15 Q. -- who performed that job?
- 16 A. Yeah, they -- there's different crews; different zones
- 17 take care of different parts of the campus.
- 18 Q. Okay.
- 19 A. And I worked for Jimmy Carter in Zone Four (4).
- 20 Q. Okay. And who was on your crew?
- 21 A. Nate -- Nate -- Nathan Green, Carl, Herb Parham, Jimmy
- 22 was our boss, oh, what's his name? Stokes. Stokes.
- 23 Q. Okay.
- 24 A. I can't remember, just Stokes --
- 25 Q. All right. And --

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- 1 A. -- that's what we always called him.
- 2 Q. -- and there was testimony earlier that a Patrick was
- 3 driving the golf cart?
- 4 A. Well, he -- he was -- he worked in a different zone.
- 5 When -- Jimmy said -- it was like ten (10) minutes
- 6 before four o'clock, Jimmy said you all go. So, I
- 7 headed from that shop and jumped in the cart with --
- 8 Q. Is it Patrick?
- 9 A. -- Patrick -- jumped in the cart with Patrick and he
- 10 took us from Martin Hall down. And he was going to
- 11 head between the library and the fountains and he
- 12 started going that way and I put my foot down to kind
- 13 of brace myself because he had taken the doors off the
- 14 cart, you know, because it was hot outside. And he
- 15 started going that way and for some reason, I don't
- 16 know why, he went that way (indicating) and I went that
- 17 way (indicating).
- 18 Q. Would you say he sort of swerved to the left?
- 19 A. Yeah, pretty fast.
- 20 Q. Okay.
- 21 A. Yeah.
- 22 Q. And you went out of the golf cart?
- 23 A. Yeah.
- 24 Q. Okay. And what did you land on?
- 25 A. My back.

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- 1 Q. Okay. Did you hit your head?
2 A. Yeah, the whole backside. I don't know what hit first;
3 it just all -- like it was instantaneous.
4 Q. Okay. Do you recall, you know, how you felt after?
5 A. I think I was hollering.
6 Q. Okay.
7 A. And the next thing I remember, Patrick is kind of
8 kneeling over me or I don't know if I can really see
9 him, I can hear him, like, are you -- you okay? I
10 think I've got my eyes shut because I'm, like, ahh, you
11 know, because it hurts. And then, he kind of rolled me
12 on my side to look at the back of my head. And I can't
13 remember exactly what was said but then there was
14 somebody else came up and he sounded young so I'm
15 assuming it was a student and I don't even know if I
16 had opened my eyes yet; so, I don't know what he looks
17 like. But he came up and said something about if I was
18 okay or something. And Patrick helped me get up and
19 got me in the cart and I was kind of holding myself off
20 the seat because it really hurt bad. And he took me
21 over to the shop and they took me from there to
22 Redfern.
23 Q. Okay. And when you say it really hurt bad, what hurt?
24 A. God, my whole -- my head, my backside; it just -- it
25 was -- that was agony.

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- 1 Q. Okay. And you were taken to the -- where first, to
2 Redfern?
3 A. Redfern.
4 Q. And what did they do?
5 A. They took an x-ray of my tailbone.
6 Q. Okay. Did they do anything for your head?
7 A. I don't think so.
8 Q. Did you go to the hospital the next day?
9 A. We went to the hospital that same day; they -- the
10 ambulance took me.
11 Q. Okay. So, you've been to the hospital -- Redfern then
12 the hospital the day of the accident?
13 A. Yeah.
14 Q. Okay. And did you have any other diagnostic treatment
15 at the hospital; do you recall?
16 A. They did a CAT scan, that's what it was; I think that
17 was what it was.
18 Q. Okay.
19 A. I'm -- I can't -- but I'm pretty sure that's what it
20 was.
21 Q. All right. And then you went back the next day as well
22 to the hospital?
23 A. Yeah. It was either that day that they did the CAT
24 scan or it was the next day.
25 Q. Why did you go back to the hospital the next day?

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- 1 A. I would just wake up and I would just, pardon me, vomit
2 and pass back out all night that -- that whole day and
3 night. And Dan got scared the next morning; he was
4 having a hard time getting me awake. And I'd wake --
5 I'd think -- I think I was taking pain pills during the
6 night too but I'm not positive. When -- he would wake
7 me up, I think -- he was either giving me water or a
8 pill; I'm not positive. And I never even asked him
9 about this. And I would wake up and then just pass
10 back out. And the next morning he got scared and he
11 took me back to the hospital and they said I had a
12 concussion.
- 13 Q. Okay. All right. And did those symptoms last for a
14 period of time?
- 15 A. Oh, forever, it seemed.
- 16 Q. Okay. And since then you've seen a Neurologist; is
17 that correct?
- 18 A. Yeah.
- 19 Q. Is that Dr. Sherrill?
- 20 A. Yeah.
- 21 Q. And I believe you saw a Neurosurgeon, Dr. Esce in
22 Greer; do you recall?
- 23 A. Oh, yeah.
- 24 Q. Okay.
- 25 A. That's the one --

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- 1 Q. Do you remember?
- 2 A. -- no, but yeah.
- 3 Q. Okay. And you are in pain management with Dr.
- 4 Lauder milk, right?
- 5 A. Yep.
- 6 Q. Okay. And you saw two (2) Neuropsychologist; do you
- 7 know what those are --
- 8 A. Yeah.
- 9 Q. -- those doctors?
- 10 A. Those are the ones --
- 11 Q. Dr. Bloch, the woman?
- 12 A. -- yeah, down -- down by Abbeville.
- 13 Q. Okay. And Dr. Herring at The Brain Injury Center?
- 14 A. Yeah.
- 15 Q. Okay. And did you receive treatment at The Brain
- 16 Injury Center?
- 17 A. Yeah.
- 18 Q. What type of treatment?
- 19 A. They taught me how to, like, manage things, like, write
- 20 things down and take notes and stuff. So --
- 21 Q. For your memory issues?
- 22 A. -- yeah.
- 23 Q. Okay. All right. And then did you see an ENT
- 24 regarding the loss of taste and smell?
- 25 A. Yes.

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- 1 Q. And do you remember if you dealt with that with Dr.
2 Herring or Dr. Bloch, your loss of taste and smell?
3 A. They did a scratch and sniff test; I remember that.
4 Q. Okay. All right. And you see Dr. Kriegel --
5 A. Yeah.
6 Q. -- is that right? okay. who do you still see of the
7 treating physicians?
8 A. Loudermilk and Kriegel.
9 Q. Okay. And Loudermilk is engaged in pain management?
10 A. Yes.
11 Q. Okay. In his office did you also see Carol Burnette;
12 do you recall --
13 A. I don't know.
14 Q. -- at Dr. Loudermilk's office? All right. So, you see
15 Dr. Loudermilk for pain management; is that right?
16 A. Yes.
17 Q. And what does he do for you currently?
18 A. Writes the prescriptions, pretty much. I mean, he said
19 he really couldn't -- he said that's the best he could
20 do for me.
21 Q. Okay. You're on -- you have, is it two (2)
22 prescriptions of pain prescription, oral pain
23 medication, right?
24 A. Yeah, oral and the patch for my back that I've been on.
25 Q. Do you know what that oral medication is?

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- 1 A. I think it's called Norco; I think it's kind of like a
2 Vicodin but I'm not positive.
- 3 Q. Okay. And then the patch?
- 4 A. Yeah.
- 5 Q. And then does -- does he give you something for
6 antidepressant?
- 7 A. Yeah.
- 8 Q. Okay.
- 9 A. Buspar.
- 10 Q. Okay.
- 11 A. Yeah.
- 12 Q. Okay. And then -- and then you have a TENS unit?
- 13 A. Yep.
- 14 Q. Okay. And did you take those medications today?
- 15 A. I took a pain pill this morning, yes.
- 16 Q. Okay. Did you take your antidepressant?
- 17 A. I usually take that at night.
- 18 Q. Did you take it last night?
- 19 A. Yeah.
- 20 Q. Okay. Are you on anything for sleep?
- 21 A. I was on some different ones, one (1) of them was
22 Ambien and there was another one (1), I can't recall
23 the name but my stomach has been bothering me a lot;
24 so, I haven't taken it, so.
- 25 Q. Okay. Are you having problems sleeping?

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- 1 A. Yeah.
- 2 Q. Okay.
- 3 A. I don't sleep well.
- 4 Q. So, you don't know whether you'll -- he'll suggest you
- 5 go back on another pain medication that they -- that
- 6 might be better for your stomach --
- 7 A. Well, they changed --
- 8 Q. -- or another sleeping medication, right?
- 9 A. -- oh, he -- he might later once my stomach settles
- 10 down; I guess after three (3) years it just decided it
- 11 didn't want to take anything else.
- 12 Q. Okay. All right. And then you also still see Dr.
- 13 Kriegel?
- 14 A. Yes.
- 15 Q. How often do you see him?
- 16 A. Twice a week.
- 17 Q. Okay. Will you see him again next week?
- 18 A. Yes.
- 19 Q. Okay. Do you know what days you see him?
- 20 A. Tuesdays and Thursdays, I think.
- 21 Q. All right. Do you feel you still need those pain
- 22 medication and --
- 23 A. Yes.
- 24 Q. -- and all the medications you take?
- 25 A. Yeah.

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- 1 Q. Including the TENS unit?
- 2 A. Yeah.
- 3 Q. Do you feel you need the counseling you're receiving?
- 4 A. Yeah.
- 5 Q. And is part of the counseling that you receive how to
- 6 cope with the pain that you're in?
- 7 A. Uh-huh.
- 8 Q. Yes?
- 9 A. Yes.
- 10 Q. Okay. All right. And -- all right, let's go back.
- 11 After the injury you did return to work for some time;
- 12 is that correct?
- 13 A. Yeah, the doctors told me to go back to work.
- 14 Q. Okay. And would -- did they provide you with light
- 15 duty?
- 16 A. Not at first but the guys in the shop did my work for
- 17 me and they had a girl that was working there and she
- 18 did my work for me too.
- 19 Q. Okay. And then they eventually gave you a task that
- 20 was not physical?
- 21 A. They gave me tasks that were not as physical.
- 22 Q. Okay. And what did they have you doing?
- 23 A. First they had me checking fire extinguishers on campus
- 24 and then they -- after that they had me -- oh, cutting
- 25 keys but I think I only did that for a couple of days

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1 and it was too hard because its not a machine that cuts
2 it itself. You have to pull this thing down and every
3 time I'd pull it down it would just, like, that pain
4 would shoot down my back and I just couldn't do it
5 after that. And then after that they sent me over to
6 work in Workers' Comp office.

7 Q. Okay. All right. And you were just moving paper in
8 the Workers' Comp office or what were you doing?

9 A. I think they were just being nice to me because I
10 really couldn't -- I don't know a whole lot about
11 computers; I'm a little computer illiterate. I didn't
12 grow up in that generation and I think I just kept --
13 had busy work.

14 Q. Okay. Did they eventually stop offering you --

15 A. They told me --

16 Q. -- light duty?

17 A. -- yeah, they told me that after they -- that one (1)
18 doctor said that this is the most she can lift and
19 whatnot that -- because I couldn't do the work that was
20 qualified because the -- the job I originally had said
21 that you had to lift fifty (50) pounds and that I --
22 since I couldn't do that anymore I had to go -- I had
23 to go find a job somewhere else.

24 Q. Okay. Did you then start receiving temporary total
25 disability checks from Workers' Comp?

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- 1 A. Yes.
- 2 Q. Are you still receiving those?
- 3 A. Yeah, once a week.
- 4 Q. And is it, the check you receive, two hundred and
- 5 eighty-nine dollars and ninety-five cents (\$289.95)?
- 6 A. Yes.
- 7 Q. Okay. Since the last time you worked at Clemson have
- 8 you worked anywhere?
- 9 A. No.
- 10 Q. Has Clemson ever come back and offered you anything
- 11 else within any work restrictions that your doctor has
- 12 given you since that time?
- 13 A. No.
- 14 Q. Okay. When you first were injured did you have
- 15 problems hearing?
- 16 A. Yeah, I felt like I had cotton in my ear.
- 17 Q. Do you remember which ear?
- 18 A. I think it was the left ear.
- 19 Q. Okay. Has that resolved, the hearing issue?
- 20 A. Yeah.
- 21 Q. Okay. Do you have problems smelling and tasting?
- 22 A. Yes.
- 23 Q. Did that exist immediately after the work accident?
- 24 A. Not immediately, it -- I think within a week or so I --
- 25 everything -- I -- like, I didn't smell anything and --

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- 1 and everything tasted like cardboard, like nothing.
- 2 Q. Was this --
- 3 A. And then a week or two (2) went by and then everything
- 4 started tasting really gross and stinking; it was
- 5 awful. And that's when I lost all the weight.
- 6 Q. -- okay. But at first you -- you had no sense of
- 7 smell?
- 8 A. Right.
- 9 Q. Okay.
- 10 A. That's how it started.
- 11 Q. All right. And then you'd -- you'd come to a point
- 12 where it's -- you can smell some things and taste some
- 13 things but it's not what you normally would smell or
- 14 taste?
- 15 A. Yeah. I think I just got used to stuff, you know?
- 16 After three (3) years it's like, eat it, who cares.
- 17 Q. Okay. To this day do things smell the way you remember
- 18 them smelling --
- 19 A. Huh-uh.
- 20 Q. -- before the accident? Do they --
- 21 A. Wintergreen. Wintergreen does.
- 22 Q. -- okay. Does --
- 23 A. I don't know why; don't ask me.
- 24 Q. -- all right. Does things taste normal?
- 25 A. No.

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- 1 Q. Okay. All right. And --- and your coccyx was broken --
2 A. Yeah.
3 Q. -- correct? And that's just -- the piece was just in
4 there?
5 A. Yeah.
6 Q. They didn't fix that? Okay.
7 A. No, they said they can't fix it unless it was just
8 fractured, then they could push it back, but since it's
9 not just fractured then they have to just leave it
10 there.
11 Q. Okay. And how does that affect you now?
12 A. It hurts.
13 Q. Okay. Does it affect how -- the way you can sit and
14 how long?
15 A. Yeah. The way you sit, the way you walk; it affects a
16 lot of things.
17 Q. And -- all right, and how is your -- your back, and by
18 back -- now first, you've had some neck pain, correct?
19 A. Yeah.
20 Q. Okay. And is that totally resolved or does that still
21 bother you?
22 A. No, it bothers me.
23 Q. Okay.
24 A. I just live with it.
25 Q. Okay. Is that the main problem you have with the pain?

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- 1 A. No, the worse is the -- the lowest part of the back but
2 that pain just sometimes it's -- sometimes it's just
3 awful.
- 4 Q. Okay. And is that the pain for which you receive the
5 pain management?
- 6 A. Yeah.
- 7 Q. The lower back pain right here (indicating)?
- 8 A. Uh-huh.
- 9 Q. Okay. And it -- I know it -- you've seen a number of
10 physicians for the -- for the back problem, correct:
11 Dr. Esce, Dr. Laudermilk, Dr. Sherrill?
- 12 A. Right.
- 13 Q. Right. Okay. And did Dr. Sherrill have any tests
14 performed on you for your back?
- 15 A. He did that like a year or two (2) ago. He did a test
16 where they stuck needles and -- and put electrodes on
17 my leg and it's for -- to find out about nerve damage.
18 And he said I have nerve damage in the back and -- and
19 in the leg.
- 20 Mr. Gay: Objection to anything he said.
- 21 Commissioner Wilkerson: You can't -- you can't
22 tell me what the doctor said. That's okay, it'll
23 be in the medical reports.
- 24 A. Oh.
- 25 Q. Okay.

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- 1 A. Yeah, he did. Short and sweet.
- 2 Q. Okay. And you mentioned you have problems sleeping.
- 3 A. Yeah.
- 4 Q. Is the problem sleeping because of the pain?
- 5 A. Yes.
- 6 Q. Okay. Does it affect how you can lay and what
- 7 positions you can get in?
- 8 A. Yes. Yes.
- 9 Q. Okay. Does it affect how long you can sit?
- 10 A. Yeah.
- 11 Q. How long can you sit still?
- 12 A. This is killing me right now to sit here.
- 13 Q. Okay.
- 14 A. Like, I have to drive to the doctors and most of the
- 15 time somebody drives me but if I can't get somebody to
- 16 drive me if I have to go by the time I get -- you know,
- 17 and I have to sit there for an hour. So, it takes an
- 18 hour to get to him and then -- and that -- you know,
- 19 and I sit there for an hour and then an hour back home,
- 20 by the time I get home I'm in agony. And I can't take
- 21 the pill, the pain pill, before I go because I'm
- 22 driving. Because, you know, I don't want to have a
- 23 wreck and hurt somebody; so, I don't take the pain pill
- 24 before I go. So, I have to go, then come back; so, by
- 25 the time I get home it hurts. I mean, I -- it -- there

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- 1 are good days, I'm not going to lie, there's good days
2 but a good day to me is probably a bad day for you.
- 3 Q. Are you able to walk any distance?
- 4 A. Yeah.
- 5 Q. okay. And how far do you think you can walk now before
6 the pain --
- 7 A. I can --
- 8 Q. -- stops you?
- 9 A. -- I can walk up to -- how far is -- I'm sorry, I can't
10 ask him, can I? There's a chicken place, I can walk
11 there and back on good days --
- 12 Q. okay.
- 13 A. -- and back home. How far is that?
- 14 Q. well, you just -- and is it -- it's just down the
15 street or is it --
- 16 A. Yeah.
- 17 Q. -- okay. There was testimony before that you had --
18 that you used to hike?
- 19 A. Yeah.
- 20 Q. Have you done any hiking since this injury?
- 21 A. We have tried one or twice and it's all -- it's got to
22 be level and it's, you know, it's not like way down in
23 like we used to go way down and then way up the
24 mountain; it's, you know, level. And we've done it
25 once or twice and I do it because I miss it so much

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1 because I love that. And when we get home, again, I
2 have to, you know lay on the couch because -- and then
3 two (2) or three (3) days later I'm still hurting that
4 bad.

5 Q. All right. And how is your normal day now been; what
6 do you usually do?

7 A. It's boring. The majority of the time, to be honest
8 with you, I lay on that stupid couch.

9 Q. All right. You're seeing Dr. Kriegel for -- we had
10 said before the -- helping with the chronic pain and
11 also for the emotional --

12 A. Yes.

13 Q. -- things you're having? And since you were treating
14 with him you -- it's come out that you had -- and it's
15 -- were you abused as a child?

16 A. Yes.

17 Q. Okay. Now, you've been -- you were married prior to
18 your current marriage, correct?

19 A. Yes.

20 Q. Did what happened to you as a child in any way
21 interfere with your previous marriage?

22 A. No.

23 Q. Did it in any way ever interfere with any employment
24 you ever had?

25 A. No.

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- 1 Q. Did it interfere with your daily living?
- 2 A. No.
- 3 Q. Was it something that you thought about or -- or it
- 4 came up ever prior to this work injury?
- 5 A. No, I left it -- left it behind; I didn't think about
- 6 it.
- 7 Q. Okay. And since this work injury have you been able to
- 8 leave it behind?
- 9 A. No.
- 10 Q. All right.
- 11 A. I always stayed busy; when you're busy you don't think.
- 12 That's why I've always worked hard jobs.
- 13 Q. Okay. And does it interfere now with your daily life?
- 14 A. Yes.
- 15 Q. Okay. Does it interfere with your marriage?
- 16 A. Yes.
- 17 Q. Do you feel that it would interfere with your ability
- 18 to work?
- 19 A. Probably.
- 20 Q. Okay. And you are on Social Security Disability now,
- 21 correct?
- 22 A. Yes.
- 23 Q. When did you go on Social Security Disability; do you
- 24 recall?
- 25 A. About a year or so ago; I can't -- I'm not positive.

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- 1 Q. Okay.
- 2 A. Dan takes care of that.
- 3 Q. Okay. Are you on Medicare?
- 4 A. I start it soon.
- 5 Q. Okay. All right. Prior to this work injury had you
- 6 ever been to a Psychologist before?
- 7 A. No.
- 8 Q. Okay. Did you ever have to take an antidepressant of
- 9 any kind?
- 10 A. One (1) time, I was stressed out.
- 11 Q. Do you remember what the instance that caused the
- 12 stress --
- 13 A. I was going through divorce.
- 14 Q. -- okay. How long did you take an antidepressant; is
- 15 it less than a year?
- 16 A. I guess about six (6) months, maybe.
- 17 Q. Okay. And was that -- how long ago was that, decades
- 18 or --
- 19 A. A long time ago. A long time ago; I was in my twenties
- 20 (20s).
- 21 Q. -- okay. And how old are you now?
- 22 A. I'm forty-eight (48).
- 23 Q. Are you still having memory problems?
- 24 A. Yes.
- 25 Q. Okay. And -- and you say you went through treatment to

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- 1 learn how to cope with that --
- 2 A. Yes.
- 3 Q. -- you know, little -- leave these post-in notes --
- 4 A. Yeah, I take notes --
- 5 Q. -- and that sort of thing?
- 6 A. -- and I keep a journal.
- 7 Q. Okay. And how do you recognize when you're having
- 8 memory problems; how does it show itself, what happens?
- 9 A. I can't -- like, I used to have a really excellent
- 10 vocabulary -- vocabulary but it's like I'm -- I lose
- 11 words and stuff.
- 12 Q. Okay.
- 13 A. And I notice that it'll take me a long time to get that
- 14 word back, you know, I'll try to, like, say microphone
- 15 and I go through ten (10) different words to try to get
- 16 the right word out. It's not as bad as it used to be
- 17 but I still do it.
- 18 Q. All right. Do you notice yourself having more problems
- 19 dealing with anger?
- 20 A. Yes.
- 21 Q. Okay. And are you more emotional?
- 22 A. Yes.
- 23 Q. Okay. How often do you think you break down now in a
- 24 week?
- 25 A. Two (2) or three (3) times.

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- 1 Q. okay. Your husband testified about other
2 personalities, are you aware of those other things as
3 you sit here --
- 4 A. Yes.
- 5 Q. -- when it's not happening?
- 6 A. Sometimes I don't --
- 7 Q. Have you been told --
- 8 A. -- know they came out and then sometimes I know they're
9 there. It's like being in the backseat of a car if you
10 know they're there.
- 11 Q. -- okay. Is that something that had ever occurred to
12 you prior to this work injury?
- 13 A. No. I lost time but I never, you know.
- 14 Q. Okay. Prior to the work injury, back when the original
15 abuse occurred, you lost time?
- 16 A. I -- the abuse was occurring; so, yes, I was losing
17 time.
- 18 Q. Okay. How old were you then; do you know?
- 19 A. The youngest alter is four (4) years old.
- 20 Q. Now, I may have asked you this. Do you believe that
21 your visits with Dr. Kriegel help you cope with your
22 chronic pain?
- 23 A. I'm not sure yet; I've only been going to him for a
24 year.
- 25 Q. okay.

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- 1 A. I think sometimes because he's teaching me breathing
2 techniques and stuff and, you know, and it -- it helps.
3 Q. Okay.
4 A. I mean, I just -- I still want to go to him because he
5 -- you know, eventually I'm hoping I can get rid of
6 most of this, you know, I'm hoping.
7 Q. Okay. Do you live in a house now or where do you live?
8 A. In a house.
9 Q. Do you rent?
10 A. Yes, we do.
11 Q. Okay. Were you looking to buy a house?
12 A. We were going to before I had the accident.
13 Q. Okay. And has that changed your income situation?
14 A. Yeah.
15 Q. Okay. And are you hoping to be able to -- to actually
16 buy and purchase a house?
17 A. Yeah.
18 Q. If you received -- you're on Social Security
19 Disability; you get a check, correct?
20 A. Yes.
21 Q. Okay. But that check is then also --
22 A. It's not a lot because I'm still getting --
23 Q. -- Workers' Comp?
24 A. -- Workers' comp, yeah.
25 Q. Okay. Would having a lump sum from Workers' Comp, you

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1 know, from any disability award help you --

2 A. Yeah.

3 Q. -- get out of a rent situation and be able to own a
4 home?

5 A. Yeah, we could pay off some of the bills and -- and put
6 a down payment. I mean, it's not going to pay for a
7 house, you know, not nowadays; I think a hundred (100)
8 years ago. You know, back when you could pay ten
9 thousand dollars (\$10,000.00) for a house.

10 Q. All right.

11 Mr. Rathke: That's all the questions I have.

12 Commissioner Wilkerson: Mr. Gay?

13 CROSS-EXAMINATION

14 By Mr. Gay:

15 Q. Let me ask a few follow-up questions. When -- when the
16 accident happened, I believe you told me in your
17 deposition if -- if you remember but just if you could
18 tell me did you -- when you fell you hit your rear, I
19 think, and the back of your head; is that --

20 A. Yeah.

21 Q. -- how you landed?

22 A. The whole backside -- when I came out it looks like
23 slow motion and I just (descriptive hand movements) the
24 whole backside.

25 Q. Okay.

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- 1 A. And I can't tell you if the tailbone hit first or the
2 head hit first.
- 3 Q. Okay. You did not lose consciousness did you?
- 4 A. I don't think so, no.
- 5 Q. Okay. And do you know how many pain pills -- how much
6 pain medication you took that night?
- 7 A. No.
- 8 Q. Now, prior to the accident that we're here on today,
9 you had had some dizziness -- some episodes of
10 dizziness before this accident in -- in the past; I
11 think you had had some --
- 12 A. I had an ear infection, yes.
- 13 Q. -- okay. And then you'd had some dizziness. You'd
14 also had a problem with some severe headaches in the
15 past; is that right?
- 16 A. Yes.
- 17 Q. And you've treated by the Mayo Clinic in Florida and
18 had an MRI of your brain for --
- 19 A. Right.
- 20 Q. -- for headaches?
- 21 A. Yes.
- 22 Q. Okay. And then those were controlled through
23 medication for a period of time; is that right?
- 24 A. Yeah.
- 25 Q. Okay.

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- 1 A... Mostly just Tylenol.
- 2 Q. Okay. Let's talk a little bit about your -- your back.
- 3 My understanding is that your current restrictions are
- 4 not lifting over thirty-five (35) pounds on a limited
- 5 basis; is that right? Is that what you're -- do you
- 6 understand that to be your restrictions?
- 7 A. Yeah, I guess.
- 8 Q. Okay. And have you had a couple of other injuries
- 9 since the Workers' Compensation accident we're here on
- 10 today?
- 11 A. I -- this leg (indicating) goes numb sometimes --
- 12 Commissioner Wilkerson: That's your right leg?
- 13 A. -- my right leg, it goes numb sometimes since the
- 14 injury and I had been sitting on the porch and I went
- 15 to stand up and the leg went; I didn't even realize it
- 16 was asleep and I took a step and I stumbled and I hurt
- 17 this ankle (indicating); I went to my own doctor for it
- 18 though. I hurt this (indicating) -- the right ankle.
- 19 I'm sorry.
- 20 Q. Did -- did you sprain some ligaments in that --
- 21 A. Yeah.
- 22 Q. -- ankle; is that what that was?
- 23 A. I sprained my ankle --
- 24 Q. Okay.
- 25 A. -- yeah.

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1 Q. And -- and did you strain your back when you were
2 lifting some household appliances when you were
3 preparing for a move; do you remember telling one (1)
4 of your doctors that?

5 A. No.

6 Q. Do you remember on September 2010, telling Dr. Kriegel
7 that you were moving from your current home and
8 strained your back lifting some household appliances?

9 A. No. I told him that my back hurt because we were
10 moving and I was trying to -- Shirley, she's one (1) of
11 the alters, always wants to do stuff and always wants
12 to be helpful and when she comes out she tries to move
13 stuff and I have to take back over again and say you
14 can't move this stuff. She's only twelve (12); she
15 doesn't know. So, when she comes out she tries to do
16 stuff and I have to take back over and say you can't do
17 this. But I know it sounds odd but that's the God's
18 honest truth.

19 Q. But did you aggravate your back by lifting --

20 A. No.

21 Q. -- moving some appliances?

22 A. I -- I -- it doesn't -- if I sneeze I can aggravate my
23 back. I mean, and -- and he wouldn't let me move
24 anything. So, it was just little boxes with, you know,
25 no more than twenty (20) pounds in them; it was

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- 1 silverware, you know, and I was putting it in the back
2 of the truck. And I was talking to Kriegel on the
3 phone and I told him I -- he said, Loretta, you're
4 going to hurt yourself and I said, well, it always
5 hurts, Kriegel --
- 6 Q. Well, don't --
- 7 A. -- but I've got to get this stuff done.
- 8 Q. -- tell me anything the doctor said but go -- go ahead.
- 9 A. But I told him it -- my back always hurts but I just
10 wanted to move this one (1) box into the back of the
11 truck.
- 12 Q. Okay. No surgery has been recommended for your back,
13 they --
- 14 A. Huh-uh.
- 15 Q. -- they can't really do anything --
- 16 A. No, they said --
- 17 Q. -- except pain medications?
- 18 A. -- unless the disk bulge -- the bulging disk ruptures
19 they can't do anything for it.
- 20 Q. Okay. You've been diagnosed with a mild disk bulge; is
21 that your understanding?
- 22 A. I guess, yeah.
- 23 Q. Okay. Let's talk a little bit about your psychological
24 problems that -- that you've discussed. I -- I think
25 -- well, before we get there, I'm sorry, let me back up

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1 just a second. I think you testified when I took your
2 deposition, and correct me if this is wrong, but did
3 your dizziness go away after about six (6) weeks --

4 A. I don't --

5 Q. -- after the accident?

6 A. -- remember how long it was; I knew it was a long time
7 because I remember walking down the halls at Clemson
8 and I would have to hold. And -- and sometimes it
9 would be okay but when I'd move my head too fast the
10 room would start spinning again and I'd have to grab on
11 to something.

12 Q. How about your headaches, they lasted about three (3)
13 months; is that right --

14 A. Yeah, that --

15 Q. -- and then they resolved?

16 A. -- that worse part of it was -- it was a long time but
17 eventually the worst part went away and I just every
18 once in awhile get headaches.

19 Q. You're not currently receiving any treatment for your
20 -- your ear that you talked about earlier or --

21 A. No, it's fine.

22 Q. -- dizziness?

23 A. I can hear and -- and the dizziness is -- is gone; I
24 just, like, I lose my balance a lot. I don't know why
25 but I lose my balance a lot; we have a joke -- a

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1 running joke about it --

2 Q. Okay.

3 A. -- I'm listing to port.

4 Q. Now, we talked about a couple of doctors you've seen, I
5 think Dr. Esce and Dr. Bloch were two (2) of the ones
6 that were mentioned; were you sent there by your --
7 your Attorney?

8 A. Where were they at? You know, I need help.

9 Q. I don't know. Dr. Esce and Dr. Bloch, I believe you
10 saw each of them one (1) -- on one (1) occasion; does
11 that sound right? Do you know? If you don't know
12 that's fine.

13 A. I -- I don't know where -- what -- what -- where were
14 they located. Was this the doctor I saw in Greenwood
15 or was this the doctor I saw in Greenville?

16 Q. I'm not sure and -- and it should be fine; don't --
17 don't worry about that.

18 A. I'm sorry.

19 Q. That's fine.

20 Commissioner Wilkerson: That's okay.

21 Q. That's fine. As far as your -- the -- the
22 psychological issues or the depression, anxiety, things
23 of that nature that you've testified to, are you
24 primarily been treat -- being treated through Dr.
25 Kriegel?

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- 1 A. Yes.
- 2 Q. Okay. And he's diagnosed you with at least five (5)
- 3 different personalities, is that my understanding; do
- 4 you know?
- 5 A. At least five (5), yes.
- 6 Q. Okay. And in your counseling sessions you have with
- 7 Dr. Kriegel do they primarily deal with coping skills,
- 8 dealing with your post traumatic stress disorder from
- 9 that abuse; is that what you all really sort of focus
- 10 on?
- 11 A. We kind of focus on a lot of different things, like
- 12 learning how to work -- like different breathing
- 13 techniques for getting the pain and getting rid of the
- 14 pain. We talk about how to cope with, you know, the
- 15 stress -- how to cope with the stress from being
- 16 depressed because I'm depressed from being -- not being
- 17 able to work and when I can't work then -- then I start
- 18 thinking about that stuff.
- 19 Q. And you've told Dr. Kriegel that you realize you've had
- 20 a long history of depression; is that --
- 21 A. No.
- 22 Q. -- you never told Dr. Kriegel that?
- 23 A. I didn't -- not -- not until I got hurt, I didn't. You
- 24 can ask my husband, I was -- I was happy, bubbly
- 25 personality; I didn't even think about that crap.

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- 1 Q. I think you've been married three (3) times; is that
2 right?
- 3 A. This is my third, yes.
- 4 Q. Okay. And your -- your -- you have a son; is that
5 right?
- 6 A. Yes, I do.
- 7 Q. He's a grown son?
- 8 A. Pardon me?
- 9 Q. Is he grown?
- 10 A. Yes, he's twenty-eight (28) years old.
- 11 Q. Great. And I believe you left his father because he
12 was -- was using drugs; is that right?
- 13 A. Yes.
- 14 Q. Okay.
- 15 A. I didn't know he was using drugs; so, I left him --
- 16 Q. Okay.
- 17 A. -- when I found out.
- 18 Q. And -- and you suppressed your childhood abuse --
- 19 A. Yes.
- 20 Q. -- is what happened; is that what happened --
- 21 A. Yes.
- 22 Q. -- through these personalities? Were you aware of
23 these prior personalities before this -- this accident
24 we're here on today?
- 25 A. No.

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- 1 Q. Have you recently described to Dr. Kriegel experiences
2 related to smells, which reminded you of your past
3 traumatic experiences?
- 4 A. Whenever -- whenever you're disassociating and one (1)
5 of the alters is in and he's having -- it's like
6 watching a movie and -- and he's asking that -- like
7 Martha is eight (8) years old and he's asking Martha to
8 talk about a really bad occurrence with her stepfather
9 and he -- she can make me smell and taste it and it's
10 like it's happening right here and now; so, that's what
11 he's talking about. So, yes, you can -- you get the
12 nausea and whatnot that goes on with it.
- 13 Q. You're currently able to cook some meals and --
- 14 A. Yes, I do.
- 15 Q. -- do some household activities?
- 16 A. I love to cook.
- 17 Q. And do you have any hobbies that you currently do?
- 18 A. I paint.
- 19 Q. You paint? And right now who do you have appointments
20 scheduled with? Dr. Kriegel you mentioned earlier.
- 21 A. Kriegel and Loudermilk.
- 22 Q. Okay. You mentioned earlier, I think prior to the
23 accident, that you had some lost time; do you remember
24 saying that?
- 25 A. Yeah, when I was in high school I remember losing time.

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1 Q. Okay. And when you say losing time, there would be
2 periods of time that you didn't remember --

3 A. Blackout.

4 Q. -- blacked out?

5 A. Yeah, it's not there.

6 Q. Okay. Have you discussed those with your --

7 A. Yes.

8 Q. -- doctor? Could those have been these different
9 personalities; have you all --

10 A. Yes, because I was being abused at the time.

11 Q. But you'd never seen anybody or sought any treatment
12 for your problems prior --

13 A. No.

14 Q. -- to this accident?

15 A. No.

16 Mr. Gay: I believe that's all the questions I
17 have, Commissioner.

18 Commissioner Wilkerson: Any follow-ups?

19 Mr. Rathke: Okay. I have one (1) follow-up.

20 REDIRECT EXAMINATION

21 By Mr. Rathke:

22 Q. You talked about the restrictions you received went up
23 to -- the restrictions that you received of the
24 thirty-five (35) pounds, was that from 2008, back that
25 far?

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- 1 A. That was when that lady evaluated me.
2 Q. Okay.
3 A. I don't know what year it was.
4 Q. Were you ever informed of any other doctor ever giving
5 you any restrictions --
6 A. No.
7 Q. -- by any doctor? Okay. Then this -- these
8 restrictions are just again for physical things?
9 A. Yeah.
10 Q. Okay. Thanks.
11 Mr. Rathke: No more questions.
12 Commissioner Wilkerson: Anything else?
13 Mr. Gay: Nothing further for this witness.
14 Commissioner Wilkerson: Any other witnesses?
15 Mr. Rathke: No other witnesses.
16 Commissioner Wilkerson: Okay. Any from the
17 Defense?
18 Mr. Gay: I don't have any witnesses. I do think
19 I failed to mention one (1) or two (2) medical
20 records dealing with the back when we first
21 started going through the evidence.
22 Commissioner Wilkerson: Okay. That doesn't
23 matter you can put -- yes. That's fine.
24 Mr. Gay: Okay.
25 Commissioner Wilkerson: Just tell me what they

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1 are and --
2 Mr. Gay: Yes, on page -- APA page 187, is the
3 MRI, mild disk bulge, degenerative changes; I
4 don't know if I mentioned that or not.
5 Commissioner Wilkerson: -- you did. Okay.
6 Mr. Gay: Okay. And then the rating by Dr.
7 Burnette I think has been mentioned was --
8 Mr. Rathke: Right.
9 Mr. Gay: -- page 87 and then Dr. Sherrill's we've
10 also mentioned.
11 Commissioner Wilkerson: Yes.
12 Mr. Gay: So, okay, I got it all.
13 Commissioner Wilkerson: You got them all, yes.
14 Mr. Rathke: Okay.
15 Commissioner Wilkerson: They're all in. Okay.
16 Mr. Rathke: Okay.
17 Commissioner Wilkerson: No other witnesses. This
18 concludes the case. Thank you all, you did a good
19 job. Thanks for everybody being here and I'm
20 going to meet with the Attorneys for a few
21 minutes, okay?
22 (There being no further questions, the hearing concluded at
23 2:47 P.M.)
24
25

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Notice of Witnesses and Written Reports of Physicians or Other Evidence to be
Introduced on behalf of the Claimant, dated January 4, 2010

120

122

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street
Columbia, South Carolina 29202-1715
(8 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF

WCC File # 0717106

Mrs. Loretta Springs

Claimant's Name

Clemson University

Employer's Name

Risk Management Box 34539 Clemson, SC 29634-5339

Address

City

State

Zip

State Accident Fund

Insurance Carrier

201 East North Street, Greenville, SC 29601

(864) 370-9300

Home Phone #

Work Phone #

Paul C. Rathke

Preparer's Name

Address

Phone #

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate \$ 289.95 2. AWW: \$ 434.91 Date of Injury: 10/12/2007

3. Type of injury and body part(s): physical brain injury, head, back, coccyx, left lower extremity, ears, nose, tongue, anxiety, depression, psychological overlay.

4. Facts in controversy: compensation rate; entitlement to medical treatment; payment of medical bills and related expenses; entitlement to temporary total benefits; in the alternative, extent of disability.

5. Legal issues involved: see number 4.

6. Unusual problems: Claimants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross-examine, respond to, and otherwise oppose evidence presented by the Defendant.

7. Witnesses (designate if expert)*: Loretta Springs, Claimant; Daniel Springs.

8. Exhibits:

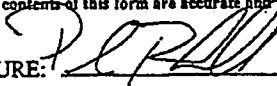
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance) see APA submissions.

10. Name, address, and specialty, if any, of the treating physician: Clemson University Fire Dept., Clemson, SC; Red Fern Health Center, Clemson, SC; Oconee Memorial Hospital, Seneca, SC; Keowee Radiology, Atlanta, GA; Blue Ridge Emergency Physicians, Oklahoma City, OK; Lake Ridge Neurological, Seneca, SC; Mountainview Medical Imaging, Seneca, SC; Piedmont Comprehensive Pain Management, Anderson, SC; Medicons, Anderson, SC; Clemson Sports Medicine & Physical Therapy, Clemson, SC; Anderson Radiology, Anderson, SC; Montgomery Center, Nancy Voight, PhD, Greenwood, SC; Michael Kriegel, PhD, Seneca, SC.

11. Impairment rating(s); body part(s); physician and date of opinion: Carol Burnette, M.D. gave Ms. Springs a 7% impairment rating to her lumbar spine, 5% whole person impairment rating on August 1, 2008

12. I am amending my Form 50/51 in the following manner: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

SIGNATURE: 

Email: Prathke@joelbieber.com

DATE OF HEARING: January 4, 2010

TIME NEEDED FOR HEARING: 30 Minutes

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Claimants reserve the right to admit expert witnesses at hearings.

WCC FORM # 58
REV. 9/07

58

Pre-Hearing Brief

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE
Loretta Springs, Employee/Claimant,

vs.

Clemson University, Employer,
and

State Accident Fund, Carrier,
Defendants.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

W.C.C FILE NO.: 0717106

NOTICE OF WITNESSES AND WRITTEN
REPORT(S) OF PHYSICIAN(S) OR OTHER
EVIDENCE TO BE INTRODUCED
ON BEHALF OF CLAIMANT

TO: The South Carolina Worker's Compensation Commission and Reginald M. Gay, Esquire,
Attorney for the Defendants

YOU ARE HEREBY NOTIFIED that the Claimant, pursuant to the provisions of the
South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976,
as amended), herewith submits the following report(s) of physician(s) or other evidence on behalf
of the Mrs. Loretta Springs, to-wit:

	NAME OF REPORT(S) OF PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	NUMBER OF PAGES
1	Clemson University Fire Department/EMS	10/12/2007	1-2
2	Clemson University/Redfern Health Center	10/12/07 - 11/19/07	3-12
3	Oconee Memorial Hospital	10/12/07 - 04/03/08	13-38
4	Lake Ridge Neurological, P.A. Jerry F. Sherrill, Jr., M.D.	10/17/07 - 10/14/09	39-61
5	Mountainview Medical Imaging	11/16/07 - 04/01/09	62-64
6	Piedmont Comprehensive Pain Management Eric Loudermilk, M.D.	12/04/07 - 02/19/10 Continues to Treat	65-101
7	Clemson Sports Medicine	02/26/08 - 04/15/08	102-114
8	Anderson Radiology	04/04/08	115-116
9	Montgomery Center for Family Medicine Nancy L. Voight, PhD	09/22/08 - 10/02/08	117-128
10	Spartanburg Neurosurgical Institute, P.A.	01/20/09	129-131
11	Roger C. Peace Rehabilitation Hospital	09/14/09 - 01/14/10	132-148

12	Medicus	02/13/08	149-152
13	Kriegel & Associates Michael L. Kriegel, PhD	12/10/09 -10/11/10 Continues to Treat	153-170

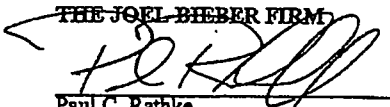
YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any physician(s) or other person(s) whose report are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Worker's Compensation Commission, for insertion in the file of the South Carolina Worker's Compensation Commission and inclusion into the evidence on behalf of the claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

1. Loretta Springs
2. Daniel Springs

THE JOEL BIEBER FIRM


Paul C. Rathke
Attorney for Claimant
201 East North Street
Greenville, SC 29601
Ph: 864-370-9300
Fax: 864-331-2341

Greenville, South Carolina
December 20, 2010

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Pre-hearing Brief (Form 58) and Notice of Witnesses and Written Report(s) of Physicians or Other Evidence to be Introduced on Behalf of the Claimant have been served upon the following attorney of record and placing a copy of same in the United States Mail, first class postage prepaid, addressed to him at his office as shown below on December 20, 2010.

Virginia Crocker, Judicial Director
SC Workers Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Reginald M. Gay, Esq.
McNair Law Firm
P. O. Box 4086
Anderson, SC 29622

Ms Alicia Hamm, Adjuster
State Accident Fund
P.O. Box 102100
800 Dutch Square Blvd., Suite 160
Columbia, SC 29221-5000

THE JOEL BIEBER FIRM

Kelly S. Mills

Kelly S. Mills
Paralegal to Paul C. Rathke
Attorney for Claimant
201 East North Street
Greenville, SC 29601
Ph: 864-370-9300
Fax: 864-331-2341

DHEC PATIENT CARE FORM

D.A. NO.

TRIP NO. 07-028

PATIENT IDENTIFICATION (Please Print)			DISPOSITION (110-111)		TYPE OF INCIDENT		CALL TYPE		PATIENT STATUS			
LAST NAME (10-29) Scissors FIRST NAME (30-43) Lacetta MI (44) B			01 ☐ TREATING TRANS. 02 ☐ DOA AT SCENE 03 ☐ HOSPITAL ER 04 ☐ HOSP. DIR. ADMIT. 05 ☐ PATIENT'S HOME 06 ☐ NURSING HOME 07 ☐ DR.'S OFFICE 08 ☐ OUTPATIENT 09 ☐ P/L REFUSED TREAT 10 ☐ EMS TRANSFER		TRAUMA (112) 1 ☐ MVA 2 ☐ MC 3 ☐ BIKES 4 ☐ PED 5 ☐ ASSAULT 6 ☐ FALL 7 ☐ FIRE 8 ☐ INTERFAC 9 ☐ OTHER		MEDICAL (113) 1 ☐ ENVIRON 2 ☐ BEHAV 3 ☐ OB/GYN 4 ☐ RESP 5 ☐ CARDIAC 6 ☐ INTERFAC 7 ☐ OTHER		TO SCENE (114) 1 ☐ EMERGENCY 2 ☐ NONEMERGENCY 3 ☐ CODE		ON SCENE (115) 1 ☐ URGENT 2 ☐ NON URGENT 3 ☐ CODE	
SSN (95-103) 1 SEX (104) 1 Male RACE (105) 1 White AGE (106-109) 044			11 ☐ Male 12 ☐ Female 13 ☐ Undeclared		14 ☐ White 15 ☐ Black 16 ☐ Am Indian 17 ☐ Hispanic 18 ☐ Asian 19 ☐ Other		20 ☐ 1 YRS. 21 ☐ 2 MOS. 22 ☐ 3 DAYS		INCIDENT LOCATION: COUNTY (117-118) 39 ZIP CODE (119-123) 29634			
CITY Clemson			NAME OR NO. Redemon Health Center		SAFETY EQP (124) 1 ☐ Seat Belts 2 ☐ Helmets 3 ☐ Airbags 4 ☐ Child Seat 5 ☐ None 6 ☐ Other		SITE OF INCIDENT (125) 1 ☐ ROADWAY 2 ☐ RESIDENCE 3 ☐ INDUSTRIAL 4 ☐ RECREATIONAL 5 ☐ AGRICULTURAL 6 ☐ OTHER		TREATMENT PROCEDURES (141-174)			
PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)			PRIMARY IMPRESSION (138-140) 032		01 ☐ Dressing Applied 02 ☐ Limb Splinted 03 ☐ Spine Immobilized 04 ☐ Neck Immobilized 05 ☐ O2 Assistance 06 ☐ Oral Airway Used		07 ☐ Oxygen Given 08 ☐ Suction Used 09 ☐ Antishock Trousers 10 ☐ Airway Maintained 11 ☐ Antishock Treatment 12 ☐ Artificial Resp.		13 ☐ Cardiac Massage 14 ☐ Bleeding Controlled 15 ☐ Cold Application 16 ☐ Patient Reassured 17 ☐ Other (Use Comments) 18 ☐ Ventilator			
HCFA CODES (175-180)			ADVANCED PROCEDURES (209-223)		DRUGS USED (226-241)		REVISED TRAUMA SCORE		VITAL SIGNS			
1 ☐ ECG Monitored 2 ☐ First Deltb Attempted 3 ☐ Second Deltb Attempted 4 ☐ Third Deltb Attempted			001 ☐ Seizure 002 ☐ Multiple Shock 003 ☐ Head Injury 004 ☐ Spinal Injury 005 ☐ Stroke 006 ☐ Cardiac Arrest 007 ☐ Other		01 ☐ ECG Monitored 02 ☐ First Deltb Attempted 03 ☐ Second Deltb Attempted 04 ☐ Third Deltb Attempted		05 ☐ External Pacing 06 ☐ Blood Drawn 07 ☐ IV Started/Gauge 08 ☐ IV Started/Gauge 09 ☐ IV Attempted/Torn 10 ☐ Pleural Decompression 11 ☐ Intracerebral BPR 12 ☐ Automatic Deps 13 ☐ Patient Assisted Meds		01 ☐ BP 02 ☐ PULSE 03 ☐ RESPIRATIONS 04 ☐ PUPIL 05 ☐ LEVEL OF CONSC. 06 ☐ TIME			
SITE OF TRAUMA (101-109)			INTUBATED & ET Size		01 ☐ Head 02 ☐ Face 03 ☐ Neck 04 ☐ Chest 05 ☐ Arm 06 ☐ Hip/Pelvis 07 ☐ Upper Ext. 08 ☐ Lower Ext. 09 ☐ Back		14 ☐ IV Attempted/Torn 15 ☐ Pleural Decompression 16 ☐ Intracerebral BPR 17 ☐ Automatic Deps 18 ☐ Patient Assisted Meds		01 ☐ BP 02 ☐ PULSE 03 ☐ RESPIRATIONS 04 ☐ PUPIL 05 ☐ LEVEL OF CONSC. 06 ☐ TIME			
EXPOSURE TO PT'S BODY FLUIDS? (250) 1 ☐ YES 2 ☐ NO			1st Responder (257) 1 ☐ YES Name		2nd Responder (258) 1 ☐ YES Name		3rd Responder (259) 1 ☐ YES Name		4th Responder (260) 1 ☐ YES Name			
COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)												
SEE PAGE 2												
Patient Care Form Left in (258): 1 ☐ ED 2 ☐ ICU 3 ☐ OTHER												
TIME RECORD												
RUN DATE (260-266) MONTH 10 DAY 12 YEAR 07												
RECEIVING AGENCY (285-290) 15301												
SENDING AGENCY (300-305) 1017												
PROVIDER TIME (OPTIONAL) 1320												
ATTENDANT'S SIGNATURE & CERTIFICATION NO.												
SIGNATURE [Signature] CERTIFICATION NO. 219510												
CAUSE OF DELAY												



South Carolina Patient Care Report
Supplemental Form
Division of Emergency Medical Services

Report Number: 320444 Provider Number: 15701 Trip Number: 07-828 Date: 10-12-97

Patient Name: Loretta Springs

Address: _____

Time	Notes
	(1) MI dispatched for Tp pt from MVA from RHC to OMH.
	(2) PMH: hypertension, (3) meds: allopurinol
	(4) pt found lying on (R) side & knees flexed on X-ray table, COA-Y
	to present place, time, event, speaking & patient airway pt states she fell
	off a golf cart while in motion landing on her rear & then back.
	pt went to RHC where X-rays were taken & a decision was made
	by MD McDonald to Tp to OMH. pt is stiffneck in cervical region.
	pt reports pain in lumbar-sacral region pt denies LOC, PERREA +
	consensual response. (5) rhinorrhea or otorrhea - pt reports (6) side hearing
	in & stating it sounds like "it is plugged" pt has golf ball sized
	contusion to occipital region - midline. trachea - midline. (7) MD chest wall
	intact. RRS clear & (8) abd soft, non-tender. pelvis stable. all ext
	stable. (9) GMS in all ext. (10) deformities noted re spine. (11) signs
	of trauma (12) N/V. (13) SOB/PtB. skin w/ a good color, pt states
	that she had difficulty seeing when looking up & to (R)
	(14) pt placed & secured to LST & CTD in place. V/S over TV started
	(15) posterior head via 1A ga INT.
	(16) Tp OMH ED in 10. COA-Y upon arrival, report given
	to RN & MD @ bedside.

Signatures & Numbers

Attendant A: [Signature] 8433

Attendant B: [Signature] 295102

REDFERN HEALTH CENTER
CL: ON UNIVERSITY
BOX 344054
CLE

10/12/2007

SPRINGS, LORETTA

Name

MISCELLANEOUS

TELEPHONE: (864) 656-2233
FAX NO.: (864) 656-0760

SS#

Page

Timothy E. Fenlon, M.D.
William V. Griffith, M.D.
Lake H. Jameson, Jr., M.D.
Rose Marie McDonald, M.D.

REDFERN HEALTH CENTER
Clemson University
Box 344054
Clemson, SC 29634-4054
Telephone: (864) 656-2233 • Fax: (864) 656-0760
Referral Slip

Byron B. Harder, M.D.
Janet R. Modley, RN, CPNP
Annette Wheelchel, RNMSFPNP

10/12/2007
SPRINGS, LORETTA

To

QM H - ER

Dr. N. E. Guff

Appt on

at

a.m.

p.m.

For

Consult

Please send consult report to:

Comments:

Yell off gaff cart - confusion past.
w/kep - 6/90 LBP pu - serial
no LOC - 9/0 last evening (L. ear)
clear, cannot hear 43. TON clear - X-ray. Sacrum

Student Insurance:

Other:

Medication List Sent:

4

CLEMSON UNIVERSITY
 REDFERN HEALTH CENTER
 WORKERS' COMPENSATION WORK STATUS FORM

CompEndium
 Phone: 1-877-709-2687
 Fax: 1-877-710-2687

10/12/2007
 SPRINGS, LORETTA

Employer: Clemson University

Date of injury: 10-12-07

Job title: Grade Specialist III

Employer phone: (1) 656-1809

Diagnosis: Contusion post scalp, Possible Sacral Fracture

Treatment Plan: See chart notes

NURSE VISIT ONLY :

Medications	See chart notes
Prognosis	☐ Excellent ☒ Good ☐ Fair ☐ Poor
Work relation	☒ Work Related ☐ Not Work Related ☐ Cannot be determined
Work status	☐ Return to work on ___/___/___ with no limitations ☐ Discharge from care ___/___/___ ☒ Return to work on ___/___/___ with abilities noted below ☐ Sent home on ___/___/___ until ___/___/___
Recheck	
Referral	
Comments	<u>Sent on to ER</u>

Work restrictions: Unable to reach/lift overhead ___ No crawling ___ No climbing ___ No kneeling ___
 No bending/stooping/squatting ___ No pushing/pulling ___ No twisting ___
 No standing longer than ___ hours
 Other: _____

Transitional duties: Desk or sitting work only ___ May sweep/mop ___ May lift up to ___ lbs.
 Other: _____ Continue same restrictions: _____

For wounds/lacerations: Keep _____ clean, dry, and protected, otherwise may do regular duties.

Physician's signature: [Signature] Date: 10.15.07

Authorization Number: 12110709723210

NOTE TO PROVIDERS: SEND YELLOW COPY WITH INJURED WORKER TO GIVE TO SUPERVISOR **3**

Form MED629;4/06 Revised 10/06

WORKERS' COMPENSATION INJURY REPORT FORM
REDFERN HEALTH CENTER
CLEMSON UNIVERSITY

10/12/2007 SPRINGS, LORETTA	Date of Report:	10-12-07	Time:	4:30	am/pm	pm
	Date of Injury:	10-12-07	Time:	3:55	am/pm	pm
EMPLOYER: ☒ Clemson University ☐ Other Company: _____ Address: _____ Supervisor: <u>James Carter</u> Department: <u>Facilities</u> Phone: <u>1809</u> Consent for Medical Treatment/Release of Medical Information: I hereby authorize any medical treatment which may be advised or recommended by the medical staff of the Student Health Services of Clemson University. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should Workers' Compensation not cover this illness/injury, I will be responsible for payment in full of any charges incurred. Signature: _____ Date: <u>10/12/07</u> Preference for Learning: ☐ Written Instruction ☐ Verbal Instruction ☐ Visual Instruction Date/Time: <u>10/12/07 4:30</u> CLINICAL NOTES						

10-12-07 Date	S: <u>Fell out of golf cart - hit head & tailbone Dizzy</u>
4:30 Time	O: T <u>97/4</u> P <u>86</u> R <u>16</u> BP <u>120/90</u> Pain Level <u>8</u> <u>10</u> WT <u>170</u> W/C <u>10</u> Smoker: Yes No My Medication List ☒ New [] Replacement [] Review [] Declined LMP: <u>After</u> Other: <u>Sats 98% - left ear - "hard to hear"</u> Identified barriers to communication: ☒ None ☐ Cultural ☐ Religious ☐ Cognitive ☐ Language ☐ Emotional Dr. <u>CU nurse Dr. McDonald</u>

10/12/07 SPRINGS, LORETTA CU WORKER'S COMPENSATION

S: The patient comes in after falling out of a golf cart while working today. She says she hit the back of her head and her tailbone and she has been somewhat dizzy and can't hear well out of her left ear.

O: Vital signs are stable. She is alert and oriented to time, place and person. Pupils are equal, round and reactive to light. TMs are clear. No battle sign noted. She has a palpable contusion along the posterior scalp. Neck is supple. She has tenderness to touch in the presacral area. We attempted to get x-rays and could get the sacral films showing questionable coccygeal fracture. The patient became nauseated so we decided to transport her to OMH.

: POSSIBLE SACRAL FRACTURE.
 CONTUSION OF THE SCALP.
 RULE OUT HEAD INJURY.

P: Clemson University emergency medical services will transport her to OMH for further evaluation by Dr. McGuff. She is stable at the time of transport.

R.M. McDONALD M.D. /dmp 6297 T: 10/15/07

REDFERN HEALTH CENTER
CLEMSON UNIVERSITY
BOX 344054
CL. SON, SC 29634-4054

X-RAY REPORTS

TELEPHONE : (864) 656-2233
FAX NO.: (864) 656-0760

Name

10/17/2007
SPRINGS, LORETTA

SS# --- / --- / --- Page ---

Clemson University
Redfern Health Center, Box 344054
Clemson, SC 29634-4054

10.16.27 LV

RADIOLOGY SERVICE

MEDICAL RECORD NO.
264-87-1927

PATIENT ID NO.

PATIENT NAME:
SPRINGS, LORETTA

DATE & TIME 10/12/2007
REQUESTED 4:48 PM

DATE & TIME 10/12/2007
DESIRED

EXAMINATION(S) ORDERED:
1. Sacrum/Coccyx

2. Skull (Complete) - Not done

CV SIS:
Contusion, Face, Neck & Scalp, Contusion, Buttock

ORDERING PHYSICIAN:
<REQ> Rose M. McDonald, MD

PATIENT PREGNANT ?

SPECIAL INSTRUCTIONS:
CU WORKERS COMP PAT, FELL OUT OF A GOLF CART
HIT BACK OF HEAD AND TAIL BONE

COMMENTS:

NUMBER OF FILMS:
14X17 11X14 10X12 8X10 OTHER SHIELDING

TECHNICIAN:

10/12/07 SPRINGS, LORETTA

CU WORKER'S COMPENSATION

SACROCOCCYGEAL FILMS: Frontal and lateral views of the sacrum/coccyx are examined. There is acute anterior angulation and widening at the distal coccyx suggesting distal coccygeal fracture of uncertain age. Bilateral pseudoarthrosis is noted between hypertrophied lower lumbar transverse processes and the adjacent underlying sacral ala. Increased bony sclerosis on the left compared to the right is noted. No other acute bony malalignment or fracture is currently appreciated elsewhere.

IMPRESSION:

1. ANTERIOR ANGULATION AND WIDENING OF THE DISTAL SEGMENT OF THE COCCYX SUGGESTING FRACTURE OF UNCERTAIN AGE.
2. BILATERAL LUMBOSACRAL PSEUDOARTHROSIS WITH DEGENERATIVE CHANGE, MORE PRONOUNCED ON THE LEFT.

O. Alex Hicklin, III/dmp

6301

D/T: 10/15/07

CLEMSON UNIVERSITY
 REDFERN HEALTH CENTER
 WORKERS' COMPENSATION WORK STATUS FORM

CompEndium
 Phone: 1-877-709-2667
 Fax: 1-877-710-2667

11/9/2007
 SPRINGS, LORETTA

Employer: Clemson University

of injury: _____

title: _____

Employer phone: () _____

Diagnosis: Post-Concussion Headache; low back pain, w/ Coccyx

Treatment Plan: See chart notes

NURSE VISIT ONLY : _____

Medications	See chart notes ☒
Prognosis	☐ Excellent ☒ Good ☐ Fair ☐ Poor
Work relation	☒ Work Related ☐ Not Work Related ☐ Cannot be determined
Work Status	☐ Return to work on <u> 1 / 1 / </u> with no limitations ☐ Discharge from care <u> 1 / 1 / </u> ☒ Return to work on <u>11/12/07</u> with abilities noted below ☐ Sent home on <u> 1 / 1 / </u> until <u> 1 / 1 / </u>
Recheck	<u>5 MRI next week</u>
Referral	
Comments	<u>need MRI of low back</u>

Work restrictions: Unable to reach/lift overhead ☒ No crawling ☐ No climbing ☒ No kneeling ☒
 No bending/stooping/squatting ☒ No pushing/pulling ☒ No twisting ☒
 No standing longer than _____ hours
 Other: _____

Transitional duties: Desk or sitting work only _____ May sweep/mop _____ May lift up to _____ lbs.
 Other: _____ Continue same restrictions: _____

For wounds/lacerations: Keep _____ clean, dry, and protected, otherwise may do regular duties.
 Other: _____

Physician's signature: [Signature] Date: 11-9-07

Authorization Number: _____

NOTE TO PROVIDERS: SEND YELLOW COPY WITH INJURED WORKER TO GIVE TO SUPERVISOR

Form MED629-A/06 Revised 10/06

REDFERN HEALTH CENTER
 Clemson University
 Clemson, SC 29634-4054
 Phone (864) 656-2235 / FAX (864) 656-0760

Timothy E. Pealos, M.D.
 DEA 8P1078825 SC Reg 19902
 Ross Marie McDonald, M.D.
 DEA /
 Lake H. B.
 DEA.
 Byron B.
 DEA

Sandra Wachowski, RNC, FNP
 APN 803
 Ericka C. Martin, M.D.
 TWA BM1982392

William V. Griffith, M.D.
 DEA A08703058 SC Reg 9511
 Janel R. Motley, RN, CPNP
 APN 145 DEA MM0943452
 Harriet, MSN, NP
 H0072386
 I, FNP, MS, RNCS
 A MR0737164

11/9/2007
 SPRINGS, LORETTA

FOR _____

ADDRESS _____

Rx	1) 4 2) 2 3) 1 4) 1	Sig	Back Pain
Dis	Refill X		
Rx	3) Concussion p trauma 4) Strain	Sig	
Dis	Refill X		
Rx	MRI: L-5 spine	Sig	
Dis	Refill X		

Label all Prescriptions

MD, RNC, NP

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

AC0650 R998

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REDFERN HEALTH CENTER
CLEMSON UNIVERSITY
BOX 344054
CLIMSON, SC 29634-4054

OUTPATIENT RECORD

TELEPHONE: (864) 656-2233
FAX NO.: (864) 656-0760

Name
11/9/2007
SPRINGS, LORETTA

SS# _____ Page 2

11/9/07
Date
2:30 PM
Time
Nurs: 710 02/04; 04/07

S: Low back pain radiating down leg @ L4/L5
O: T 12 P 12 R 14 BP 110/86 Pain Level 5 /10 WT 150
Smoker Yes No My Medication List [] New [] Replacement [] Review [] Declined
LMP: Sept 07 Other: _____
Identified barriers to communication:
None Cultural Religious Cognitive Language Emotional

Since accident. Seeing a neurologist - Dr. R. Sherrill,
but WC hasn't approved it.
P: Appt. to Dr. McDonald

11/9/07 SPRINGS, LORETTA

CU WORKER'S COMPENSATION

- S: The patient comes in stating that she has been under the care of Dr. Sherrill the neurologist for concussion after her golfcart injury while working at Clemson. This occurred on 10/12/07. She has had some continued headaches that Dr. Sherrill is treating her for. She's now developed some low back pain and this has been present since the accident, but the magnitude of the headache and the coccygeal overshadowed the back pain. She's now aware of the back pain being slightly to the left of the low back and extending through the hip and the back of the left thigh. She denies bowel or bladder control issues.
- O: Negative straight leg raising. Normal DTRs. She is slightly tender to touch in the low back area. X-ray of the lumbosacral spine today shows what may be fused transverse processes of the lower lumbar vertebrae.
- A: LOW BACK PAIN AFTER A FALL THAT MAY BE SECONDARY TO THE TRAUMA.
- P: An MRI is ordered. The patient is suffering from insomnia as well and I have given her Ambien 10 mg #14 one-half tablet at bed time to repeat in one hour if not asleep. She will continue with Dr. Sherrill, and she has limitations on her work ability until we have resolved the low back issue; see the note on the worker's comp flow chart.

R.M. McDONALD, M.D./dmp

8928-P

REDFERN HEALTH CENTER
CLEMSON UNIVERSITY
BOX 344054
CLEMSON, SC 29634-4054

OUTPATIENT RECORD

TELEPHONE: (864) 656-2233
FAX NO.: (864) 656-0760

Name _____
11/13/2007
SPRINGR LORETTA

SS# _____ Page 3

11-13-07 @ 2:40 pm Pt called questioning how close together she can take
Oxycodone + Ambien. Per June Hay - pharmacist OK to take
meds together but pain med will probably make sleep
ph voice understanding *muockittke*

11/15/07
Date
1:18 pm
Time
Nurs: 710 02/04; 04/07

S: *Rx follow up*
O: T 80 P 80 R 16 BP 122/80 Pain Level 6 10 WT 110
worsens at times
Smoker: ☒ Yes ☐ No My Medication List: ☐ New ☐ Replacement ☒ Review ☐ Declined
LMP: *Sept '07* Other: _____
Identified barriers to communication:
☒ None ☐ Cultural ☐ Religious ☐ Cognitive ☐ Language ☐ Emotional

P: *Appt. c Dr. McDonald* *J. Harper*

11/15/07 SPRINGS, LORETTA

CU WORKER'S COMP

S: Patient is here to get a prescription for Oxycodone. Her MRI is scheduled
for tomorrow and she has run out of medication.
O: Vital signs are stable. Patient is in significant pain with her low back
injury.
A: *Low Back Pain*
P: Oxycodone 5-325 (#60), 2 po q6h prn pain, no refills. See me Monday after
the MRI is done.
R.M. McDONALD, M.D./ndm (9526 11/16/07)

11.16.07

11/19/07 8:30 S: *Results MRI*
Pain Level 4 10 Smoker: ☒ Yes ☐ No
My Medication List: ☐ New ☐ Replacement ☒ Reviewed ☐ Declined
Identified barriers to communications:
☒ None ☐ Cultural ☐ Religious ☐ Cognitive ☐ Language ☐ Emotional
P: *Appt. c Dr. McDonald* *J. Harper*

MEDICAL HISTORY QUESTIONNAIRE

Redfern Health Center
Clemson University

Name (Last, First, MI): Sorinas Loretta L. ☐ M ☒ F DOB: _____

Social Security #: _____ CUID: _____

CJ status: ☐ Student ☐ Spouse ☒ Worker's Comp ☐ Visitor on Campus ☐ Exchange Visitor

PERSONAL MEDICAL HISTORY

☐ ADD/ADHD	☒ HEADACHES/MIGRAINES	☐ NEUROLOGICAL DISORDER
☐ ALCOHOL/DRUG PROBLEM	☐ HEARING DISABILITIES	☐ PROLONGED IMMUNOSUPPRESSIVE/ CORTICOSTEROID TREATMENT
☐ ASTHMA	☐ HEPATITIS B - ☐ CARRIER	☐ PSYCHOLOGICAL/EMOTIONAL CONCERNS
☐ CHICKEN POX	☐ HEPATITIS C	☐ SEIZURES
☐ CHRONIC FATIGUE	☐ HIGH BLOOD PRESSURE	☐ SKIN DISORDERS
☐ DIABETES	☐ HIGH CHOLESTEROL	☒ SMOKING/TOBACCO USE
☐ EATING DISORDERS	☐ HIV POSITIVE	☐ THYROID DISORDER
☐ EYE DISEASE	☐ KIDNEY DISEASE	☐ MALARIA
☒ HEAD INJURY WITH UNCONSCIOUSNESS	☐ MONONUCLEOSIS	☒ VISION/CORRECTIVE LENSES

Significant Illnesses: Broken tail bone / concussion

Surgeries: 2/19/07 complete hysterectomy Year: _____
2/23/07 7" intestine removed

FAMILY MEDICAL HISTORY

☐ ALCOHOL/DRUG PROBLEM	☐ DIABETES	☐ HIGH BLOOD PRESSURE
☐ ASTHMA/HAY FEVER	☒ HEART DISEASE/STROKE	☐ HIGH CHOLESTEROL
☒ CANCER	☐ HEREDITARY DISEASE	☐ MIGRAINE HEADACHES
☐ OTHER SIGNIFICANT ILLNESSES (LIST)		

List Any Other Medical Problems:

ALLERGIES (DRUGS AND OTHER SEVERE ADVERSE REACTIONS)

☐ NO KNOWN DRUG ALLERGIES	☐ PENICILLIN	☐ LATEX
☐ ACETAMINOPHEN	☐ SULFA	☐ X-RAY CONTRAST
☐ ASPIRIN	☐ FOOD (LIST BELOW)	☒ OTHER (SPECIFY BELOW)
☐ LIDOCAINE/XILOCAINE	☐ INSECT/BEE STING	<u>Phenigrin</u>

List Any Other Allergies:

Are you currently taking any medications? ☒ YES ☐ NO (IF SO, PLEASE LIST BELOW)

oxycodone / valium / immitrex

I authorize the use and disclosure of any medical information to process insurance claims and request payment of benefits to the physician or provider of services at Redfern Health Center.

Loretta Sorinas
Signature of Patient

11-19-07
Date

FOR OFFICE USE ONLY:

Identified barriers to communication: ☒ None ☐ Cultural ☐ Religious ☐ Cognitive ☐ Language ☐ Emotional

REDFERN HEALTH CENTER
CLEMSON UNIVERSITY
BOX 344054
C 11/19/2007
SPRINGS, LORETTA

OUTPATIENT RECORD

TELEPHONE: (864) 656-2233
FAX NO.: (864) 656-0760

Narr

SS#

Page

CU WORKER'S COMPENSATION
11/19/07 SPRINGS, LORETTA
S: The patient is here for results of the MRI of the low back. She says she does better at home when she can rest and then get up and down.
O: MRI shows a mild disc bulge at L5-S1 with some posterolateral protrusion towards the nerve root, but not impinging on the L5 left nerve root. She also has some marrow edema in the second segment of the sacrum suggesting sacral trauma.
A: LOW BACK INJURY FOLLOWING GOLFCART ACCIDENT WITH CONCUSSION PREVIOUSLY NOTED.
P: Refer to orthopaedic surgeons for followup care. The patient's limitations are noted on the worker's comp form.
R.M. McDONALD, M.D./dmp 9702-P
11-19-07

11/26/07 9:30 AM DNKA

12/9/07 Referral to Comprehensive Pain Management Clinic (tel 864-225-3551) authorized by Alicia Hamm at State Accident Fund. JYH/ly



HOSPITAL COPY

1001 1502

13

OCONEE MEMORIAL HOSPITAL
RADIOLOGY DEPARTMENT
298 MEMORIAL DR
Seneca, SC 29672
(864) 885-7198

Page :1

SPRINGE JORRETTA LYNN

Unit Number
P/T ER Rm No. DIS
Acct. #
Chck-In --, --, --, 1808
ADM: NONE, NONE

ORD: MCGUFF, MILES D
298 MEMORIAL DRIVE
SENECA, SC 29672
(864) 885-6100

Chk-in #	Order	Exam
882133	0001	7045 CT HEAD WO CONTRAST
Ord Diag: 959.9-INJURY-SITE NOS		

CT HEAD WITHOUT CONTRAST:

INDICATION: Trauma.

FINDINGS: Images of the brain were obtained without IV contrast material.

No focal brain lesion is identified. No mass or mass effect is seen.
No evidence of intracranial hemorrhage or subdural fluid collections are identified. Ventricles are normal in size.

IMPRESSION: UNREMARKABLE NONENHANCED CT OF THE BRAIN.

Transcriptionist- MARTHA BUTTS
Read By- JOHN UDALL
Released By- JOHN UDALL
Released Date Time- 10/13/07 1823

FINAL DUPLICATE
Released 10/13/07 1823

14

OCONEE MEMORIAL HOSPITAL
298 MEMORIAL DRIVE SENECA, SC 29672 (864)885-7101
EMERGENCY DEPARTMENT RECORD

PATIENT NAME: SPRINGS, LORETTA LY
MEDICAL RECORD NUM:

DATE & TIME OF ED REG: 10/12/2007 05:54PM
CHART NUM:

DATE & TIME OF EP EXAM: / /
AGE: 44y

RACE:

SEX: F

PATIENT DOB:

HISTORY:

CHIEF COMPLAINT(S): Head injury and tailbone injury.
HISTORY OF PRESENT ILLNESS:

This 44-year-old female was referred here from the Red Fern Clinic at Clemson University. Patient states that she was riding in the passenger seat of a golf cart that hit a bump and threw her out. The patient fell out landing on her tailbone and then hitting the back of her head without loss of consciousness. At the Red Fern Clinic patient transiently complained of some loss of hearing in the left ear, but that since then improved. There has been no drainage of fluid or blood from the ears and nose. Second complaint is the pain of the tailbone where she landed. The Red Fern doctor felt that they could not get good x-rays of the tailbone area so the patient was sent here with copies of the films they did obtain.

REVIEW OF SYSTEMS:

Constitutional: None.
Neurologic: As per HPI.
Musculoskeletal: Tailbone pain. No lumbar, thoracic or C-spine pain.
Gastrointestinal: No abdominal pain.
Respiratory: No chest wall pain or trouble breathing.

PAST MEDICAL, FAMILY, AND/OR SOCIAL HISTORY:

Major illnesses: Mitral valve prolapse, pituitary adenoma.
Current medications: None.
Allergies: Phenergan.
Social history: The patient lives and works locally.

EXAMINATION OF ORGAN SYSTEMS / BODY AREAS:

Constitutional: Well-developed female.
Vital signs: Blood pressure 112/75, respirations 19, pulse 78, temperature 97.6, pulse oximetry 100%. Patient weighs 63 kg.
Psychiatric: Patient oriented and appropriate. Rates the pain 10/10 on a pain scale.
HEENT: Patient has a small occipital scalp hematoma. Ears are clear bilaterally. No hemotympanum. No battle signs. Nose is clear. Facial muscle function is symmetric. Tongue and palate moves symmetrically.
Neck: Supple without C-spine tenderness. Patient is, therefore, cleared clinically from her cervical collar.
Respiratory: Respirations are nonlabored. Lungs clear to auscultation. Bony thorax nontender.
Cardiovascular: Auscultation reveals regular rate and rhythm without murmur, rub or

ED CHART

page 1 of 2 copy 1

Printed 10/14/2007 09:03:48

15

OCONEE MEMORIAL HOSPITAL
298 MEMORIAL DRIVE SENECA, SC 29672 (864)885-7101
EMERGENCY DEPARTMENT RECORD

PATIENT NAME: SPRINGS, LORETTA LY
MEDICAL RECORD NUM:

DATE & TIME OF ED REG: 10/12/2007 05:54PM,
CHART NUM:

gallop.
Gastrointestinal: Abdomen is completely soft and nontender.
Back: No thoracic or lumbar spine tenderness. There is tenderness at the distal
sacrum and coccyx.
Neurologic: Lower extremity neuro exam shows normal strength and sensation. There is
no saddle anesthesia.

MEDICAL DECISION MAKING:

COURSE IN THE ED WITH INTERPRETATION / REVIEW OF DIAGNOSTIC STUDIES:

X-rays from Red Fern are reviewed, per my review, this does confirm a fracture of the
tip of the coccyx. No other fracture seen.

CT scan of the head was obtained and per radiologist was negative.

At this time I believe the patient will need to be discharged home with a donut for
sitting, Colace for stool softening and Percocet, ten supplied for pain control. She
is to follow up with her workman compensation doctor. Workman compensation paperwork
and work statement are provided for this patient.

IMPRESSION(S)/DIAGNOSES:

1. Coccyx fracture.
2. Minor closed head injury.

DISPOSITION:

Plan: My impressions and recommendations as described above are discussed with the
patient and her husband. Patient is discharged home.

DICTATED BY: MCGUFF, M.D., MILES D.
AUTHENTICATED BY: CHILES, BILL M.D.
TRANSCRIBED BY: LIVINGSTON

10/12/2007 22:29:39
10/14/2007 08:32:01
10/13/2007 16:57:11

ED CHART

page 2 of 2 copy 1

Printed 10/14/2007 09:03:48

Nurse's Notes
Name: Loretta Springs

Oconee Memorial Hospital
Emergency Department

F

Private MD: DOCTOR, NONE

Presentation:

10/12 Patient arrived in ED. Reason for visit as stated by patient: "I was in the passengers seat, I thought he jlc
17:54 was going to turn right but he went left and I fell out hitting the back of my head and my lower back". Onset:
30 min ago. Method of arrival: Stretcher, Clemson University EMS. Care prior to arrival: See EMS report.
Existing IV started by EMS with 18 gauge left hand. Site healthy. Dressing dry and intact. Acuity: Urgent.

- Allergies: [Latex] - denies [Medication] - Phenergan,.
- Home Medications: No Current Medications
- PMHx: [Cardiovascular]: mitral valve prolapse, [Neuro]:
Pituitary Adenoma.
- PSHx: [GI]: bowel resection, [Renal/Reproductive]:
hysterectomy,.
- Immunization History: Tetanus - up to date..
- Social History: Speaks fluent English. Substance use
- [Tobacco products]: cigarettes, 4 per day. [Alcohol]:
rarely. [Caffeine]: yes, Denies use of IV drugs, street
drugs, Currently employed..

Screening:

18:01 Abuse screen - jlc
No evidence of abuse and/or neglect.
Nutritional screening:
No deficits noted.
Nutritional screening:
No deficits noted.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
17:56	112/75 RAO- (auto/reg)	88	19	97.6(T)	100% on R/A	63.49Kg / 140.00Lbs(R)	10/10	jlc
18:55	124/63 RAO- (auto/reg)	78			98% on R/A		10/10	mh
20:13	103/57 LAO- (auto/reg)	82	16		95% on R/A			cmw

V

1...6 LMP: Patient has had a hysterectomy. jlc

Tri. Assess:

18:00 Pain: Pain currently is 10 out of 10 on a pain scale. Complains of pain in right parietal area and back jlc
Character of pain is described as aching, sharp, throbbing. Frequency of pain is continuous. Respiratory:
Respiratory effort is even, unlabored, Respiratory pattern is regular symmetrical, Airway is patent Denies
shortness of breath. Neuro: Level of Consciousness is awake, alert, Oriented to person, to place, to time,
Speech is normal, Facial symmetry appears normal, Pupils - PERRLA. GI: Reports nausea, Denies
vomiting. Derm: Skin is intact, is healthy w/ good turgor, Skin is dry, Skin is pink, Skin temperature is warm.
General: Appears uncomfortable, well developed, well groomed, well nourished, Behavior is pleasant,
cooperative, anxious.

19:42 Triage completed. hec

Assessment:

18:55 Reassessment after medication: Pain - 5/10. after IV morphine and removal from LSB. mh

Dispensed Medications:

Time	Drug	Dose/Amt	Fluid	Route	Rate	Site	Delivery	Staff
18:08	Morphine	5 mg		IVP				jlc
18:08	Zofran	4 mg		IVP				jlc
18:51	Morphine	5 mg		IVP				mh
20:13	Morphine	10 mg		IVP				cmw

IV

Print Time: 11/17/2007 18:15:14

*** CHART COMPLETE ***

Page 1 of 3

17

Nurse's Notes Con't

18:08 Above medication(s) given for pt only wanted 5mg of the Morphine so I told her I would hold the other 5mg if jlc she needed it, Dr McGuff was notified. cmw

20:13 Above medication(s) given for pain - 7/10.

Interventions:

17:54 Patient moved to #10. jlc

17:54 Michael Scott MD is Attending Physician. mds

17:55 Attending Physician role handed off by Michael Scott MD. Doug McGuff MD is Attending Physician. dm1

18:01 Has ID bracelet on and have verified two unique identifiers for this patient. Patient not gowned for exam due jlc to immobilization equipment. Safety Measures: Call light within reach. Adult with patient. Stretcher in low position. Side rail up x 1. aec

18:08 Jennifer Cape RN is Primary Nurse.

19:48 Patient moved to CT. Patient moved to #10.

Procedure:

18:54 Removal of headblocks, long spine board, ordered by Dr. Doug McGuff performed by Dr. Doug McGuff. mh Patient tolerated well.

20:13 Discontinued saline lock, catheter intact, bleeding controlled, no redness/swelling at site, dressing applied. cmw

Outcome:

18:42 ER care complete, discharge ordered by MD. dm1

20:13 Discharged to home via wheelchair, with significant other. Discharge pain reassessment: Pain is 7/10. cmw

Reassessment: Condition as related to chief complaint is improved. Discharge instructions given to patient, significant other, instructed on discharge instructions, no drinking with medication, no driving any motorized vehicle or device, medication usage, pain management, Demonstrated understanding of instructions, medications, Prescriptions given: x 2, pain medication.

20:15 Infusion/Injection Therapies: 2 IM/SQ meds. cmw

Name: Loretta Springs

Print Time: 11/17/2007 18:15:14

Page 2 of 3

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Nurse's Notes Con't

Orders:

Time	Order name	Type	Order by	Ordered for
17:55	CT HEAD w/o CONTRAST	Written	dm1	dm1
17:56	Morphine 10 mg IVP now	Written	dm1	dm1
17:58	Zofran 4 mg IVP over 2 minutes	Written	dm1	dm1
18:07	CT HEAD WO CONTRAST		EDMS	
18:49	Morphine 5 mg IVP now	Verbal - Read back	mh	dm1
19:50	Morphine 10 mg IVP now	Written	dm1	dm1
20:22	DRUG SCREEN-CHAIN OF CUSTODY		EDMS	

Signature: _____ Date: _____ Time: _____

Signatures:

McGuff, Doug	MD dm1	Hendricks, Mary Beth	RN mh
Chapman, Harley	RN hec	Scott, Michael	MD mds
Wood, Christine	RN cmw	Cape, Jennifer	RN jc
Curtis, Ashley	R/T aac		

Name: Loretta Springs

Print Time: 11/17/2007 18:15:14

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OCONEE MEMORIAL EMERGENCY DEPARTMENT
RECORD OF WORK RELATED INJURY

DATE: SPRINGS, LORETTA LYNN

NAME: [REDACTED]

COMPANY NAME: Clemson Univ

AGE: _____

MEDICAL RECORD NUMBER: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

DIAGNOSIS: Coccyx Fracture, Closed Head Injury

TREATMENT: Narcotic Pain Meds, Stool Softener
Donut for sitting

☐ RELEASED TO RETURN TO WORK IMMEDIATELY (*) WITH THIS
RESTRICTION(S) NOTED BELOW: (If none, state "none")

☒ NOT TO RETURN TO WORK TODAY. REFERRED TO: W.C. Physician
Redburn

(*) IF EMPLOYEE IS NOT RELEASED TO RETURN TO WORK IMMEDIATELY, OR EMPLOYEE IS
RELEASED TO RETURN TO WORK WITH RESTRICTIONS, THE FINAL RELEASE TO UNRESTRICTED
WORK MUST BE MADE BY COMPANY'S PHYSICIAN. THESE ARRANGEMENTS ARE TO BE MADE
BY THE COMPANY.

COMPANY REQUESTED URINE DRUG SCREEN? YES / NO X

RX(s) GIVEN? YES / NO _____ List: Lortab, Colace

PHYSICIAN'S SIGNATURE: [Signature]

* IF A SUPERVISOR DID NOT ACCOMPANY PATIENT, FAX A COPY TO THE COMPANY AT TIME OF
DISCHARGE.

11437

Medical Record (white)

Patient (yellow)

20

Oconee Memorial Hospital.

Emergency Department
298 Memorial Drive
Seneca, SC 29672
864-882-3351

DISCHARGE INSTRUCTIONS FOR:
FOR TODAY'S VISIT ON:

Loretta Springs
Friday 10/12/2007

Thank you for using Oconee Memorial Hospital for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute or an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency department visit.

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a significant change in the x-ray diagnosis or a positive culture we will contact you. (Make sure we have your local phone number.)

MEDICATIONS:

**It is very important that you take your HOME MEDICATION FORM to your next provider of care. If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have.

Care provided by Doug McGuff MD with the diagnosis of Fracture Sacrum/Coccyx, Injury Closed Head . The discharge instructions for today's visit are outlined below.

This medical record may be released to your personal physician or referral physician without additional authorization.

Thank you again for using Oconee Memorial Hospital for your treatment today.

FRACTURE: COCCYX
Colace 100 mg 20 tablets 1 tablet PO QD
mouth...
Work release Wednesday

HEAD INJURY (no wake-up)
Percocet 10/650 25 (twenty-five) 1 tablet by

Special Notes:

I hereby acknowledge that I have received and understand the above instructions, prescriptions (if any), and "to-go" medications (if any).

X Dan Springs
Loretta Springs

DMH/Christine Wood RN
ED Physician or Nurse

Date & Time 10/12/07 @ 2041

Chart Copy

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OCONEE MEMORIAL HOSPITAL 298 MEMORIAL DR SENECA, SC 29672
Sat Nov 17, 2007 06:13 pm
Patient Detail Report-Send Outs

Page: 1

Pa Name: SPRINGS LORETTA LYNN
Unl #/Acct #:
Loc: ER 10/12/07
Phys-Service: MCGUFF, MILES D - EMERGENCY

In: 10/12/07 2038 Spec: Urine, Random
Out: 10/17/07 0914 Techs: V8213 T3964
Coll Time: 10/12/07 2020 [A0728500336/2066875]
Order Phys: WORKMANS, COMPENSATION

Result Name Result
Drug Scr, Subject Requested: SEE REF LAB REPORT
Date sent to Ref. Lab: 10/12/07
Date reported by Ref. Lab : 10/17/07

End of Report - 11/17/07 18:13P

SPRINGS LORETTA LYNN

Dr. Janice Lage

ER 10/12/07

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HOSPITAL COPY

1001 157

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OCONEE MEMORIAL HOSPITAL
298 MEMORIAL DRIVE SENECA, SC 29672 (864)885-7101
EMERGENCY DEPARTMENT RECORD

PATIENT NAME: SPRINGS, LORETTA LY
MEDICAL RECORD NUM:

DATE & TIME OF ED REG: 10/13/2007 02:57PM
CHART NUM:

DATE & TIME OF EP EXAM: / /
AGE: 44Y RACE: SEX: F

PATIENT DOB:

HISTORY:

CHIEF COMPLAINT(S): Headache, nausea, dizziness.
HISTORY OF PRESENT ILLNESS:

This 44-year-old female was seen in the emergency department yesterday after she was thrown out of a golf cart, struck her head, came here. Was having headache, nausea and vomiting. Was given Zofran and morphine. Continues to have headache, dizziness. Whenever she moves her head the room spins. No fever, chills. Presents now for evaluation.

REVIEW OF SYSTEMS:

NEURO: Remarkable for headache, dizziness. Whenever she moves the room spins around and she gets very nauseated.

All other systems are negative.

PAST MEDICAL, FAMILY, AND/OR SOCIAL HISTORY:

PAST MEDICAL HISTORY: Remarkable for MVP, pituitary adenoma.

She has prescription for Percocet; she has not filled it yet.

PERSONAL/SOCIAL HISTORY: Employed.

FAMILY HISTORY: Unremarkable.

EXAMINATION OF ORGAN SYSTEMS / BODY AREAS:

Uncomfortable appearing female.

BLOOD PRESSURE: 110/66. PULSE: 85. RESPIRATIONS: 18. TEMPERATURE: 98.3. PULSE

OXIMETRY: 100% on room air as interpreted by me.

HEENT: Normocephalic, atraumatic. Eyes: Pupils equal and reactive to light.

Extraocular muscles intact.

NECK: Supple.

LUNGS: Clear.

CARDIAC: Regular rate and rhythm.

PSYCHIATRICAL: She is alert and oriented.

NEUROLOGIC: Cranial nerves intact. Nonfocal exam.

MEDICAL DECISION MAKING:

COURSE IN THE ED WITH INTERPRETATION / REVIEW OF DIAGNOSTIC STUDIES:

CT yesterday was negative. IV is initiated. She is given morphine, Zofran and Valium with marked improvement in her symptoms, resolution of dizziness.

IMPRESSION(S)/DIAGNOSES:

1. Post-traumatic vertigo.
2. Closed head injury.

JD CHART

page 1 of 2 copy 1

Printed 10/14/2007 15:43:18

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OCONEE MEMORIAL HOSPITAL
198 MEMORIAL DRIVE SENECA, SC 29672 (864)885-7101
EMERGENCY DEPARTMENT RECORD

PATIENT NAME: SPRINGS, LORETTA LY
MEDICAL RECORD NUM:

DATE & TIME OF ED REG: 10/13/2007 02:57PM
CHART NUM:

DISPOSITION:

Plan: She will be discharged on Antivert, Valium for severe dizziness, Zofran for nausea. She is referred to some local neurologists for followup.

DICTATED BY: LESLIE, M.D., HOWARD M.
AUTHENTICATED BY: LESLIE, HOWARD M.D.
TRANSCRIBED BY: BURTONC

10/13/2007 17:59:05
10/14/2007 14:11:06
10/14/2007 12:28:20

ED CHART

page 2 of 2 copy 1

Printed 10/14/2007 15:43:18

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Nurse's Notes
Name: Loretta Springs

Oconee Memorial Hospital
Emergency Department

Primary MD: DOCTOR, NONE

Presentation:

10/13 Patient arrived in ED.

14:47 Reason for visit as stated by patient: Yesterday she fell out of a golf cart. She fractured her coccyx and had head injury. She gets dizzy and has been vomiting. Significant other: She was seen here in the ED yesterday. Onset: at 15:55 yesterday. Method of arrival: In a wheelchair. Care prior to arrival: Meds given or taken: she morphine here yesterday but she has not got her prescriptions filled for colace and perocet. Acuity: Urgent.

- Allergies: [Latex] - denies [Medication] - Phenergan.
- Home Medications: No Current Medications
- PMHx: [Cardiovascular]: mitral valve prolapse, [Immune/Blood]: pituitary adenoma.
- PSHx: [Renal/Reproductive]: exploratory lap, hysterectomy.
- Immunization History: Tetanus < 5 years ago.
- Social History: Speaks fluent English. Substance use - [Tobacco products]: 4 per day. [Alcohol]: rarely. [Caffeine]: yes, Denies use of IV drugs, street drugs. Currently employed.

Screening:

15:02 Abuse screen -
No evidence of abuse and/or neglect.
Nutritional screening:
No deficits noted.

Vital Signs:				Pulse Ox	Weight	Pain	Staff
Time	B/P	Pulse	Resp	Temp			
15:05	110/66 LA-2 (auto/reg)	85	18	98.3(T)	100% on R/A	63.49Kg / 140.00Lbs(R)	8/10 dc
15:08	106/63	84	16		100% on R/A		5/10 rbw

Vitals:

16:05 LMP: Patient has had a hysterectomy.

Tri. Assess:

16:03 Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular Airway is patent. Neuro: Level of Consciousness is awake, alert, Oriented to person, to place, to time. General: Appears uncomfortable, well developed, well nourished, Behavior is pleasant, cooperative.

15:07 Triage completed.

15:08 GI: Reports nausea, vomiting.

Assessment:

15:28 Pain: Pain currently is 8 out of 10 on a pain scale. Complaints of pain in coccyx Noted to be grimacing, resistant to movement. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular Airway is patent trachea midline. Cardiovascular: No deficits noted. Neuro: No deficits noted. Level of Consciousness is awake, alert, reports feeling lethargic Gait is steady, Speech is normal, Facial symmetry appears normal, Pupils - PERLA, Motor Response: obeys. GI: Reports nausea, vomiting, Denies diarrhea. GU: No deficits noted. Musculoskeletal: ROM intact in all extremities. Derm: Skin is intact, is healthy w/ good turgor, Skin is dry, Skin is pink, Skin temperature is warm. General: Appears in no apparent distress, Behavior is pleasant, cooperative.

Pain:

15:02 Pain: Pain currently is 7 out of 10 on a pain scale. Complaints of pain in entire head Character of pain is described as throbbing, Pain does not radiate. Frequency of pain is continuous Aggravated by increased activity, repositioning. Alleviated by sleeping. Patient is awake and alert.

Print Time: 11/17/2007 12:15:45

*** CHART COMPLETE ***

Page 1 of 3

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Nurse's Notes Con't

Dispensed Medications:

Time	Drug	Dose/Amt	Fluid	Route	Rate	Site	Delivery	Staff
16:24	Zofran	4 mg		IVP				rbw
16:24	Morphine	5 mg		IVP				rbw
18:24	Vallium	2 mg		IVP				rbw

Medication:

16:24 IVP rate over 2 minutes. IVP rate over 2 minutes diluted in 10 ml NS. IVP rate over 2 minutes. rbw

Interventions:

14:47 Patient moved to Waiting. tmk
 15:15 Rachel Ward RN is Primary Nurse. Patient moved to #3. rbw
 15:23 Howard Leslie MD is Attending Physician. hl
 15:34 Has ID bracelet on and have verified two unique identifiers for this patient. Patient gowned appropriately for exam. Safety Measures: Call light within reach. Adult with patient. Side rail up x 1. Blanket given. rbw
 17:07 Diet: Patient given juice. rbw
 18:04 O. Rick Ricalde MD is Referral Physician. Jerry Sherrill MD is Referral Physician. G. Timothy Baxley MD is Referral Physician. hl

Procedure:

16:24 Inserted saline lock, 20 gauge in right antecubital area. rbw
 18:18 Discontinued saline lock, catheter intact, bleeding controlled, no redness/swelling at site, dressing applied. rbw

Outcome:

18:05 ER care complete, discharge ordered by MD. hl
 18:18 Discharged to home with family, to drive. Discharge pain reassessment: Pain is 5/10. Reassessment: Condition as related to chief complaint is improved. Appears in no apparent distress, Behavior is alert, oriented to person, place, and time. drowsy. Discharge instructions given to patient, family, instructed on discharge instructions, follow up and referral plans. no drinking with medication, no driving any motorized vehicle or device, medication usage, Demonstrated understanding of instructions, medications, Prescriptions given: x 3. Vital signs noted within normal limits. Infusion/Injection Therapies: Initial IVP. 2 add'l. IVP meds. rbw

Name: Loretta Springs

Print Time: 11/17/2007 18:15:45

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Nurse's Notes Con't

Orders:		Order name	Type	Order by	Ordered for
Time				hl	hl
15:39	SL		Written	hl	hl
15:39	Vallium 2 mg IVP now		Written	hl	hl
15:39	Morphine 5 mg IVP now		Written	hl	hl
15:39	Zofran 4 mg IVP over 2 minutes		Written	hl	hl

Signature: _____ Date: _____ Time: _____

Signatures:
Leslie, Howard
Ward, Rachel

MD hl
RN rbw

Camden, Duane
Knight, Tonya

RN dc
trnk

Name: Loretta Springs

Print Time: 11/17/2007 18:13:45

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OCONEE MEMORIAL HOSPITAL
RADIOLOGY DEPARTMENT
298 MEMORIAL DR
Seneca, SC 29672
(864) 885-7198

Page :1

SPRING, LORETTA LYNN

Unit Number
P/T O/P Pm NA DTG
Acct. #
Chck-In 10/10/07 1817
ADM: NONE, NONE

ORD: SHERRILL, JERRY F
103 OMNI, SUITE B
SENECA, SC 29672
(864) 885-9866

Chk-in #	Order	Exam
883486	0002	7252 XR SPINE CERVICAL OBL/FLEX/EXT
		Ord Diag: MIGRAINES, NECK PAIN

CERVICAL SPINE SERIES, SEVEN VIEWS

INDICATION: Migraines, neck pain.

FINDINGS: Study includes flexion and extension views, bilateral obliques, as well as standard AP, odontoid and lateral radiographs.

The study shows some degenerative changes involving the atlantoaxial joint with some spurring arising from the anterior arch of C1. Alignment is normal. There is some loss of disc height at C5-6. Vertebral bodies and posterior elements are otherwise intact. There is modest bilateral uncinate hypertrophy at C3-4, C4-5, and slightly greater at C5-6 bilaterally. Flexion and extension views show no obvious subluxations with good maintenance of alignment.

IMPRESSION: DEGENERATIVE DISC DISEASE WITH MILD BONY FORAMINAL STENOSES SECONDARY TO UNCINATE HYPERTROPHY AT C5-6. MINIMAL UNCINATE HYPERTROPHY AT C3-4 AND C4-5 BILATERALLY.

Transcriptionist- DENISE BOLT
Read By- TODD RUSHE
Released By- TODD RUSHE
Released Date Time- 10/19/07 1004
FINAL DUPLICATE
Released 10/19/07 1004

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OCONEE MEMORIAL HOSPITAL
RADIOLOGY DEPARTMENT
298 MEMORIAL DR
Seneca, SC 29672
(864) 885-7198

Page :2

SPRINGS. LORETTA LYNN

Unit Number
P/T O/P
Acct. #
Chck-In dt/tm 10/18/07 1817

ADM: NONE, NONE

ORD: SHERRILL, JERRY F
103 OMNI, SUITE B
SENECA, SC 29672
(864) 885-9866

Checkin-Exam code Summary
883486-7252

FINAL DUPLICATE
Released 10/19/07 1004

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OCONEE MEMORIAL HOSPITAL
RADIOLOGY DEPARTMENT
298 MEMORIAL DR
Seneca, SC 29672
(864)885-7198

Page :1

SPRINGS, LORETTA LYNN

Unit Number
P/T O/P Rm No. DIS
Acct. #
Chck-In No, 11/02/07 1220

ADM: NONE, NONE

ORD: SHERRILL, JERRY F
103 OMNI, SUITE B
SENECA, SC 29672
(864)885-9866

Chk-in #	Order	Exam
887437	0001	7003 XR TM JOINTS BILAT-OPDC
		Ord Diag: HEADACHE

BILATERAL TEMPOROMANDIBULAR JOINTS:

INDICATION: Headache.

FINDINGS: A total of 5 views are submitted.

The open and closed mouth views of the TMJ show that the condyles appear to be within the fossa on closed mouth and display normal translocation on open mouth views. No definite erosive changes or destructive bony process demonstrated on these plain film views.

IMPRESSION: GROSSLY NEGATIVE TMJ STUDY.

Transcriptionist- LINDA H BIGHAM
Read By- BLAKE POLEYNARD
Released By- BLAKE POLEYNARD
Released Date Time- 11/05/07 0945

FINAL DUPLICATE
Released 11/05/07 0945

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EMERGENCY DEPARTMENT RECORD
IRS NO. 57-0357963

ACCOUNT NO.	ADMISSION DATE / TIME	TIME OUT	FC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ROOM NO.	ACC	PAT. TYPE	BY	UNIT	RECEIVED		
	04/03/08 18:05		W		45Y	F	1	M	ERS								
DIAGNOSIS / COMPLAINT	REGULAR / WORK COMP. PHYSICIAN				EDW ATTENDING PHYSICIAN				ADM. TYPE / SOURCE								
LOWER BACK PAIN	LOUDERMILK, ERIC P				LESLIE, HOWARD M				1 7								
PATIENT NAME AND ADDRESS	PATIENT EMPLOYER				TELEPHONE NO.				EMERGENCY TELEPHONE NO.								
BRINGAS LORETTA LYNN	CLEM UNIV EMPLOYEES ADMINISTRATIVE SERVICES PERIMETER ROAD BOX 345337 CLEMSON, SC 29634-5337				(864) 656-8887												
MANNER OF ARRIVAL	TRIAGE TIME IN	TRIAGE TIME OUT	DATE FIRST SYMPTOM	PAIN FIRST AND SPECIFY				POLICE NOTIFIED TIME									
CHIEF COMPLAINT (EJ)				☐ YES ☐ NO				☐ YES ☐ NO ☐ N/A									
				TRIAGE CATEGORY				EMERGENCY									
				URGENT				NON-URGENT									
TIME IN CC	ROOM /	LNAP	WT.	PAIN SCALE	TIME	T	F	R	S&O 2	O 2	BP	Pain Scale	CT HEAD				
													CT ABD/PELTS				
													CT SPINE				
													CHEST				
													AAS				
													LS SPINE				
													R/L ANKLE				
PAST MEDICAL HISTORY:	OBSERVATIONS:				PATIENT VERIFICATION				OLD RECORD								
									EKG								
									CBCD								
									BMP								
									CMP								
									C.P.								
									PT/PTT								
									ABGS								
									LIPASE								
									AMYLASE								
									U/A								
									S U HCG								
REPORT TO:	REPORT GIVEN TO:				ALLERGIES - DRUG - FOOD - LATEX				COMMUNICATION NEEDS								
					☐ YES ☐ NO				☐ YES ☐ NO								
					TETANUS HISTORY				NURSE'S SIGNATURE								
					DISCHARGE REASSESSMENT / PAIN SCALE												
PHYSICAL:																	
					DOCTOR'S ORDERS				DOSE	ROUTE	SITE	TIME	INITIALS				
DIAGNOSIS:																	
TREATMENT:																	
DISCHARGE WITH:																	
☐ ALONE	☐ FAMILY	☐ COWORKER															
☐ EMS	☐ FRIEND	☐ POLICE															
CONDITION ON RELEASE:					DISPOSITION:												
☐ GOOD	☐ POOR	☐ EXPIRED					☐ TRANSFERRED										
☐ FAIR	☐ CRITICAL					☐ HOME	☐ ADMITTED										
☐ DR'S OFFICE	☐ OTHER																
CONSULTING PHYSICIAN	ATTENDING PHYSICIAN																
	LESLIE, HOWARD M																

HOSPITAL COPY

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OCONEE MEMORIAL HOSPITAL
298 MEMORIAL DRIVE SENECA, SC 29672 (864)583-7101
EMERGENCY DEPARTMENT RECORD

PATIENT NAME: SPRINGS, LORETTA LY
MEDICAL RECORD NUM

DATE & TIME OF ED REG: 04/03/2008 06:05PM
CHART NUM

DATE & TIME OF EP EXAM: 04/03/2008 05:44PM
AGE: 45y RACE: SEX: F

PATIENT DOB:

HISTORY:

CHIEF COMPLAINT(S): Back injury.
HISTORY OF PRESENT ILLNESS:

Loretta is a 45-year-old white female who presents today complaining of back pain. She had an injury in the fall. She broke her coccyx. Since that time, she has been followed by Dr. Loudermilk in Anderson. Six days ago, she sneezed, had a sudden increase in pressure in her low back and pain. Denies any fecal or urinary incontinence or retention or saddle anesthesia or paresthesias. She reports radiation of pain on the posterior aspect of her left leg. She called Dr. Loudermilk today. He told her she needed to present in his office to get a different pain prescription and that she is to come to the emergency room to get an MRI of her low back and that he would call the neurosurgeon after that if she needed it. She presents here for an MRI of her back.

REVIEW OF SYSTEMS:

Constitutional: No fever or chills.
Musculoskeletal: Back pain after a sneeze as described above.
All other systems negative.

PAST MEDICAL, FAMILY, AND/OR SOCIAL HISTORY:

Past Medical History: Significant for "bulging disc" in her low back, fracture of the sacrum and coccyx, mitral valve prolapse.
Home Medications: Valium, Buspar and Vicodin.
She is allergic to PHENERGAN.
Past Surgical History: Intestinal surgery, hysterectomy.
Social History: Patient is a smoker, one-half pack per day. She is currently employed.

EXAMINATION OF ORGAN SYSTEMS / BODY AREAS:

Constitutional: Blood pressure 174/68, pulse 100, respirations 22, temperature 97.0.
Pulse oximetry 99% on room air.
Patient appears very uncomfortable.
Psychiatric: Alert and oriented to time, place and person. Affect appropriate.
Cardiovascular: Heart regular rate and rhythm. No murmur, rubs or gallops. Distal pulses 2+.
Respiratory: Lungs are clear to auscultation. No wheezes, rales or rhonchi.
Musculoskeletal: Strength symmetric in upper and lower extremities. Patient does have full range of motion of upper and lower extremities. Slightly tender to palpation over the sacrum. She reports that is where she feels pressure. It does not

ED CHART

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Printed 04/04/2008 16:54:11

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OCONEE MEMORIAL HOSPITAL
298 MEMORIAL DRIVE SENECA, SC 29672 (854)885-7101
EMERGENCY DEPARTMENT RECORD

PATIENT NAME: SPRINGS, LORETTA LY
MEDICAL RECORD NUM

DATE & TIME OF ED REG: 04/03/2008 06:05PM
CHART NUM

really hurt for me to palpate that area. Very tender to palpation over the left sciatic notch. Palpation of the area reproduces pain in the posterior aspect of the left leg.
Neurologic: Negative straight leg raise bilaterally. Deep tendon reflexes 2+ and symmetric bilaterally. Gait within normal limits. Patient is able to walk and heel walk without difficulty.
All other systems negative.

MEDICAL DECISION MAKING:

COURSE IN THE ED WITH INTERPRETATION / REVIEW OF DIAGNOSTIC STUDIES:

Dr. Leslie is the supervising physician. I am concerned that patient may have reinjured the back.

In light of the request of her pain management doctor for an MRI, I will set her up for an outpatient MRI. Acutely, I find no neurologic deficit on exam that would suggest a herniated nucleus pulposus. On exam, she does appear to have sciatica on the left side as palpation of the left sciatic notch reproduces symptoms. I feel she would benefit from some pain medication here and a stronger pain medicine than what she has been taking. She may also have some benefit from a Medrol Dosepak. She needs to follow up with her regular doctor if she needs stronger medications than this. I recommend that she call him tomorrow. I do not feel she has cauda equina syndrome at this time as there is no fecal or urine incontinence or retention or saddle anesthesia.

Patient received Demerol 25 mg.

IMPRESSION(S)/DIAGNOSES:

1. Acute sciatica.
2. Acute low back pain.

DISPOSITION:

Patient was discharged to home with a prescription for a Medrol Dosepak and Percocet 5 mg. She was set up for an outpatient MRI of the back.
I discussed my impression with the patient who verbalized understanding.

Dictated by: BUSCH, P.A., DIANE
Authenticated by: CHILES, BILL M.D.
Transcribed by: MILLSM

04/03/2008 19:56:07
04/04/2008 16:40:33
04/04/2008 10:15:29

ED CHART

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Printed 04/04/2008 16:54:11

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Nurse's Notes

Name: Loretta Springs

Oconee Memorial Hospital

Emergency Department

Private MD: DOCTOR, NONE

Presentation:

04/03 Patient arrived in ED. kb3

17:52 Reason for visit as stated by patient: "My left leg keeps going numb. My sciatica keeps shooting down my left leg." Onset: Today. Method of arrival: Ambulated without assistance. Care prior to arrival: None. Acuity: Non-Urgent. ahb

19:47 Reason for visit as stated by patient: "Dr Loudermilk (pain management doctor in Anderson) thinks I may have ruptured a disc when I sneezed and wants me to have a MRI".

- Allergies: [Medication] - Phenegan, [Latex] - denies.
- Home Medications: Valium 0.5 mg as needed, Buspar, Vicodin as needed
- PMHx: [Musculoskeletal]: "bulging disc" fx sacrum and coccyx [Cardiovascular]: mitral valve prolapse, [Immune/Blood]: pituitary adenoma.
- PSHx: [GI]: "They took part of my intestines out." [Renal/Reproductive]: hysterectomy, [Renal/Reproductive]: exploratory lap.
- Immunization history: : Tetanus - not pertinent for this visit.
- Social History: Speaks fluent English. Substance use - [Tobacco products]: cigarettes, 0.5 ppd, Currently employed..

Screening:

17:56 Abuse screen - ahb
No evidence of abuse and/or neglect.
Nutritional screening:
No deficits noted.

Vitals Signs:

	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
17:56		100 MON	22	97.0(T)	99% on R/A	58.24Kg / 124.01Lbs(R)	10/10	ahb
17:59	124 / 68 LA- (auto/reg)							ahb
20:28	105 / 66 RAO- (auto/reg)	78			97% on R/A		3/10	kpp

Vitals:

17:56 LMP: Patient has had a hysterectomy. ahb

Tri. Assess:

17:55 Pain: Pain currently is 10 out of 10 on a pain scale. Complains of pain in low back area Pain radiates to left leg. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular symmetrical, Airway is patent. Neuro: Level of Consciousness is awake, alert, Oriented to person, to place, to time, to situation. Musculoskeletal: Reports numbness in left leg, pt states, "It just goes numb but it still hurts.". Derm: Skin is intact, is healthy w/ good turgor, Skin is dry, Skin is pink, Skin temperature is warm. General: Appears uncomfortable, Behavior is cooperative, anxious. ahb

17:57 Triage completed. ahb

Assessment:

19:48 Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular. Cardiovascular: No deficits noted. Neuro: Level of Consciousness is awake, alert, Oriented to person, to place, to time, to situation. GI: No deficits noted. GU: No deficits noted. Musculoskeletal: Derm: Skin is intact, is healthy w/ good turgor, Skin is dry, Skin is pink, Skin temperature is warm. General: Appears uncomfortable, well developed, well groomed, well nourished, Behavior is pleasant, cooperative, calm, oriented to person, place, and time. lm1

Nurse's Notes Con't

P :
10:48 Pain: Pain currently is 10 out of 10 on a pain scale. Complaints of pain in low back area, mid back area and left leg.

Dispensed Medications:							Delivery	Staff
Time	Drug	Dose/Amt	Fluid	Route	Rate	Site		
20:03	Demerol	25 mg		IM		Right Upper Outer Gluteus		lm1

Interventions:

17:44 Patient moved to Waiting. kb3
 19:34 Diane Busch PA-C is Attending Physician. deb
 19:40 Laura Moore RN is Primary Nurse. lm1
 19:41 Patient moved to #3. lm1
 19:48 Has ID bracelet on and have verified two unique identifiers for this patient. Patient gownned appropriately for exam. Safety Measures: Call light within reach. Adult with patient. Stretcher in low position. Side rail up x 1. lm1

Outcome:

19:58 ER care complete, discharge ordered by MD. deb
 20:28 Discharged to home ambulatory, with significant other. Discharge pain reassessment: Pain is 3/10. kpp
 Reassessment: Condition as related to chief complaint is improved. Appears somewhat uncomfortable
 Behavior is alert, oriented to person, place, and time. cooperative, pleasant. Discharge instructions given to patient, instructed on discharge instructions, follow up and referral plans. no drinking with medication, no driving any motorized vehicle or device, medication usage, pain management, Demonstrated understanding of instructions, medications, Prescriptions given: x 2, pain medication. Vital signs noted within normal limits.
 Home medication form given. Infusion/Injection Therapies: 1 IM/SQ med.

Name: Loretta Springs

Print Time: 4/13/2008 17:02:16

Page 2 of 3

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Nurse's Notes Con't

Orders:

Time	Order name	Type	Order by	Ordered for
19:57	Demerol 25 mg IM now	Written	deb	deb

Signature: _____ Date: _____ Time: _____

Signatures:

Ballard, Kathy	kb3	Moore, Laura	RN	lm1
Busch, Diane	PA-C deb	Barrett, Amy	RN	ahb
Pilgrim, Kella	RN kpp			

Corrections:

19:47 40:46 PMHx (Cardiovascular): mitral valve prolapse, Immune/Blood: pituitary adenoma	lm4	lm1
19:47 40:46 PSHx (Renal/Reproductive): exploratory lap, hysterectomy,	lm4	lm1

Name: Loretta Springs

Print Time: 4/13/2004 17:02:16

Page 1 of 1

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298 Memorial Drive • Seneca, SC 29672 • 864/882-3351
www.OconeeMemorial.org

Physician Order Form

Physician's Name: Diane Busch PA-C

Physician's Signature: Diane G. Busch

Date of Referral: 4/3/08

Patient Name Loretta King DO
SSN _____ Telephone _____

Diagnosis must accompany order (with ABN if needed).

Patient Report/Disposition
STAT Reading Required ☐ Yes ☐ No ☐ Call report
NPO Required ☐ Yes ☐ No ☐ Send Patient to office
Fax report to Dr. Linder ☐ Have patient wait at hospital

First Floor Oconee Memorial Hospital • 864/885-7701 or 864/885-7074

ONH LABORATORY

Lab referrals: Collection date, time, and collector

PROFILES	DX / ICD-9	TESTS	DX / ICD-9	TESTS	DX / ICD-9	TESTS	DX / ICD-9
☐ Basic		☐ ANA		☐ Rheumatoid (RA)		Microbiology	
☐ Comprehensive		☐ BUN		☐ RPR		Specimen Source:	
☐ Electrolytes		☐ Creatinine		☐ Sed Rate (ESR)		(must be listed)	
☐ Thyroid		☐ Digoxin		☐ T3 Total		☐ Aerobic C&S	
☐ Lipid (Fasting)		☐ Glucose		☐ T3 Uptake		☐ Anaerobic C&S	
☐ Liver		☐ Hematocrit		☐ T4 (thyroxine)		☐ Urine C&S	
☐ Arthritis		☐ Hemoglobin		☐ TSH		☐ Stool C&S	
☐ Hepatitis		☐ Hgb A1C		☐ Transferrin		☐ Group B Strep	
☐ OB (w/CBC)		☐ HIV-1		☐ Uric Acid		Screen	
☐ Anemia		☐ Iron/TIBC		☐ VDRL		☐ CG/Chlam DNA	
☐ Renal		☐ Magnesium		☐ Prog, Serum		Probe	
TESTS		☐ Potassium		☐ HCG, Titer		☐ Occult Blood	
☐ ANA		☐ PSA (Diagnostic)		☐ Additional Lab		☐ O&P	
☐ CBC (w/ Diff)		☐ PSA (Screening)		Tests (specify)			
☐ CBC (w/ Man. Diff)		☐ PSA II					
☐ CBC (w/o Diff)		☐ Pro Time & INR					
☐ Urinalysis		☐ PTT					

ONH OUTPATIENT DIAGNOSTIC CENTER

PROCEDURES	DX / ICD-9	APPT DATE/TIME
☐ Screening Mammogram		
☐ Diagnostic Mammogram		
☐ If indicated, additional views / breast ultrasound may be done		
☐ Needle Localization		
☐ Chest PA and LAT		
☐ KUB		
☐ ECG		
☐ Bone Density		
☐ X-RAY		
☐ Ultrasound		
☐ Other		

ONH RADIOLOGY

PROCEDURES	OTHER RAD PROC	DX / ICD-9 / CLINICAL INFO	APPT DATE/TIME
☐ Chest PA & LAT		<u>Low Back Pain</u>	<u>Mon. April 7th</u>
☐ UGI			<u>@ 815</u>
☐ ACBE			<u>Conf # 231098</u>
☐ IVP			
☐ Spine (C,T,L)		<u>Wear pants w/no</u>	
☐ CT Abdomen		<u>metal / be 1/2 hour early</u>	
☐ CT Pelvis			
☐ CT Sinus			
☐ US Carotid			
☐ US Abdomen			
☐ US OB			
☐ US Pelvic			
☐ MR Brain			
☐ MR Carotids/Cerebral			
☐ MR Spine (C,T,L) / Sacrum			
☐ NM Bone			
☐ NM Hepatobiliary			
☐ NM Renal			
☐ NM Renal w/ captopril			

ONH HEART CARE CENTER

PROCEDURES	DX / ICD-9 / CLINICAL INFORMATION	APPT DATE/TIME AND LOCATION
☐ CATH Left Heart Right Heart Both	MEDICARE REQUIRES PRIMARY AND SECONDARY DIAGNOSIS.	
☐ EEG Sleep Deprived? Yes No Child Adult		
☐ Arterlogram		
☐ Echo		
☐ Cardioverson		
☐ Pacemaker		
☐ Holter Monitor 24 hr. 48 hr. EKG		
☐ Std Stress Test		
☐ Nuclear Stress		
☐ Pharmacological Stress		
☐ TEE		
☐ Tilt Table		
☐ Stress Echo		
☐ Dobutamine Stress Echo		
☐ Cardiolite		
☐ Thallium		
☐ Adenosine Thallium		
☐ Dobutamine Cardiolite		
☐ Dobutamine Thallium		

ONH ENDOSCOPY UNIT

PROCEDURES	DX / ICD-9 / CLINICAL INFORMATION	APPT DATE/TIME
☐ Ph		
☐ EGD		
☐ Manometry		
☐ Colonoscopy		
☐ PEG		
☐ Dilation		
☐ Flex Sigm		
☐ Cysto		
☐ Banding		
☐ Branch		
☐ CMG		

11482

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Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

EEG Evoked Potentials
EMG Sleep Studies

103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

October 17, 2007

"OMH - ER"

RE: SPRINGS, Loretta

Dear Dr. "OMH - ER":

Thank you for the kind referral of patient Loretta Springs for consultation and evaluation for concussion. The patient also reportedly has a fractured tailbone. The patient was seen at the local ER on 10/12/07 and 10/13/07. She has also been having dizziness.

The patient is a 44-year-old, right-handed, white female. The patient has had problems since those days. She fell at work hitting her occiput on the first day. She also hit her tailbone. Since then, she has had marked problems with headache, trouble concentrating, irritability (but denies severely easy mood shifts), dizziness, insomnia. The patient seems somewhat bradyphrenic. Affect is off. For a couple days after this trauma, the patient was having some left ear pain, but that has resolved. The patient has been taking one Lortab per day, 10 mg, for this pain. She has been feeling dizzy as well. She denies that the trauma caused loss of consciousness. The patient also endorses dizziness, which is both swimmy headedness and vertigo. This feels rather constant, but becomes vertiginous if she tries to get up quickly from a chair and go quickly. She also endorses ataxia, trouble with her memory, and has bifrontal headaches that radiate posteriorly. These are pulsatile. She has fatigue, but this is fairly acute. She has not had that chronically. She slept massively during the two to three days after the initial trauma. Denies diplopia in the morning, etc. She has had loss of appetite.

She denies depression.

MEDICATIONS: Doculase 100 mg p.r.n., Oxycodone 10 mg p.r.n., Diazepam 2 mg b.i.d., Meclizine 25 mg p.r.n., Zofran 4 mg q.d. p.r.n.

ALLERGIES: Phenargan.

PAST MEDICAL HISTORY: Reviewed - see sheet.

PAST SURGICAL HISTORY: Reviewed - see sheet.

SOCIAL HISTORY: Reviewed - see sheet.

Page 2

HABIT HISTORY: Reviewed - see sheet.

FAMILY HISTORY: Reviewed - see sheet.

REVIEW OF SYMPTOMS: Reviewed - see sheet.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 148/76. P: 72. RR: 12. T: 97.6. Ht: 5'5". Wt: 137 pounds.

GENERAL APPEARANCE: Well-developed, well nourished.

GENERAL APPEARANCE: Well-developed, well nourished.
HEENT: Normocephalic, atraumatic. No temporal artery tenderness. There is no proptosis of the eyes. No bruits at the head. No mastoid tenderness. No TMJ crepitance. No mastoid tenderness. No sinus tenderness. Oropharynx is benign.

NECK: Decreased range of motion and tight posterior nuchal musculature, but no nuchal rigidity. No thyromegaly. Note, Spurling's is technically negative, but on depressing her head to the left, this causes her an increase of her feeling of dizziness.

LUNGS: Clear to auscultation.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

ABDOMEN: Soft, positive bowel sounds. No masses or tenderness.

EXTREMITIES: No joint swelling or erythema. No pitting pedal edema, but on checking straight leg raise, this aggravates her tailbone pain.

NEUROLOGICAL EXAMINATION:

MENTAL STATUS: Alert and oriented times three.

SPEECH: Language is normal.

SPEECH: Language is normal...
CRANIAL NERVES: II-WNL, III-WNL, IV-WNL, V-WNL, VI-WNL, VII-WNL, VIII-WNL,
IX-WNL, X-WNL, XI-WNL, XII-WNL.

MOTOR EXAM: No drift. Normal power, tone, and bulk without fasciculations and normal fine motor activity bilaterally.

DEEP TENDON REFLEXES: 2/4 reflexes throughout, normoreflexic, with down going toes.

DEEP TENDON REFLEXES: 2+ reflexes throughout, symmetrically.

GAIT/STATION: Normal gait with normal Romberg and normal tandem.

SENSORY: No hemihypesthesia. No extinction on tactile double simultaneous stimulation. No peripheral neuropathy pattern to: pinprick, temperature or vibratory sense.

MECHANICAL: Please see above.

OTHER: There are no frontal release signs. Good cortical sensory bilaterally.

OTHER: She would not allow funduscopic exam. She did know who the President was.

LABORATORY/X-RAY DATA: Patient had a CT scan, plain, at the ER on 10/12/07, and this was negative.

IMPROVED. She has no depression syndrome. We are going to work the patient up by obtaining an x-ray of the cervical spine. I am going to treat her with Imitrex 50 mg p.r.n. and also Medrol Dose Pak. Warned her of the possibility of side effects from these medicines. I believe that her situation will quickly resolve. I placed her also on gabapentin 100 mg q.p.c. I asked her to try to limit both Oxycodone and Valium. She can continue on Meclizine and Zofran. We may need to consider adding a drug, such as Topamax, if headaches persist --

40

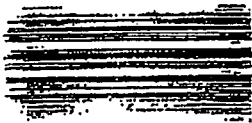
SPRINGS, Loretta
October 17, 2007
Page 3

at low dose and for only a couple of months or so. It is noted that she has a history of mitral valve prolapse. When we see her next, we will plan to place her on a daily ASA.

Thank you for this kind referral.

Sincerely yours,

JERRY F. SHERRILL JR, MD/cet
Dictated not read



Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

EEG Evoked Potentials
EMG Sleep Studies

103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

October 31, 2007

Jim Cochran, MD

RE: SPRINGS, Loretta

Dear Jim:

The patient is seen in follow up. She is a good bit better in regards to her dizziness but she states she is unchanged in regards to her headaches. Has memory loss. She states that she takes Oxycodone for her back pain. She is very "pan positive". She states that Relpax makes her very tired and nauseous. The patient states she is doing "light work". She is not taking Skelaxin for other headache pains. She has both. She has some complaints of tremor of late. Does not spill what she is drinking due to that. She takes 15 mg per day of Oxycodone—Lortab.

MEDICATIONS: As above and also Meclizine 25 mg pm; Vitamin E 400 units per day; Topamax 25 mg bid; (she questions if that is causing tremor but I doubt it as she had the tremor before she ever went on the agent); Relpax 40 mg pm.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 122/60 T: 97.4 Wt: 137 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

NEUROLOGICAL EXAMINATION:

MENTAL STATUS: Alert and oriented times three.

SPEECH: Language is normal.

CRANIAL NERVES: Visual fields full. PERL.

MOTOR EXAM: No drift. Normal power, tone, and bulk without fasciculations and normal fine motor activity bilaterally.

DEEP TENDON REFLEXES: Bilateral DTRs equal and symmetric.

CEREBELLAR EXAM: Finger to nose intact and bilateral heel-knee-shin normal. No tremor.

GAIT/STATION: Gait is intact.

SENSORY: No hemihypesthesia.

OTHER: No sinus tenderness.

The patient states she has very poor hearing after the trauma at her left ear but it has come back fully.

SPRINGS, Loretta
October 31, 2007
Page 2

IMPRESSION/PLAN:

1. Post concussion syndrome with related headache, neck pain, slight tremor, memory loss, and dizziness. We are going to change to Maxalt MLT 10 mg prn for headaches. Warned her of the possible side effects. Increasing Topamax now to 50 mg bid and will check TFTs in the morning in regards to her tremor problems. Reportedly she has had a recent MRI of the lumbar spine and we are trying to get that report. For memory problems we are adding Aracept 5 mg po q/day with food. Warned her of the possible side effects of this medicine and asked her to stagger the onset. Reminded her to take a great intake of water while on Topamax. She took one Imitrex injection and felt like "an elephant was on her chest". I told her to go with Relpax. She has not benefited too much by the Medrol dose pack. X-rays of the TMJ were negative. She has known cervical spinalosis. Her head CT was normal. It appears she has a fracture of the 2nd segment of the sacrum.

Thank you very much.

Sincerely yours,

JERRY F. SHERRILL JR., MD/skj
Dictated not read

cc:

Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

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(864) 885-9866 * Fax (864) 888-8307

11/28/07
Jim Cochran, MD

RE: SPRINGS, Loretta

Dear Jim:

The patient is seen in follow up. She is a good bit better in regards to her dizziness but she states she is unchanged in regards to her headaches. Has memory loss. She states that she takes Oxycodone for her back pain. She is very "pan positive". She states that Relpax makes her very tired and nauseous. The patient states she is doing "light work". She is not taking Skelaxin for other headache pains. She has both. She has some complaints of tremor of late. Does not spill what she is drinking due to that. She takes 15 mg per day of Oxycodone—Lortab.

MEDICATIONS: As above and also Meclizine 25 mg pm; Vitamin E 400 units per day; Topamax 25 mg bid; (she questions if that is causing tremor but I doubt it as she had the tremor before she ever went on the agent); Relpax 40 mg pm.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 122/60 T: 97.4 Wt: 137 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

NEUROLOGICAL EXAMINATION:

MENTAL STATUS: Alert and oriented times three.

SPEECH: Language is normal.

CRANIAL NERVES: Visual fields full. PEERL.

MOTOR EXAM: No drift. Normal power, tone, and bulk without fasciculations and normal fine motor activity bilaterally.

DEEP TENDON REFLEXES: Bilateral DTRs equal and symmetric.

CEREBELLAR EXAM: Finger to nose intact and bilateral heel-knee-shin normal. No tremor.

GAIT/STATION: Gait is intact.

SENSORY: No hemihypesthesia.

OTHER: No sinus tenderness.

The patient states she has very poor hearing after the trauma at her left ear but it has come back fully.

SPRINGS, Loretta
11/28/07
Page 2

IMPRESSION/PLAN:

1. Post concussion syndrome with related headache, neck pain, slight tremor, memory loss, and dizziness. We are going to change to Maxalt MLT 10 mg prn for headaches. Warned her of the possible side effects. Increasing Topamax now to 50 mg bid and will check TFTs in the morning in regards to her tremor problems. Reportedly she has had a recent MRI of the lumbar spine and we are trying to get that report. For memory problems we are adding Aracept 5 mg po q/day with food. Warned her of the possible side effects of this medicine and asked her to stagger the onset. Reminded her to take a great intake of water while on Topamax. She took one Imitrex injection and felt like "an elephant was on her chest". I told her to go with Relpax. She has not benefited too much by the Medrol dose pack. X-rays of the TMJ were negative. She has known cervical spinalosis. Her head CT was normal. It appears she has a fracture of the 2nd segment of the sacrum.

Thank you very much.

Sincerely yours,

JERRY F. SHERRILL JR, MD/skj
Dictated not read

cc:



45

Lake Ridge Neurological, PA

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Jerry F. Sherrill, Jr., MD

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January 8, 2008

James Cochran, MD

RE: SPRINGS, Loretta

Dear Jim:

(It is sad to hear of your departure. Good luck with your future plans.)

This patient was seen in follow-up. The patient states that she is better in regard to her main symptoms of headache and dizziness. However, she states that since her trauma she has had severe decreased smell and taste function. Also, subacutely the patient has developed a smell and taste that is mild or is possibly dysesthetic related to the trauma. However, these have not been episodic and there has been no alteration of consciousness with these symptoms to suggest epilepsy, etc. She reports that she has a history of "pituitary adenoma". We do not have any records on that. The patient is seeing a pain specialist for injections at the lumbar spine region for disk disease. I told her it is fine to go on zinc to try to improve her sense of smell and taste - posttraumatic loss of those.

MEDICATIONS: Vitamin E 400 units per day, cortisone shot q2 weeks as above.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 120/66 T: 98.3 Wt: 142 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

NEUROLOGICAL EXAMINATION:

CRANIAL NERVES: Fundoscopic shows good spontaneous venous pulsations and visual fields are full. PERRL. EOML.

MOTOR EXAM: Power exam is unchanged from previous exam.

DEEP TENDON REFLEXES: Bilateral DTRs equal and symmetric.

GAIT/STATION: Regular walking is intact.

LABORATORY/X-RAY DATA: Free T4 was negative.

SPRINGS, Loretta
January 8, 2008
Page 2

IMPRESSION/PLAN:

1. Closed head injury, post concussion syndrome, altered smell and taste. This may be due to microtrauma at the cribriform plate in regard to the nerve twigs of cranial nerve I. Headache appears to be better as does dizziness. No complaints of tremor today. We are going to try to complete the database and get report of an old MRI of the head/pituitary from the Mayo Clinic in Florida. We are consulting Dr. Yeboah, endocrinology, and also consulting Dr. Riester for abnormal smell and taste.
2. We will see her back in one year or sooner on a p.r.n. basis.
3. She should call with any worsening neurologically.

Thank you very much.

Sincerely yours,

JERRY P. SHERRILL JR, MD/tb
Dictated not read

cc: Asman Yeboah, MD
Jane Riester, MD



Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

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103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

Date: January 19, 2009

Eric Loudermilk, MD

RE: SPRINGS, Loretta

Dear Dr. Loudermilk:

The patient was seen in follow-up. She does not have a family doctor or primary care physician although we have recommended previously. I still have massive suspicion for secondary gain being her most important factor. No change in her symptoms since I last saw her. She states she is still having the trouble with taste and smell. Memory loss is still present. She did not see Dr. Yeboah but saw Dr. Riestar. We are trying to get records of Dr. Riestar.

MEDICATIONS: BuSpar 10 mg/day, Keppra 250 mg q.h.s. - prescribed by Dr. Loudermilk for a global pain syndrome, Darvocet-N 100 p.r.n., and valium 2 mg b.i.d. p.r.n.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 100/64 T: 97.5 Wt: 134 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

OTHER: There is no nuchal rigidity.

NEUROLOGICAL EXAMINATION:

CRANIAL NERVES: Funduscopy is benign showing good spontaneous venous pulsations.

MOTOR EXAM: No drift. Good power throughout. No sign of cogwheeling.

DEEP TENDON REFLEXES: Equal bilaterally.

GAIT/STATION: Gait looks to be stable, safe, nonataxic.

OTHER: No frontal release signs.

She states that Keppra made her "mean". (**I recommend she go off of it. She has been on it very briefly.)

IMPRESSION/PLAN:

1. Posttraumatic memory loss. We are going to try Namenda for that. It will ramp up quickly to where she is taking 10 mg b.i.d. and warned her of the possible side effects. Reportedly she has had an MRI at Mountain View. We are trying to get that result. Apparently it was the whole spine in regard to her global pain syndrome. Again, we are trying to complete the database. Please see the above discussion. She does not drink water from a well. She states she takes just one Darvocet-N 100 per day. I will not give this

SPRINGS, Loretta
January 19, 2009
Page 2

patient any potentially addictive medicines. I defer to her other doctors in that regard, especially her pain doctor. Note she had gotten OxyContin in the past from Dr. Loudermilk. I warned her against any future use of that drug.

2. Again, it may be that she has permanent loss of small from microtrauma to the nerve twigs at the cribriform plate. We still await getting report of an old MRI of the brain and pituitary.
3. She is also diagnosed with coccydynia, postconcussion syndrome, cognitive disorder - memory loss due to TBI - traumatic brain injury, adjustment disorder - psychiatric. I recommend Dr. Loudermilk consider referral of her to a psychiatrist.
4. If when her MRI of the pituitary comes and shows any abnormality of her pituitary, then we would consider consulting Dr. Yeboah at that point. I question some type of personality disorder, anxiety, or depression.

ADDENDUM: She has been intolerant to Topamax and Aricept in the past. ENT saw her. Those records show that they were recommending zinc and vitamin E.

Thank you very much.

Sincerely yours,

JERRY F. SHERRILL JR, MD
Dictated not read

Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

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103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

March 9, 2009

Ted Booker, MD

RE: SPRINGS, Loretta

Dear Ted:

The patient states that she lost her prescription of Namenda. Her main complaint today is pain, weakness and paresthesia at the right lower extremity. She states this has been chronic. Apparently she sprained some ligaments at her right foot with a fall recently. She denies any cyanosis. She is not working. She takes 2 pills per week of valium and takes about 0-3 pills per day of Vicodin.

MEDICATIONS: Valium 2 mg b.i.d. p.r.n., Vicodin 1/2 tablet 1-2 t.i.d. p.r.n., BuSpar 10 mg/day, Namenda - see the above, zino.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 126/78 T: 98.2 Wt: 134 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

NEUROLOGICAL EXAMINATION:

MOTOR EXAM: Questionable weakness at the right quadriceps but seems to be somewhat saltatory.

DEEP TENDON REFLEXES: Intact at the right lower extremity.

GAIT/STATION: Somewhat antalgic at the right foot.

SENSORY: Circumferential pinprick test intact at the right leg.

OTHER: No peripheral neuropathy pattern to pinprick, temperature, or vibratory.

OTHER: Straight leg raise on the right is negative.

IMPRESSION/PLAN: Posttraumatic syndrome with trouble with her sense of smell, memory, etc. We are placing her back on Namenda 10 mg p.o. b.i.d. We will see her soon in follow-up. We plan to soon perform right lower extremity EMG/NCV to rule out a right L3 radiculopathy. She has seen Dr. Riester. She should stay on the zino as far as her sense of smell. Depending on the results of her EMG, we may even need MRI of the lumbar spine afterward.

Thank you very much.

Sincerely yours,

JERRY F. SHERRILL JR, MD
Dictated not read

PAGE 09/17

LAKE RIDGE NEURO

18648888307 17:11 05/26/2009

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Lake Ridge Neurological, PA
103 Omni Drive - Suite B
Seneca, SC 29672
(864) 885-9868

Patient: Springs, Loretta Physician: DR. SHERRILL
 Sex: Female Test Date: 03/12/09
 LD. #:
 Ref. M.D.: Booker, Ted

IMPRESSION

This study, RLE EMG-NCV, is abnormal. It shows an acute and chronic R. L4-5 radiculopathy. It shows a probable R. tibial mononeuropathy. It also shows a chronic R. S1 radiculopathy. There is no sign of a peroneal palsy, myopathy or peripheral neuropathy. We will consider a MRI of the LS Spine and an ultrasound of the popliteal region.

History/Comments:

EMG/NCS/RLE

Patient presents with right sided low back pain that is referred to the right lower extremity with numbness. Her temp is WNL and her exam is unchanged and she is not diabetic.

Motor Nerve Study

Right Peroneal Nerve						
Rec Site: EDB	Lat (ms)	Dur (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
STIM SITE						
Ankle	4.0	3.8	4.2	2.0	0	
FB Head	10.8	4.3	4.0	1.9	280	42.8
Pop.Fos.	12.8	4.0	4.3	1.5	100	50.0
Right Tibial Nerve						
Rec Site: AH	Lat (ms)	Dur (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
STIM SITE						
Ankle	7.8	4.5	8.7	4.4	0	
Pop.Fos.	18.8	4.9	8.0	4.4	370	40.7

Sensory Nerve Study

Right Sural Nerve					
Rec Site: Ankle	Lat (ms)	Pk Lat (ms)	Amp (mV)	Dist (mm)	C.V. (m/s)
STIM SITE					
mid calf	2.7	3.5	31.9	0	
	2.6	3.5	33.9	0	
	2.6	3.5	34.8	0	
	2.6	3.5	31.9	0	

K-Wave Study

Right Peroneal Nerve	Latency
Rec Site: EDB	

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LAKE RIDGE NEURO

18648888307

03/26/2009 17:11

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 Faxed (4/9/09)
 2/11/10 (VB)

03/12/09

Patient: Springs, Lorena
I.D.#:

Sdn Eft: Arida	ms
M wave	4.17
F wave	48.83
F-M	42.57

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05/26/2009 17:11 18648888307

LAKE RIDGE NEURO

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Patient: Springs, Loretta
 I.D.#:

03/12/09

R-Wave Study

Right Tibial Nerve	Latency
Rec Site: AH	ms
Stim Site: Ankle	8.50
M wave	53.33
F wave	43.53
F-M	

H Reflex Study

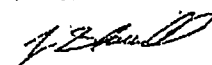
Right Tibial Nerve	Latency
Rec Site: Soleus	ms
Stim Site: Pop.Fos.	3.83
M wave	27.50
H wave	

EMG Study

Name	Ins Act	Fibs	PSW	Fascics	Polyph	MU Amp	MU Dur	Pattern	Recruit
R. Tibialis Ant.	Inc			1+	Inc	norm	Inc	norm	norm
f. of v low amp									
R. Vastus Lat.				1+					dec
due to pain									
R. Biceps	Normal								
R. Gastroc. Med.	Normal								
R. Biceps S.H.					Inc	norm	Inc	Irreg	dec
R. L34 P.S.									
sev int be-line				2+					
R. L45 P.S.									
poor relax									
R. L5 S1 P.S.	Normal								

The ncx shows prolonged distal onset latency for the tibial motor with a borderline CV-conduction velocity. The emg showed signs of acute and chronic denervation at the tib ant. with acute changes at the quads and the L45 PS, and chronic ones at the short head of the biceps.

Respectfully yours,

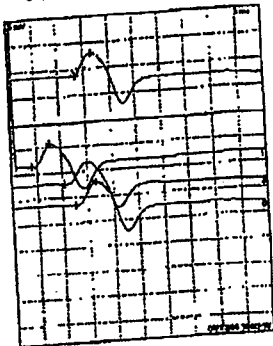

 Jerry Sherrill MD

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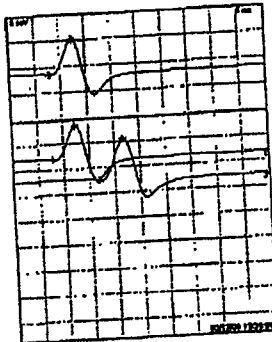
Patient: Springs, Loretta
I.D.#:

Test Date: 03/12/09

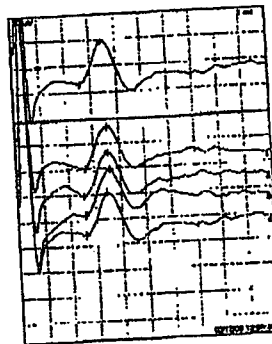
R. Peroneal MNC



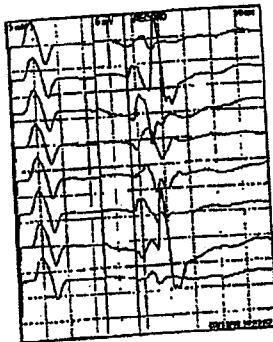
R. Tibial MNC



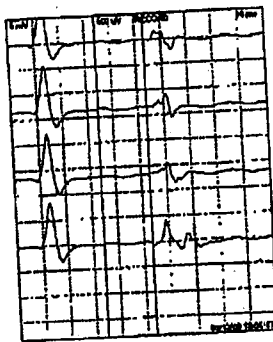
R. Sural SNC



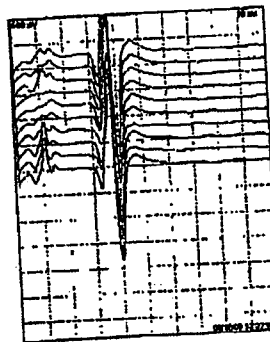
R. Peroneal F-wave



R. Tibial F-wave



R. Tibial H-reflex



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Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

EEG Evoked Potentials
EMG Sleep Studies

103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

March 18, 2009

Ted Booker, MD

RE: SPRINGS, Loretta

Dear Ted:

The patient was seen in follow-up. She is here for EMG results. Still, she states, she is having a good bit of pain at the right lower extremity and low back.

MEDICATIONS: Non-neuro medicines are as before. She is also on valium 2 mg b.i.d., BuSpar 10 mg/day, Vicodin p.r.n., Namenda 10 mg b.i.d., zinc.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 112/76 T: 98.4 Wt: 134 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

OTHER: No palpable Baker's cyst at the right popliteal region. Straight leg raise is negative.

NEUROLOGICAL EXAMINATION:

MOTOR EXAM: Intact at the right lower extremity.

DEEP TENDON REFLEXES: Intact at the right lower extremity.

GAIT/STATION: Gait is fairly intact, somewhat antalgic at the right foot.

SENSORY: Circumferential pinprick test at the right leg is suppressed laterally, subjective per the patient.

She states of late that she is having some pain shoot from the low back down her left lower extremity as well.

LABORATORY/X-RAY DATA: EMG/NCV recently at the right lower extremity was abnormal and suggested possible right tibial mononeuropathy and shows an acute right L4-5 radiculopathy as well.

IMPRESSION/PLAN: Acute right L4-5 radiculopathy at the right lower extremity. To work this up, we will obtain MRI of the lumbar spine. Also to work up the possible right tibial mononeuropathy, we will check an ultrasound of the right popliteal region. She should stay on the above medicines. We are trying to complete the database. We will see her back in a few weeks or sooner on a p.r.n. basis. I advised her not to lift anything greater than 40 pounds. She states she is actually temporarily worse with her pain - due to my EMG.

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LAKE RIDGE NEURO

05/26/2009 17:11 18648888307

SPRINGS, Loretta
March 18, 2009
Page 2

Thank you very much.

Sincerely yours,

JERRY F. SHERRILL JR, MD
Dictated not read

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LAKE RIDGE NEURO

05/26/2009 17:11 18648888397

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180

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Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

EEG Evoked Potentials
EMG Sleep Studies

103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

April 15, 2009

Ted Booker, MD

RE: SPRINGS, Loretta

Dear Ted:

The patient was seen in follow-up. Since I last saw her she has not had a fall. She denies any pain at the feet. Sometimes they itch a little bit. She states that she is not working - heavy suspicion now for secondary gain, etc. She has not had any TIA type symptoms since I saw her. She professes no problems of a neuropsychiatric nature at present. She is here for results of MRI testing - lumbar. She states her pain is somewhat continuing - at the right lower extremity.

She states in the past she had been diagnosed with left side sciatica by a pain clinic doctor, Dr. Londermilk. He may have done a facet block for that in the left lumbar region. He has her on narcotics such as her Vicodin.

(**I will not give this patient narcotics or any potentially addictive agents.)

MEDICATIONS: Namenda 10 mg b.i.d., BuSpar 10 mg/day, Vicodin p.r.n., zinc.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 112/68 T: 97.8 Wt: 136 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

OTHER: Right straight leg raise is negative.

NEUROLOGICAL EXAMINATION:

MOTOR EXAM: Intact power at the right lower extremity.

DEEP TENDON REFLEXES: Intact at the right lower extremity.

GAIT/STATION: Gait is intact, somewhat embellished - antalgic type gait at the right foot as she walks.

SENSORY: Circumferential pinprick test at the right leg is suppressed laterally - but sensory is always a very subjective test.

She had some slight honeymoon side effect of headache on the Namenda but she feels it is helping her memory.

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SPRINGS, Loretta
April 15, 2009
Page 2

LABORATORY/X-RAY DATA: Recent MRI of the lumbar spine which I have reviewed shows only some DJD, mild arthritis. It shows no significant lesion like HNP or spinal stenosis. There is no neural impingement seen.

IMPRESSION/PLAN: Posttraumatic pain syndrome and post concussion syndrome. I see no restriction neurologically against the patient working at present. I believe her EMG finding was just due to sprain and strain - but I defer to the primary as whether or not they should check hemoglobin A1c. Sometimes diabetes can cause a nonstructural (metabolic) radiculopathy. Thus, I recommend the primary check hemoglobin A1c. I believe it will be negative; however, at present I see no significant neurologic disease in this patient to preclude her - neurologically - from working - but this does not comment on her other organ systems. We refilled her Namenda. We will see her in about 6-8 months. We are trying to get records of Dr. Loudermilk. Probably she has pseudodementia. She has no real dementia. She has anxiety disorder. She should stay on BuSpar for that. Ultrasound of her right popliteal region showed no Baker's cyst (for possible right tibial mononeuropathy on her electrophysiologic study). I believe most of her pain is myofascial. She may have a condition closely associated with psychiatric disease - fibromyalgia. I defer to her other doctors on that.

Thank you very much.

Sincerely yours,

JERRY F. SHERRILL JR, MD/Ut
Dictated not read

cc: Eric Loudermilk, MD

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LAKE RIDGE NEURO

05/26/2009 17:11 18648888307

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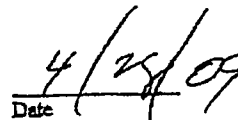
QUESTIONNAIRE TO JERRY F. SHERRILL, M.D.

Re: Claimant: Loretta Springs
DOB:
SS#:
DOI: 10/12/07

1. In light of the medical history and medical treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 caused a physical brain injury and it is my recommendation and referral that Mrs. Springs be evaluated for treatment at Roger C. Peace Rehabilitation Hospital, Brain Injury Center.

☒ Yes
☐ No


Jerry Sherrill, M.D.


Date

Lake Ridge Neurological, PA

Orlando A. Ricalde, MD
Jerry F. Sherrill, Jr., MD

EEG Evoked Potentials
EMG Sleep Studies

103 Omni Drive, Suite B * Seneca SC 29672
(864) 885-9866 * Fax (864) 888-8307

October 14, 2009

Ted Booker, MD

RE: SPRINGS, Loretta

Dear Ted:

The patient was seen in follow-up. She is all smiles today. She states she is doing well. No complaints of any poor olfaction. She states her concentration has gotten better. She is not working. She states she is not able to work. She is undergoing cognitive evaluation and cognitive rehab in Greenville at RCP. No symptoms since I last saw her to suggest TIA. She has intermittent complaints of low back pain. She states she cannot work a car pedal - too well - with her left foot.

MEDICATIONS: Darvocet-N 100 p.r.n., zinc, Vicodin p.r.n., BuSpar 10 mg/day.

REVIEW OF SYMPTOMS: Full ROS sheet was performed, reviewed and signed.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP: 114/70 T: 98.1 Wt: 145 pounds.

CARDIOVASCULAR: Regular rate and rhythm with no murmur, rub, or gallop.

NEUROLOGICAL EXAMINATION:

CRANIAL NERVES: Visual field is full.

MOTOR EXAM: Intact power at the bilateral lower extremities.

DEEP TENDON REFLEXES: Bilateral DTRs equal and symmetric.

GAIT/STATION: Gait is intact although possibly slightly antalgic but improved versus before.

SENSORY: No radicular pattern of sensory loss at the lower extremities.

OTHER: Straight leg raise is negative.

OTHER: Hoover maneuver is negative.

OTHER: Finger-to-nose shows some embellished type of dysmetria at the left hand but intact at the right hand.

IMPRESSION/PLAN:

1. Posttraumatic pain syndrome.
2. Postconcussion syndrome.
3. Possible or probable fibromyalgia.
4. No diagnosis of dementia.
5. Anxiety disorder.

PAGE 06/07

LAKE RIDGE NEURO

11/18/2009 17:59 186488888307

SPRINGS, Loretta
October 14, 2009
Page 2

6. Right L3 radiculopathy.
7. Posttraumatic anosmia.
8. We are going to see the patient back in 1 year or sooner on a p.r.n. basis. I defer to her other doctors on treatment at this point. Once again, she does not have dementia. And again, reassuringly her lumbar spine MRI was completely "nonsurgical". Again, I recommend the primary consider checking hemoglobin A1c - rule out a metabolic radiculopathy.

Thank you very much.

Sincerely yours,

JERRY P. SHERRILL, JR, MD/tb
Dictated not read

864-885-0551
864-885-1822 - fax



James Hardy, M.D.
O. Alex Hicklin, III, M.D.
Thomas M. Doud, M.D.

PATIENT NAME: LORETTA
DOB:
Physician: MCDONALD, ROSE MARIE
CC: Fax 656-3144

DATE OF EXAM: 11/16/2007
SSN:
Chart #

MRI LUMBAR SPINE:
MRI PELVIS:

HISTORY: 44 year-old-female with recent fall and sacrococcygeal fracture. Low back pain with left leg pain.

TECHNIQUE: MRI lumbar spine and pelvis was performed on the high-field, 1.0 Tesla system. MRI lumbar spine was performed utilizing sagittal T1 and T2, followed by axial T1 and T2-weighted images. MRI pelvis was performed utilizing coronal T1 and T2, followed by sagittal T1 and T2-weighted. Axial T1 and STIR was also acquired.

MRI LUMBAR SPINE:

The marrow signal of the bones of the lumbar spine is normal. There is a localized zone of low signal on T1 becoming hyperintense on T2 within the 2nd segment of the sacrum, consistent with traumatic injury. Please see MRI report of the pelvis to follow. There is no loss of vertebral body height with regard to the lumbar spine. The alignment is near anatomical. There is trace disc desiccation at L4-L5 and L5-S1.

At L5-S1, there is a mild disc bulge with a mild posterolateral protruding component. This extends toward the left L5 nerve root at the nerve root foramen but no impingement at this level is suspected. The descending, intraspinal portions of the S1 nerve roots are normal as well. The thecal sac is normal in caliber throughout. The signal and morphology of the lower spinal cord is normal. Remaining lumbar nerve roots exit normally. No other focal neural compromise.

IMPRESSION:

1. THERE IS A MILD BULGING DISC AT L5-S1 WITH A LEFT POSTEROLATERAL PROTRUDING COMPONENT WHICH EXTENDS IN THE DIRECTION OF THE NERVE ROOT FORAMEN, BUT NO IMPINGEMENT OF THE LEFT L5 NERVE ROOT IS VISUALIZED. NO OTHER HNP OR SIGNIFICANT EXTRADURAL DEFECT, AND NO OTHER FOCAL NEURAL COMPROMISE.
2. FOCAL SITE OF MARROW EDEMA OCCUPYING THE 2ND SEGMENT OF THE SACRUM, COMPATIBLE WITH PREVIOUS TRAUMATIC EVENT AND SACRAL FRACTURE. PLEASE SEE MRI REPORT OF THE PELVIS TO FOLLOW.

MRI PELVIS:

Subtle subchondral cystic change within the right femoral head but no features of marrow edema of either hip to suggest a recent traumatic event. There is no joint effusion of either hip. The acetabula are normal in appearances. SI joints are normal. Musculature of the pelvis, and proximal thighs normal.

Attention to the sacrum demonstrates changes of marrow edema at the S2 segment of the sacrum, the midline and to both the right and, to a slight greater degree, the left side. This is consistent with the patient's known sacral fracture. Further axial imaging demonstrates no other traumatic features within the distal sacrum or the coccyx, however.

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ATTENDING
Lc

IMPRESSION:

1. SACRAL INJURY AT S2 WITH MARROW EDEMA EXTENDING TO THE RIGHT, AND SLIGHTLY GREATER TO THE LEFT OF MIDDLE. NO TRAUMATIC INJURY TO THE DISTAL SACRUM OR THE COCCYX TO THE EXTENT VISUALIZED.
2. BENIGN APPEARING SUBCHONDRAL CYSTIC FOCI OF THE ANTERIOR ASPECT OF THE RIGHT FEMORAL HEAD.

Handwritten signature
Thomas M. Doud, M.D.

Thank you for using Mountainview Medical Imaging

TMD/lb
SPRINGS, LORETTA

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254-835-8351
254-835-1822 - fax



James Hardy, M.D.
O. Alex Hicklin, III, M.D.
Thomas M. Doud, M.D.

NAME: SPRINGS, LORETTA
DOB:
Physician: HICKLIN, JERRY

DATE OF EXAM: 04/01/2009
SSN:
Chart NO: 42019

RIGHT POSTERIOR KNEE ULTRASOUND:

INDICATION: 46 year-old-female with suspected popliteal cyst. Evaluate for sonographic abnormality.

Real-time sonography of the right knee is performed and multiple subsequent images are examined. No abnormal fluid collection is identified over posterior soft tissues to confirm popliteal cyst. Musculature appears essentially unremarkable by ultrasound. Vessels appear unremarkable.

IMPRESSION:

**UNREMARKABLE RIGHT KNEE ULTRASOUND WITH NO POPLITEAL CYST CURRENTLY
CONFIRMED BY ULTRASOUND.**

O. Alex Hicklin, III, M.D.

Thank you for using Mountainview Medical Imaging

OAH/thr

SPRINGS, LORETTA

ARMED HEALTH
MEDICAL RECORD
ANDERSON, S.C.

SPRINGS, LORETTA
Eric Loudermilk, MD

Tue Dec 04 17:42:17 2007

Tue Dec 04 20:52:00 2007

HISTORY AND PHYSICAL

SOCIAL SECURITY NUMBER:

DATE OF DICTATION: December 4, 2007

Mrs. Springs is a 44-year-old female referred from Dr. Rose McDonald for consultation. Mrs. Springs has suffered a work related injury on October 12, 2007 when she was a passenger in a golf cart. She was traveling at a pretty good speed when a sharp turn was made and she flew out of the golf cart, hitting either her head or her back. She could not remember because it happened so quickly. Apparently she suffered a concussion and was taken to the emergency room. She was found to have a fractured tail-bone and eventually found to have a fractured sacrum and disk protrusion. Almost immediately following the accident, she had severe pain in her coccyx area. She has since developed pain in her lower back and left leg. She went back to work about 10 days after the accident at full duty but she is now working light duty. She presents today complaining of a constant aching throbbing pain in her lower back. Her pain is worse when she is bending over. When she bends, she feels a burning pain in her back. She also complains of a shooting pain down her left leg. The pain goes down her left posterior thigh and calf, stopping around the ankle. She denies any numbness, tingling, burning or pins and needles sensations in her leg or foot but she does have some weakness in the left leg. The pain is not worse if she coughs or sneezes or strains. She has noticed loss of urine when she is sneezing. She says that this is new. She currently rates the pain as a 4/10, at worse 10/10, at best 4/10. The pain is best when she is resting. She has had no recent physical therapy.

CONTINUED

<Page> 1 of 4

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Jan. 3. 2008 8:37AM

PIEDMONT COMP PAIN MANAGEMENT

No. 1694 P. 8

She had a MRI at Mountain View Medical Imaging of the pelvis and the lumbar spine on November 16, 2007 which shows left-sided disk protrusion at L5/S1, possibly affecting the left L5/S1 nerve roots. There was a sacral injury at S2 and a fracture of the coccyx bone.

PAST MEDICAL HISTORY:

1. Mitral valve prolapse.
2. Meckel's diverticulum.

PAST SURGICAL HISTORY:

1. Hysterectomy, February 2007.
2. Meckel's diverticulum, February 2007.
3. Ovarian surgery, September 2007.
4. Cholecystectomy, 2001.
5. Tonsillectomy, 1976.

CURRENT MEDICATIONS:

1. Oxycodone 5 mg as needed.
2. Ambien 10 mg at night as needed.

ALLERGIES: PHENERGAN causes dysphoric reaction.

SOCIAL HISTORY: Smokes like 6 cigarettes per day. Denies alcohol or drug abuse. She has been married for 3 years. This is her third marriage. She has a 26-year-old son. She works in maintenance and repair at Clemson University. She went back to work on October 23, 2007 at light duty.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Noncontributory.

PHYSICAL EXAMINATION: General appearance: This is a very pleasant middle-aged white female sitting in a chair, in no acute distress. Vital signs: Blood pressure 126/84, pulse 82, respiratory rate 18, weight 136 pounds, height 5 foot 5 inches. Head and neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm, without murmur. Abdomen: Benign. Extremities: No clubbing, cyanosis or edema. Musculoskeletal: Some mild tenderness over the lower lumbar spinous processes, minimal tenderness over the lumbar paraspinous muscles. There was tenderness over the sacrum and over the coccyx bone to palpation. Inversion and eversion of both hips were normal.

CONTINUED

HISTORY AND PHYSICAL
<Page> 2 of 4

SPRINGS, LORETTA
Eric Loudermilk, MD

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Patrick's test was normal bilaterally. Straight leg raising was mildly positive on the left side with pain radiating down the back of the leg toward the calf at about 45 degrees. Neurologic: Alert and oriented x 3. Cranial nerves, II-XII, grossly intact. Sensory exam was normal to light touch throughout both legs. Motor exam had normal strength throughout both legs. Reflexes are 2+ in both patella and Achilles. Gait was normal. She could walk on her heels and toes.

SUMMARY: This is a very pleasant 44-year-old female with an approximate 2 month history of pain in the lower back and left leg following a work related injury. She presents today for consultation.

ASSESSMENT:

1. Severe low back pain secondary to sacral and coccygeal fracture.
2. Low back pain with left lower extremity discomfort, possibly due to radiculopathy from a left-sided L5/S1 disk protrusion.

PLANS:

1. I made arrangements for a series of epidural steroid injections beginning Thursday, December 6, 2007. I plan caudal epidural injections so that she may hopefully get some relief of her coccygeal fracture as well as the L5/S1 disk protrusion.
2. I placed her on Ultracet to take as needed for pain. She said oxycodone was causing a lot of stomach pain. I gave her samples of Prevacid 30 mg per day for her stomach.
3. I recommended continuing her on light duty for now. We will keep her out of work Thursday and Friday following her injection and she may return to work the following week.

Eric Loudermilk

Eric Loudermilk, MD

Sent 12/17/07 By AR

cc: Rose Marie McDonald, M.D. - P.O. Box 344054 - Clemson University - Clemson, SC 29634

HISTORY AND PHYSICAL
<Page> 3 of 4

SPRINGS, LORETTA
Eric Loudermilk, MD

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Jan. 3. 2008 8:36AM

PIEDMONT COMP PAIN MANAGEMENT

No. 1694 P. 6

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
OUTPATIENT PROCEDURE NOTE

PATIENT:	Loretta Springs	DOS: 12-06-07
PHYSICIAN:	Dr. T. Loudermilk	DOD: 12-06-07
SSN:		DOT: 12-14-07

PREOPERATIVE DIAGNOSIS: 1) Low back pain with left lower extremity radiculopathy most likely due to a left-sided L5-S1 disk protrusion status post accident 2) Coccygodynia status post coccyx bone fracture

POSTOPERATIVE DIAGNOSIS: Same

PROCEDURES: 1) Caudal epidural steroid injection; 2) Epidurogram; 3) Fluoroscopy

SURGEON: Eric P. Loudermilk, M.D.

ANESTHESIA: None

INDICATIONS: Mrs. Springs is a 44 year-old female who suffered an accident on October 12, 2007 resulting in a disk protrusion and a sacral and coccygeal fracture. I plan a caudal epidural steroid injection in the office.

PROCEDURE: After an informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. Monitors were applied, and vital signs were stable. The lower back was prepped and draped in the usual sterile fashion, and a small skin wheal was made over the sacral hiatus using 1% Lidocaine. Next, an 18-gauge Tuohy needle was advanced through the sacrococcygeal ligament into the caudal canal and views were confirmed in AP and lateral fluoroscopy. An injection of 3cc of Omnipaque revealed the typical Christmas tree pattern of the epidural space. Next, a total of 20cc of solution consisting of 10cc of preservative free normal saline, 80mg of Triamcinolone, and 6cc of 0.25% Marcaine were injected. All fluoroscopic views were interpreted by me. She tolerated the procedure well and there were no complications, and she was discharged home in satisfactory condition.

Estimated blood loss: None

Fluids: None

Complications: None

Condition: Stable

DISCHARGE PLANS: 1) I recommended Ultracet as needed for pain. I did not change any of her other medications. 2) I will see her back in 2 weeks for a second caudal epidural steroid injection in the office.


Eric P. Loudermilk, M.D.

EPL/adb

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
OUTPATIENT PROCEDURE NOTE

PATIENT:	Loretta Springs	DOS: 12-20-07
PHYSICIAN:	Dr. Londermilk	DOD: 12-20-07
SSN:		DOT: 12-21-07

PREOPERATIVE DIAGNOSIS: 1) Low back pain with left lower extremity radiculopathy most likely due to a left-sided L5-S1 disk protrusion status post accident 2) Coccygodynia status post coccyx bone fracture

POSTOPERATIVE DIAGNOSIS: Same

PROCEDURES: 1) Caudal epidural steroid injection #2; 2) Epidurogram; 3) Fluoroscopy

SURGEON: Eric P. Londermilk, M.D.

ANESTHESIA: None

INDICATIONS: Mrs. Springs is a pleasant 45 year-old female who suffered an accident on October 12, 2007 resulting in an L5-S1 disk protrusion and a sacral and coccygeal fracture. She returns today for a second caudal epidural steroid injection in the office.

PROCEDURE: After an informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. Monitors were applied, and vital signs were stable. The lower back and buttock were prepped and draped in the usual sterile fashion, and a small skin wheal was made over the sacral hiatus using 1% Lidocaine. Next, an 18-gauge Tuohy needle was advanced through the sacrococcygeal ligament into the caudal canal. Views were confirmed in AP and lateral fluoroscopy. An injection of 3cc of Omnipaque revealed the typical Christmas tree pattern of the epidural space. There was spread of contrast all the way up to the L5-S1 level. Next, approximately 15cc of solution consisting of 10cc of preservative free normal saline, 80mg of Triamcinolone, and 4cc of 0.25% Marcaine were slowly injected. She tolerated the procedure well and there were no complications. All fluoroscopic views were interpreted by me.

Estimated blood loss: None

Fluids: None

Complications: None

Condition: Stable

DISCHARGE PLANS: 1) She will continue Ultracet as needed for pain. I made no changes to her other medications. 2) I wrote a return-to-work order for full duty on January 7, 2008. I will see her back on January 10, 2008 for a possible third and final caudal epidural steroid injection in the office.


Eric P. Londermilk, M.D.

EPL/edb

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Jan 3 2008 8:41AM

PIEDMONT COMP PAIN MANAGEMENT

No 1696 P 1

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC

Eric E. Loundermilk, MD Carol W. Burnette, MD Michael T. Orlen, MD Sang J. Han, M.D.

ENDOREGNO:

For

Springs, Louisiana

Address

Telephone

Date

12/20/07

Rx

*Mrs. Springs may return to
full duty on January 7th, 2008*

E. Loundermilk

☐ LABEL

☐ REPEAT X

☐ GENERIC ACCEPTABLE

MD

MD

Dispense as Written

Substitution Permitted

864 225-3551 OR FAX 864 328-0328

100 HEALTHY WAY, SUITE 1260 ANDERSON, SOUTH CAROLINA

FAX 864 328-0328

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
OUTPATIENT PROCEDURE NOTE

PATIENT:	Loretta Springs	DOS: 01-10-08
PHYSICIAN:	Dr. Loudermilk	DOD: 01-10-08
SSN:		DOT: 01-14-08

PREOPERATIVE DIAGNOSIS: 1) Low back pain with left lower extremity radiculopathy most likely due to a left-sided L5-S1 disk protrusion 2) Coccygodynia status post coccyx bone fracture

POSTOPERATIVE DIAGNOSIS: Same

PROCEDURES: 1) Caudal epidural steroid injection #3; 2) Epidurogram; 3) Fluoroscopy

SURGEON: Eric P. Loudermilk, M.D.

ANESTHESIA: None

INDICATIONS: Mrs. Springs is a 45 year-old female who suffered an accident on October 12, 2007 resulting in an L5-S1 disk protrusion along with a sacral and coccygeal fracture. She returns today for a third and final caudal epidural steroid injection under fluoroscopy in the office.

PROCEDURE: After an informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. Monitors were applied, and vital signs were stable. The lower back and buttock were prepped and draped in the usual sterile fashion, and a small skin wheal was made over the sacral hiatus using 1% Lidocaine. Next, an 18-gauge Tuohy needle was advanced through the sacrococcygeal ligament into the caudal canal. Views were confirmed in AP and lateral fluoroscopy. An injection of 3cc of Omnipaque revealed the typical Christmas tree pattern of the epidural space. Next, a total 15cc of solution consisting of 10cc of preservative free normal saline, 80mg of Triamcinolone, and 4-6cc of 0.25% Marcaine were injected. She tolerated the procedure well and there were no complications. All fluoroscopic views were interpreted by me.

Estimated blood loss: None

Fluids: None

Complications: None

Condition: Stable

DISCHARGE PLANS: 1) She is currently taking Ultracet sparingly as needed for pain. I gave her samples and a prescription for Lidoderm Patches today along with Lexapro. She appears to be having some depression and anxiety and I feel the Lexapro will help. 2) She has already returned to full-time work duty several days ago. I will see her back in 3-4 weeks for follow-up in the office.



Eric P. Loudermilk, M.D.

EPL/adb

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Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 02-07-08
DOD: 02-07-08
DOT: 02-13-08

Mrs. Springs is a pleasant 45 year-old female who suffered an accident on October 7, 2007 and has had chronic pain in her lower back and left leg since that time who returns for follow-up. She completed a series of caudal epidural steroid injections four weeks ago and her left leg pain is doing much better. She is still having a lot of pain however in her lower back. The pain is directly over the midline of her lumbar spine around the L5-S1 level. She takes Ultracet as needed for pain along with Lidoderm Patches and Lexapro for depression. She apparently stopped taking Lexapro several weeks ago because she does not feel she needs it. She has returned to gainful employment. She still has a lot of pain in her lower back however. She asks whether or not physical therapy may be of benefit. She has not done any physical therapy since her accident and I feel that this definitely would help. I plan to make arrangements for physical therapy at Clemson Sports and Rehabilitation. I do feel she needs to be on an antidepressant medication because depression and low back pain go hand in hand. She has had BuSpar in the past and I plan to restart that medication today. I also plan to add Flector Patch to her lower back for inflammation.

Assessment:

- 1) Low back pain with resolved left lower extremity radiculopathy secondary to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Mild depression

Plan:

- 1) I refilled a prescription for Ultracet 1-2 q 6 hours as needed for pain and I recommended continuing the Lidoderm Patches. I added Flector Patch 1.3% to wear over her lower back and BuSpar 10mg per day for depression and chronic pain.
- 2) I referred her to Clemson Sports and Rehabilitation for physical therapy.
- 3) I will see her back in 4 weeks to reassess her progress.



Eric Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D. 656-0760

Sent 02/15/08 By AR

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Progress Note

PATIENT: SPRINGS, LORETTA DOS: 03-06-08
PHYSICIAN: DR. LOUDERMILK DOD: 03-06-08
SSN: DOT: 03-11-08

Mrs. Springs is a pleasant 45 year-old female who suffered a severe accident on October 7, 2007 and has had chronic pain in her lower back and left leg since that time. She underwent a series of caudal epidural steroid injections and these have helped a lot. She is currently taking Vicodin as needed for pain along with Lidoderm Patches and BuSpar for depression. She had some side effects with Ultracet and the Flector Patch and has discontinued both medications. She is also using a TENS unit and this definitely helps. She has been undergoing physical therapy at Clemson Sports and Rehabilitation and this has significantly improved her pain. She is maintaining gainful employment and she tolerates her current medication regimen well without any side effects. The BuSpar has improved her depression and she is very pleased with this medication. She has lost weight and attributes this to her head injury which resulted in olfactory damage and a change in the taste of food. She says that any food that has sugar in it tastes awful and she has essentially forced herself to eat due to the head injury that she received from the accident. Loretta has been compliant with her prescriptions and appointments and I plan to refill a prescription for her pain medication today.

Assessment:

- 1) Low back pain with improved left lower extremity radiculopathy due to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Mild depression (improved)
- 4) Closed head injury

Plan:

- 1) I refilled Vicodin ES 7.5mg q 8 hours as needed #60 with no refills. She will continue Lidoderm Patches and BuSpar 10mg per day for depression and chronic pain.
- 2) She will continue physical therapy at Clemson Sports and Rehabilitation.
- 3) I will see her back in 6 weeks to reassess her progress.



Eric Loudermilk, M.D.

EPL/adb
cc/ Rosemarie MacDonald, M.D. 656-0760

Sent 3 / 13 / 08 By AR

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Progress Note

PATIENT: SPRINGS, LORETTA
PHYSICIAN: DR. LOUDERMILK
SSN: DOS: 03-13-08
DOD: 03-13-08
DOT: 03-24-08

Mrs. Springs is a pleasant 45 year-old female who suffered a severe accident on October 7, 2007 resulting in chronic pain in her lower back and left leg. I saw her one week ago and she was doing fairly well. Several days ago, she suffered an acute flare up of pain in her left buttock and leg while in the kitchen. This caused a lot of weakness in her leg but this has improved. She is back at work and doing better. She takes Vicodin as needed along with BuSpar and Lidoderm Patches. She has been undergoing rehabilitation at Clemson Sports and Rehabilitation and this has helped a lot. On examination, she has equal and symmetric reflexes in both patella and Achilles. I do not feel any further treatments are necessary at this time. I do plan to write a prescription for a velcro abdominal binder to help remind her to avoid bending or twisting as much as possible.

Assessment:

- 1) Acute flare up of pain in the lower back and left leg most likely due to an L5-S1 disk protrusion (improved)
- 2) Coccygodynia status post coccyx bone fracture
- 3) Mild depression
- 4) Closed head injury

Plan:

- 1) She will continue Vicodin ES 7.5mg as needed for pain along with BuSpar 10mg per day for depression and Lidoderm Patches.
- 2) She will continue physical therapy at Clemson Sports and Rehabilitation. I also wrote a prescription for a velcro abdominal binder.
- 3) I will see her back at her regularly scheduled follow-up appointment on April 17, 2008. If any further problems arise, she will contact our office.



Eric Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.

Sent 3/21/08 By AR

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PEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC

Eric P. Loudermilk, MD Carol W. Burnette, MD Michael T. Gries, MD Sung J. Han, M.D.

ENDD REG NO: _____

FOR Springs, Louisiana

ADDRESS: _____

TELEPHONE: _____ DATE 3/13/08

Rx

Velcro Abdominal Binder

☐ LABEL ☒ REFILL X ☐ GENERIC ACCEPTABLE

[Signature] MD Substitution Permitted

Dispense as Written

864 225-3551 OR FAX 864 328-0328

100 HEALTHY WAY, SUITE 1260 ANDERSON, SOUTH CAROLINA

P100-8 P808

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*****CONSULTATION REQUEST*****
PIEDMONT NEUROSURGICAL GROUP, P.A.
 Phone # 224-5700 Fax # 226-0680

REQUESTED BY: Dr. Landerhik **Faxed Date:** 4/8/08
Caller: Cherry **Rec'd By:** _____
Phone: _____ **Address:** _____

PATIENT INFORMATION:

NAME: Loretta Spring **DOB:** _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____ **SS#:** _____

DIAGNOSIS: Low back pain

SYMPTOMS: Pain legs

ONSET, DURATION: _____

DIAGNOSTIC PROCEDURES: MRI

RESULTS: _____

TREATMENTS: SSI

(Request reports, office notes to be faxed immediately. Remind staff to send patient with films.)

Has patient been seen at this office before? Y N Year _____ Dr. _____
 Has patient had prior surgery for this condition? Y N Year _____ Dr. _____

Please Specify: Dr. Bucci / Dr. MacDonald / First Available

*Please just
take a look
at MRI*

PLEASE INCLUDE THE FOLLOWING

- Copy of Insurance Card Front and Back and specify if referral needed
- Treatment Notes
- Diagnostic Reports
- Please have patients bring films not disk

For PNG office use only

Scheduled by:			
Physician:			
Appt. Time			
Confirmation faxed:	Date:	Time:	Ini:

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PEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
864 225-3551 • 100 HEALTHY WAY, SUITE 1260 • ANDERSON, SOUTH CAROLINA

Patient's Name: Loretta Spengler

- ☐ This patient was in my office today for an appointment.
☒ This patient needs to be excused from school/work for medical reasons
beginning on: 3/31/08

and may return to school/work on: 4/3/08

☐ Limitations: _____

☐ Comments: _____

Doctor: Eric Rouds, M.D. Date: 4/7/08

For: PAIN ADVISORY, INC. 864 225-1234

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Progress Note

PATIENT:	SPRINGS, LORETTA	DOS: 04-17-08
PHYSICIAN:	DR. LOUDERMILK	DOD: 04-17-08
SSN:		DOT: 04-22-08

Mrs. Springs is a 45 year-old female who suffered a severe accident at work on October 7, 2007 who returns for a follow-up. She has had chronic pain in her lower back and left leg. She underwent a series of caudal epidural steroid injections combined with physical therapy and she had been doing better however she developed a severe flare up in pain about ten days ago. I had ordered a repeat MRI of her lumbar spine which was performed on 04-04-08 and showed some mild degenerative disk disease at L4-L5 with a small left-sided disk protrusion. There was no evidence of nerve root compromise on the MRI. There was no evidence of a fracture and no evidence of a disk herniation. She returns today doing some better following a Medrol Dose Pack and she is still having pain in her lower back which radiates down the left leg toward the foot. Piedmont Neurosurgical Group has reviewed her films on several occasions and does not feel surgery is indicated and they have nothing to offer her. At this point, I feel she needs a leave-of-absence from work for several weeks until we can get this pain under better control. I plan to make some adjustments to her medications today and I plan to make arrangements for a more selective epidural injection directed toward the left L5 and S1 nerve root levels.

Assessment:

- 1) Acute low back pain most likely due to a lumbar disk bulge or disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Mild depression
- 4) Closed head injury

Plan:

- 1) We will make arrangements for a RACZ caudal catheter directed toward the left L5 and S1 nerve root levels next week. This will allow us to place the medication directly on the offending nerve roots and may give her a much better result.

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2) I refilled Vicodin ES 7.5mg q 6 hours as needed #60 with 1 refill and I gave her samples and a prescription for Lyrica 50mg bid for radiculopathy. She is taking BuSpar 10mg per day for depression along with the Lidoderm Patches. She may need a stronger antidepressant.

3) We will hold off on physical therapy at this time. I wrote a leave-of-absence from work until May 12, 2008.

4) I will see her next week for the selective nerve root injection directed toward the left L5 and S1 nerve root levels.



Eric Loudermilk, M.D.

EPL/adb

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ANNEX HEALTH
ANDERSON, S.C
MEDICAL RECORD

SPRINGS, LORETTA
Eric Loudermilk, MD

Tue Apr 22 07:57:49 2008
Tue Apr 22 08:36:27 2008

PROCEDURE NOTE

DATE OF PROCEDURE: 04/22/2008

PREOPERATIVE DIAGNOSES:

1. Low back pain with left lower extremity radiculopathy most likely due to an L5-S1 disk protrusion.
2. Coccydynia status post coccyx bone fracture.
3. Mild depression.
4. Closed head injury.

POSTOPERATIVE DIAGNOSES: Same.

PROCEDURES:

1. Rac2 caudal catheter at the left S1 nerve root level.
2. Epidurogram.
3. Epidurolysis.
4. Fluoroscopy.

SURGEON: Eric Loudermilk, MD

ANESTHESIA: Local with sedation.

INDICATIONS: Ms. Springs is a 45-year-old female with pain in her lower back and left leg resulting from an accident on October 7, 2007. She has had several epidural steroid injections with only marginal short-term benefit, and I plan a selective S1 nerve root injection today using a caudal catheter.

PROCEDURE: After informed consent was obtained, a 22-gauge IV was placed in the left hand and the patient was taken to the block room and positioned prone. Monitors were applied and vital signs were stable. The lower back and buttock were prepped and draped in the usual sterile fashion, and a small

CONTINUED

<Page> 1 of 2

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skin wheal was made over the sacral hiatus using 1% lidocaine. Next, a 17-gauge Tuohy needle was advanced through the sacrococcygeal ligament into the caudal canal, and views were confirmed on AP and lateral fluoroscopy. Three mL of Omnipaque revealed the typical Christmas tree pattern of the epidural space. Next, a wire-reinforced caudal catheter was advanced until it exited the left S1 neural foramen. The pain was reproduced in the left buttock and down the left leg. Two mL of Omnipaque revealed good spread down the left S1, S2, and S3 nerve roots. This was followed by 20 mL of a solution consisting of 1500 units of WYDase, 80 mg of triamcinolone and Depo-Medrol, and 8 mL of 0.25% Marcaine. All fluoroscopic views were interpreted by me. She tolerated the procedure well, and there were no complications. She was discharged home in satisfactory condition.

BLOOD LOSS: None.

FLUIDS: None.

COMPLICATIONS: None.

CONDITION: Stable.

PLANS:

1. She will continue Vicodin ES 7.5 mg as needed for pain along with Lyrica 50 mg b.i.d. She also takes BuSpar 10 mg per day for depression and uses Lidoderm patches.
2. I will see her back in 3-4 weeks for followup in my office.



Eric Loudermilk, MD

COPY

PROCEDURE NOTE
<Page> 2 of 2

SPRINGS, LORETTA
Eric Loudermilk, MD

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Progress Note

PATIENT: SPRINGS, LORETTA DOS: 05-22-08
PHYSICIAN: DR. LOUDERMILK DOD: 05-22-08
SSN: DOT: 05-28-08

Mrs. Springs is a 45 year-old female with pain in her lower back and left leg resulting from an accident in October 2007 who returns for a follow-up. She underwent a RACZ catheter procedure four weeks ago with excellent results. She returns today doing much better with respect to the pain in her left leg. She takes Vicodin sparingly for pain along with BuSpar and Lidoderm Patches. She went back to work two weeks ago and maintains full-time gainful employment. Hopefully, Loretta will continue to do well. I plan to refill her medications today and I plan to see her back in 6-8 weeks for follow-up. If she is doing well at that time, I plan to place her at maximum medical improvement (MMI).

Assessment:

- 1) Low back pain with improved left lower extremity radiculopathy secondary to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Mild depression
- 4) Closed head injury

Plan:

- 1) I refilled Vicodin ES 7.5mg q 8 hours as needed #60 with 1 refill. She will continue BuSpar 10mg per day for depression and Lidoderm Patches.
- 2) I will see her back in 6-8 weeks for follow-up in my office.


Eric Loudermilk, M.D.

EPL/adb

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Progress Note

PATIENT:	SPRINGS, LORETTA	DOS: 07-21-08
PHYSICIAN:	DR. LOUDERMILK	DOD: 07-21-08
SSN:		DOT: 07-28-08

Mrs. Springs is a 45 year-old female with pain in her lower back and left leg resulted from an accident in October 2007 who returns for a follow-up. She continues to do a lot better since the selective nerve root injection using the RACZ catheter three months ago. She is maintaining full-time gainful employment. She recently went trout fishing with her husband and she was very sore the following day but I am pleased with she is slowly returning back to a normal lifestyle. She takes Vicodin as needed for pain and BuSpar for depression. She has not been using the Lidoderm Patches as much. She still has pain in her left lower back and I plan to give her samples and a prescription for Voltaren Gel to apply to the area 3-4 times daily. I feel that Loretta has reached maximum medical improvement (MMI). I plan to make arrangements for an impairment rating through my partner, Dr. Burnette, and I plan to refill her pain medications today.

Assessment:

- 1) Low back pain with improved left lower extremity radiculopathy secondary to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Mild depression
- 4) Closed head injury

Plan:

- 1) I refilled Vicodin ES 7.5mg q 8 hours as needed #60 with 1 refill. She will continue BuSpar 10mg per day for depression and Lidoderm Patches if they help. I wrote a prescription for Voltaren Gel 1% to apply to her lower back 3-4 times daily.
- 2) I referred her to my partner, Dr. Carol Burnette, for an impairment rating.
- 3) I will see her back in 2 months for follow-up and refill of her medications. I placed Loretta at MMI (maximum medical improvement) today.



Eric P. Loudermilk, M.D.

EPL/adb

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IMPAIRMENT EVALUATION

PATIENT: SPRINGS, LORETTA
PHYSICIAN: DR. BURNETTE
SSN:

DOS: 08/01/08
DOD: 08/01/08
DOT: 08/02/08

DOB:

Employer: Clemson University.

Date of injury: 10/12/07

Records reviewed include those of Eric Loudermilk, M.D., Rose Marie McDonald, M.D., Redfern Health Center at Clemson University, Mountainview Medical Imaging, Clemson Sports Medicine and Rehabilitation, and Anderson Radiology.

History of Present Illness: This very pleasant 45-year-old woman works as a "trade specialist 3" at Clemson University for the past couple of years doing mostly maintenance work, which involves a lot of lifting and climbing. On the day of injury, 10/12/07, she was a passenger in a work cart (basically a golf cart) and she fell out of the cart as it was making a sharp turn. She hit her head and back on the pavement when she fell and is not sure if she briefly lost consciousness or not. She recalls screaming at some point and then being taken to Redfern Health Center on the campus for evaluation. She experienced nausea, vomiting, and dizziness at the time. She underwent some x-rays at Redfern, which showed sacralization of the L5 vertebral body with pseudoarthrosis of the posterior elements, severe narrowing of the L5-S1 rudimentary disk, and moderate facet hypertrophy at L4-L5. She also underwent films of the sacrum and coccyx, which showed widening of the distal segment of the coccyx suggestive of a fracture. Due to the nausea, vomiting, and dizziness she was referred that day to Oconee Memorial Hospital for further evaluation. She was apparently given some analgesics and something for nausea and released. She followed up with Dr. McDonald at Redfern subsequently. In addition to her back trouble, nausea, and dizziness, she also noticed difficulty hearing out of her left ear and apparently was noted to have a ruptured ear drum on the left. She also started noticing difficulty with not being able to taste or smell anything for several weeks and eventually did recover her sense of smell and taste, but says that ever since then nothing has tasted or smelled the same and many foods are simply "revolting." She has lost about 25 lbs due to foods not tasting good anymore.

She has been followed by Dr. Sherrill in the month following her original injury and she was referred to Mountainview Medical Imaging for MRI of the lumbar spine, which was done on 11/16/07. She also underwent MRI of the pelvis at the same time. She was noted to have disk protrusion to the left posterolaterally at L5-S1, but no definite nerve root impingement. She was also noted to have marrow edema in the 2nd segment of the sacrum consistent with trauma and probable sacral fracture.

She was allowed to return to work initially, but due to increased pain and difficulty with dizziness and nausea, she was out of work for a while. She subsequently returned to light duties and in the more recent past has been able to go back to regular duties. However, she says she has to ask for help as she is not able to do some of the heavier lifting such as carrying 8 or 12-foot ladders. She says she is still able to lift a 6-foot ladder, but that is about her limit.

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PATIENT: SPRINGS, LORETTA
PHYSICIAN: DR. BURNETTE
SSN:

DOS: 08/01/08
DOD: 08/01/08
DOT: 08/02/08

DOB:

Page 2

She also tries to avoid bending because it aggravates her pain. She says she feels she is not herself in terms of her energy level or the amount of work she used to be able to do. She describes herself previously as being very active and high energy and is frustrated with her current situation.

She was referred to Eric Loudermilk, M.D. in December 2007 for pain management. She underwent a trial of caudal epidural steroid injections and physical therapy with some benefit over time. However, she would have flare-ups of pain intermittently and recalls one episode in April when she sneezed and had severe return of pain in her back and down both legs, with some numbness and tingling at the time. She was referred for repeat lumbar MRI at Anderson Radiology, which showed similar findings to the first MRI and no significant change. The radiologist at Anderson Radiology read the film as having the disk protrusion at L4-L5 as opposed to L5-S1 as noted on the previous report from Mountainview Medical Imaging. However, the disk protrusion mentioned in both reports is at the same level and it was noted that her lumbar spine showed a transitional vertebra at L5-S1 and 4 true lumbar vertebrae with sacralization of L5.

She eventually underwent trial of selective nerve root block using a wire-reinforced Racz catheter by Dr. Loudermilk on 04/22/08. Since then she has had improvement in pain and says that instead of her pain getting up to a "12" it only goes up to an "8" on a scale of 0 to 10. She says her pain today is a "5" and at best it may go down to a "3." She does experience variations day-to-day depending on her activities and says she has to pace herself more to avoid incurring increased pain.

She describes the quality of pain as burning in her low back and shooting pain intermittently in the left leg. On occasions, she has experienced some numbness and tingling in both legs, but not on a regular basis. She notices this primarily if she sits too long. Her pain increases with prolonged sitting, standing, bending, or walking and improves with lying supine. She reports difficulty with sleep due to increased pain when she turns in bed, which tends to wake her up.

She says she has had to give up horseback riding and a lot of hiking she used to do because of the back and leg pain. She did try going fishing recently with her husband, but had increased pain and has decided not to try it again any time soon.

She is currently using Vicodin for pain along with topical Lidoderm patches and Voltaren gel, which are partially helpful. She has tried other agents such as Lyrica and Topamax, which had disagreeable side effects apparently.

She is felt to be at maximal medical improvement and has been referred for an impairment evaluation today.

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PATIENT: SPRINGS, LORETTA
PHYSICIAN: DR. BURNETTE
SSN:

DOS: 08/01/08
DOD: 08/01/08
DOT: 08/02/08

DOB:

Page 3

Past Medical History: Includes angina, abdominal and pelvic pain, apparently due to previous surgeries and scar tissue in the abdomen, and mitral valve prolapse.

Past Surgical History: Includes hysterectomy, Meckel's diverticulum surgery, removal of hemorrhagic ovary, cholecystectomy, and tonsillectomy. There is no history of spine or joint surgery. She does report a past history of rib fractures and bursitis in her right shoulder, but says those problems resolved over time.

Allergies: Phenergan causes some dysphoria. She has also had some weird side effects from Lyrica and Topamax including hallucinations.

Family History: Noncontributory.

Social History: She is a chronic smoker averaging 6 cigarettes per day. There is no history of significant alcohol or illicit substance use. She is married currently to her 3rd husband and has been married to him for 3 years or so. She has a 26-year-old son from a previous relationship who is living with her currently. She has been working for Clemson University doing maintenance work for the past couple of years. Prior to that, she worked as an electrician's helper for an electrical company. She is a high school graduate.

Review of Systems: Otherwise noncontributory.

Physical Exam: General: She is a very pleasant, alert, 45-year-old woman with slightly antalgic gait. She appears in fair spirits. She was able to heel walk and toe walk briefly in the room. Her balance appears okay. Lumbar spine exam shows some increased tension along the paraspinal muscles bilaterally, but no focal heat, erythema, swelling, or significant tenderness along the lumbar spinous processes or sacrum. Lumbar flexion is restricted to about 50 degrees with mildly increased central low back pain. Subsequent extension to 15 degrees beyond neutral produces increased pain along the sacrum. She complains of some left sacroiliac joint pain during passive extension of the left hip. SLR in seated and supine position appears negative. She does describe a little increased left-sided low back and buttock pain during SLR on either side, but no radiation distally into either leg.

Remainder of spine exam including the thoracic and cervical spine region shows no deformity or tenderness to palpation. Cervical spine motion appears full in all planes and pain-free.

Range of motion in all extremities appears within normal limits. No focal joint swelling noted. Distal pulses appear intact. Skin color and temperature appear normal. Calves are soft and nontender.

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PATIENT: SPRINGS, LORETTA
PHYSICIAN: DR. BURNETTE
SSN:

DOS: 08/01/08
DOD: 08/01/08
DOT: 08/02/08

DOB:

Page 4

Remainder of medical exam of the HEENT, heart, lungs, and abdomen appears normal.

Neurologic exam shows grossly intact light touch and pinprick sensation in all extremities. Motor tone is slightly increased in the lower extremities, noticeable during flexion and rotation of the hips. It is not clear whether she is fully relaxed during those maneuvers. Tone appears normal in the upper extremities. Muscle stretch reflexes are slightly hyperreflexic at the knees bilaterally and 2+/4+ at the ankles bilaterally and 2+/4+ in both upper extremities at the biceps, triceps, and brachioradialis.

Assessment:

- 1) Chronic low back and left lower extremity pain, status post work-related injury 10/12/07. Injuries include fractures to the sacrum and coccyx as well as disk protrusion in the lower lumbar region with radicular pain in the left leg. She has shown some improvement with conservative treatment and appears to be at maximal medical improvement.
- 2) Insomnia related to pain.
- 3) Decreased energy level and decreased ability to tolerate heavy lifting compared to prior to injury.
- 4) Weight loss related to altered sense of taste and smell.
- 5) Based on her history, exam, and using the 4th edition AMA Guides to the Evaluation of Permanent Impairment, she is assigned a lumbar spine permanent impairment rating of 7%, equivalent to 5% whole person impairment based on DRE lumbosacral category 2/minor impairment.

Plan:

- 1) She will follow up with Dr. Loudermilk as directed.
- 2) Recommended work restrictions would include no repetitive bending, no lifting, pushing, or pulling greater than 35 lbs maximum on an infrequent basis, 20 lbs or less on an occasional basis, and 10 lbs or less on a frequent basis. I also would recommend she be allowed to change from sitting, standing, or walking as needed.

I appreciate the opportunity to examine this very pleasant lady.

Carol W. Burnette MD

Carol W. Burnette, M.D.
CWB/DTI oper25 199.435
Dictated--Not Read

87

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 09-03-08
DOD: 09-03-08
DOT: 09-09-08

Loretta is a 45 year-old female who suffered a work-related injury in October 2007 resulting in pain in her lower back and left leg who returns for follow-up. She had an appointment yesterday but apparently there was a misunderstanding and she returns today for a work-in appointment. I saw her about six weeks ago and she was doing well following a RACZ catheter procedure. She had been maintaining full-time gainful employment and was very active even to the point where she went trout fishing with her husband. She returns today in extreme pain in her lower back. She has been unable to maintain her job and is now working "light duty." She also stopped taking her antidepressant several months ago. She clearly needs to be on this medication. I feel the antidepressant medication helps her depression and her chronic pain. She feels the Vicodin is not helping much and the patches also are not helping as well as in the past. She did try the Voltaren Gel but it caused a skin rash. I plan to adjust her medications today and write a prescription for a Medrol Dose to help calm down this "flare up" in pain. I also plan to make arrangements for some massage therapy. I wish to hold off on any further injections at this time, especially since I placed her at maximum medical improvement on July 21, 2008.

Assessment:

- 1) Low back pain with recent flare up of unclear etiology
- 2) Lumbar disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Mild depression
- 5) Closed head injury

Plan:

- 1) I discontinued Vicodin and wrote a prescription for Lortab 10mg q 6 hours as needed #60 with 1 refill. I also refilled BuSpar 10mg per day for depression. I recommended continuing the Lidoderm Patches. I added a Medrol Dose Pack to calm down the flare up in pain.
- 2) I wrote a prescription for massage therapy.
- 3) I will see her back in 2-3 weeks to reassess her progress.

E. Loudermilk

Eric P. Loudermilk, M.D.

EPL/adb

88

Progress Note

PATIENT: SPRINGS, LORETTA DOS: 09-23-08
PHYSICIAN: DR. LOUDERMILK DOD: 09-23-08
SSN: DOT: 09-29-08

Loratta is a 35 year-old female who suffered a work-related injury in October 2007 resulting in severe pain in her lower back and left leg who returns for follow-up. She had a flare up of pain several weeks ago which seems to have responded to a Medrol Dose Pack. She appears much better during today's visit. She apparently underwent a neuropsychological evaluation by Dr. Voight in Greenwood but we do not have the results as of yet. She has been working "light duty" but apparently this expires on October 9, 2008 and then she will be unemployed. She is considering vocational rehabilitation. She takes Lortab as needed for pain along with BuSpar for depression and Lidoderm Patches. She has not started massage therapy because she cannot find a massage therapist near her home. She has been compliant with her prescriptions and appointments and the pain medication improves her pain and her quality of life. I plan to refill a prescription for Lortab today.

Assessment:

- 1) Low back pain with recent flare up of unclear etiology (improved)
- 2) Lumbar disk protrusion at L5-S1
- 3) Coccydynia status post coccyx bone fracture
- 4) Mild depression
- 5) Closed head injury

Plan:

- 1) I refilled Lortab 10mg q 6 hours as needed #60 with no refills. I recommended continuing BuSpar 10mg per day and Lidoderm Patches.
- 2) I made arrangements for her to be fitted with a TENS unit tomorrow 09-24-08 in our office.
- 3) I suggested that she consider vocational rehabilitation for training for another job. It sounds as though she will be unemployed in several weeks.
- 4) I will see her back in 4 weeks for follow-up.



Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Redfern Clinic/Clemson University
Fax: (864) 656-0760

Sent 10/03/08 By AL

89

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 10-15-08
DOD: 10-15-08
DOT: 10-21-08

Loretta is a very pleasant 45 year-old female who suffered a work-related injury in October 2007 resulting in pain in her lower back and left leg who returns for follow-up. She has had some occasional flare ups of pain but at this time the pain is manageable with her current medications. She is currently unemployed because there was no light duty at her job. Her light duty expired on October 9, 2008. She takes Lortab as needed for pain along with Lidoderm Patches and BuSpar. She still has not gotten her TENS unit. I plan to make arrangements for this the following week. She requests medication to help her sleep better at night. She is considering vocational rehabilitation for training and another job. She is very disappointed that she is unable to continue work for Clemson University but she seems to understand that perhaps since this door is now closed, another door may open for her. Loretta has always been compliant with her prescriptions and appointments and I plan to refill and adjust her medications today.

Assessment:

- 1) Low back pain with occasional flare ups most likely due to a lumbar disk bulge or disk protrusion at L5-S1
- 2) Coccydynia status post coccyx bone fracture
- 3) Mild depression
- 4) Closed head injury

Plan:

- 1) I refilled Lortab 10mg q 6 hours as needed #60 with 1 refill and I placed her on Ambien 10mg at night for sleep #30 with 1 refill. I recommended continuing BuSpar 10mg per day and Lidoderm Patches.
- 2) I made arrangements for her to be fitted with a TENS unit 10-22-08.
- 3) We will need to get the results of her neuropsychological evaluation which was done in Greenwood by Dr. Voight. We do not have the results of that study as of yet.
- 4) I will see her back in 4 weeks for follow-up.



Eric P. Loudermilk, M.D.

EPL/adb

cc/ Rosemarie MacDonald, M.D.
Redfern Health Center/ Clemson University
Fax: (864) 656-0760

Sent 10/29/08 By RL

90

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 12-03-08
DOI: 12-03-08
DOT: 12-09-08

Loretta is a pleasant 45 year-old female who suffered a work-related injury in October 2007 resulting in pain in her lower back and left leg who returns for follow-up. She is still having pain in her left leg which sounds either radicular or neuropathic. She takes Lortab, Ambien, BuSpar, and Lidoderm Patches. She also wears a TENS unit. She says that at times the TENS unit aggravates her pain rather than helps it. She underwent a neuropsychological evaluation but we still do not have the results of that study. She is having pain which radiates from her left leg all the way to her foot and I plan to restart Neurontin today. She has tried Lyrica in the past but had side effects and I think she has also had Neurontin however at a higher dosage. I plan to start Neurontin at a low dose to see if she can tolerate it better. She is very disappointed that she is unable to continue working for Clemson University but hopes to return to some other job in the future. She has always been compliant with her prescriptions and appointments.

Assessment:

- 1) Low back pain with a flare up of left lower extremity discomfort possibly due to radiculopathy or neuralgia
- 2) Lumbar disk bulge/disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Closed head injury
- 5) Mild depression

Plan:

- 1) I refilled Lortab 10mg q 6 hours as needed #60 with 1 refill along with Ambien 10mg at night for sleep #30 with 1 refill. She will continue BuSpar 10mg per day and Lidoderm Patches and started Neurontin 100mg at bedtime advancing to bid.
- 2) She will continue using her TENS unit.
- 3) We will try to get the results of her neuropsychological evaluation which was done by Dr. Voight in Greenwood.
- 4) I will see her back in 4 weeks for follow-up.


Eric E. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 9/12/08 By ae

91

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOB: 01-08-09
DOP: 01-08-09
DOT: 01-14-09

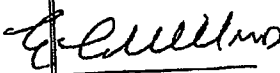
Loretta is a pleasant 46 year-old female who suffered a work-related injury in October 2007 and has had chronic pain in her lower back and leg since that time who returns today for follow-up. She continues to complain of pain in her left leg which sounds radicular or neuropathic. She takes Lortab as needed but apparently is causing some stomach upset and she wishes to try a different pain medication. She also takes Ambien for sleep at night and BuSpar for anxiety and depression. She does have Lidoderm Patches and a TENS unit which she uses. I had placed her on Neurontin at her last visit but even at the lowest dosage (100mg) she had severe side effects. I cannot understand why she is so sensitive to all of these different medications. She cannot take Lyrica or Topamax and I plan to try Keppra today. I also plan to switch Lortab to Darvocet. Loretta has always been compliant with her prescriptions and appointments but has a difficult time due to sensitivity to these medications. We still do not have her neuropsychological evaluation. We have been trying to obtain it from Dr. Voight in Greenwood but it has been virtually impossible. Loretta says that she will make a copy and bring it to our office.

Assessment:

- 1) Low back pain with persistent left lower extremity discomfort possibly due to radiculopathy or neuralgia
- 2) Lumbar disk bulge/disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Closed head injury
- 5) Mild depression

Plan:

- 1) I discontinued Lortab and placed her on Darvocet-N 100 q 6 hours as needed #60 with 1 refill. I stopped Neurontin and placed her on Keppra 250mg bid. I refilled Ambien 10mg at night for sleep and recommended continuing BuSpar 10mg per day and Lidoderm Patches.
- 2) She will continue to use her TENS unit.
- 3) She will drop off a copy of her neuropsychological evaluation which was done by Dr. Voight in Greenwood.
- 4) I will see her back in 4 weeks for follow-up.



Erio R. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 1/16/09 2:02 PM

92

Progress Note

PATIENT: SPRINGS, LORETTA DOS: 02-06-09
PHYSICIAN: DR. LOUDERMILK DOD: 02-06-09
SSN: DOT: 02-16-09

Loretta is a 46 year-old female who suffered a work-related injury in October 2007 and has had chronic pain in her lower back and leg since that time who returns for follow-up. She has been doing better over the past four weeks. She takes Darvocet as needed for pain along with BuSpar and Ambien for sleep at night. She also has Lidoderm Patches and a TENS unit. She could not tolerate Keppra due to severe side effects. Neurontin, Keppra, and Lyrica all cause her to be "hysterical"; therefore, she clearly cannot tolerate these classes of medication. For now, she is on a good regimen and she tolerates the medicine without any side effects. Loretta has always been compliant with her prescriptions and appointments and I plan to refill her medication today.

Assessment:

- 1) Low back pain with chronic left lower extremity discomfort possibly due to radiculopathy or neuralgia
- 2) Lumbar disk bulge/disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Closed head injury
- 5) Mild depression

Plan:

- 1) I refilled Darvocet-N 100 q 6 hours as needed #120 for four weeks. She does not take Darvocet often and I suggested taking one or two as needed for pain. I also refilled Ambien 10mg at night for sleep and BuSpar 10mg per day for depression. She will continue using the Lidoderm Patches.
- 2) She will continue using her TENS unit.
- 3) I will see her back in 4 weeks for refill of her medications.



Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 2 120 109 By 62

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Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 03-04-09
DOD: 03-04-09
DOT: 03-11-09

Loretta is a 46 year-old female who suffered a severe work-related injury in October 2007 and has had chronic pain in her lower back since that time. She is also having some pain in her right foot which she apparently sprained several days ago. She had some weakness in her right leg and says that her leg goes numb at times and this caused her to sprain her right ankle and foot. She has been taking Darvocet but she says that this does not help and she wishes to switch to a stronger pain medication. She also takes Ambien for sleep at night and BuSpar for depression. She is using the Lidoderm Patches and her TENS unit. She tolerates her medicine without any side effects. The medications improve her pain and quality of life. We have tried Ultram and Ultracet but these have not helped and she has also tried Lortab but it caused some side effects. I plan to try Vicodin instead of Darvocet today.

Assessment:

- 1) Chronic low back pain with improved left lower extremity radiculopathy
- 2) Lumbar disk bulge or disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Closed head injury
- 5) Mild depression

Plan:

- 1) I stopped Darvocet and placed her on Vicodin ES 7.5mg q 6 hours needed #120 for four weeks. She will continue Ambien 10mg at night for sleep, BuSpar 10mg per day for depression and the Lidoderm Patches.
- 2) She will continue using her TENS unit.
- 3) I will see her back in 4 weeks to see how she is doing with the new medication.



Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 3/13/09 By GA

94

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 04-08-09
DOD: 04-08-09
DOT: 04-14-09

Loretta is a pleasant 46 year-old female who suffered a severe work-related injury in October 2007 and has had pain in her lower back and left leg who returns today for follow-up. She is also having some pain in her right leg and foot. Apparently she saw Dr. Sherrill and had another MRI of her lumbar spine and nerve conduction studies. We do not have any of those reports at this time. She has been taking Vicodin as needed for pain along with BuSpar, Ambien, and Lidoderm Patches. She also uses a TENS unit. The medications seem to be working well and she tolerates them without any side effects. Loretta seems less depressed and I feel that the BuSpar has helped her significantly. She has always been compliant with her prescriptions and appointments. I plan to refill some of her medications today.

Assessment:

- 1) Chronic low back pain with improved left lower extremity radiculopathy
- 2) Lumbar disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Closed head injury
- 5) Mild depression (improved)

Plan:

- 1) I refilled Vicodin ES 7.5mg q 6 hours as needed #120 for two months. She will continue Ambien 10mg at night for sleep, BuSpar 10mg per day for depression and the Lidoderm Patches.
- 2) She will continue using her TENS unit.
- 3) We will get the results of her lumbar MRI and the nerve conduction studies of her right leg by Dr. Sherrill.
- 4) I will see her back in 2 months for follow-up and refill of her pain medications.



Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 4/21/09 By RL

95

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 06-24-09
DOD: 06-24-09
DOT: 06-29-09

Loretta is a pleasant 46 year-old female who suffered a severe work-related injury in October 2007 who returns today for follow-up. She has had pain in her lower back and left leg. EMG studies of her left leg suggest a possible nerve injury. We do not have a recent lumbar MRI which was apparently ordered by Dr. Sherrill. She is doing well today and apparently has been doing a lot of swimming and this has helped. She says that when she first started her swimming exercises she could only do them for about ten minutes but now she is doing them for one hour. She takes Vicodin and occasional Darvocet at bedtime along with BuSpar, Ambien, and Lidoderm Patches. This combination of medications seems to be working well for her and she looks the best she has looked since I have been taking care of her. She uses her TENS unit at times with success. She does not need any interventions at this time. I feel that Loretta is doing as well as can be expected and overall, I am pleased with her progress. I plan to refill her prescriptions today.

Assessment:

- 1) Chronic low back pain with improved left lower extremity radiculopathy
- 2) Lumbar disk protrusion at L5-S1
- 3) Coccygodynia status post coccyx bone fracture
- 4) Closed head injury
- 5) Mild depression (improved)

Plan:

- 1) I refilled Vicodin ES 7.5mg q 6 hours as needed #120 for two months and I provided a small prescription for Darvocet-N 100 at bedtime #30 for two months. I also refilled Ambien 10mg at night for sleep, BuSpar 10mg per day for depression and Lidoderm Patches.
- 2) I reminded her to use her TENS unit.
- 3) I will see her back in 2 months for follow-up and refill of her medications.



Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 7/6/09 By ae

96

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 08-24-09
DOD: 08-24-09
DOT: 08-31-09

Loretta is a wonderfully pleasant 46 year-old female who suffered a severe work-related injury in October 2007 who returns today for follow-up and refill of her medications. She has persistent pain in her lower back and left leg and EMG studies suggest possible nerve injury. She takes Vicodin and occasional Darvocet for pain along with Ambien, BuSpar, and Lidoderm patches. She also uses a TENS unit. She has been undergoing swimming exercises in warm water on a daily basis and overall she feels that this helps. She had a flare up of pain one week ago but she is doing better. Overall, I feel that Loretta has made tremendous progress. She has been looking much better over these past several visits and the medications appear to be improving her mood as well as her chronic pain. Her husband is with her again today and he is pleased with her medications and her pain management. She is sleeping better at night with Ambien and BuSpar has controlled a lot of her depression and anxiety symptoms. I feel that Loretta is on appropriate medications at this time and I plan to refill her prescriptions today.

Assessment:

- 1) Chronic low back pain with improved left lower extremity radiculopathy possibly due to a lumbar disk protrusion at L5-S1
- 2) Coccygodynia status post coccyx bone fracture
- 3) Closed head injury
- 4) Mild depression (controlled)

Plan:

- 1) I refilled Vicodin ES 7.5mg q 6 hours as needed #120 for two months and I provided a small prescription for Darvocet-N 100 q 8 hours as needed #30 for two months. I also refilled Ambien 10mg at night for sleep. She will continue BuSpar 10mg per day for depression and Lidoderm patches.
- 2) She will continue using her TENS unit.
- 3) I will see Loretta back in 2 months for routine follow-up and refill of her medications.

E. P. Loudermilk

Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 9/4/09 By me

97

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 10-23-09
DOD: 10-23-09
DOT: 10-29-09

Loretta is a very pleasant 46 year-old female who suffered a severe work-related injury in October 2007 who returns for follow-up and refill of her medications. She complains of persistent pain in her lower back and left leg and an EMG study suggests a possible nerve injury. She is taking Vicodin and Darvocet along with Ambien, BuSpar and Lidoderm patches. She is having some muscle spasms and I plan to give her samples and a prescription for Soma today. I also plan to switch Vicodin to Norco to reduce the amount of Tylenol she is taking. She is also using a TENS unit. We have discussed possibilities of cognitive behavioral therapy and biofeedback and I feel that she may benefit from psychological counseling for stress, anxiety and relaxation therapy. I plan to refer her to Dr. Michael Kriegel for counseling. She is doing well with her current medications and I feel that she is on appropriate pain medications at this time. She is sleeping a lot better since starting Ambien and BuSpar. Some of the pain has been worse with the colder weather and this is to be expected. I plan to refill and adjust her prescriptions today.

Assessment:

- 1) Chronic low back pain with left lower extremity radiculopathy possibly due to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Closed head injury
- 4) Mild depression

Plan:

- 1) I stopped Vicodin and placed her on Norco 10/325 q 6 hours as needed #120 for two months. I also refilled Darvocet-N 100 q 8 hours as needed #30 with 1 refill for two months. In addition, I refilled Ambien 10mg at night for sleep and I placed her on Soma 250mg q 6 hours as needed for muscle spasms. She will continue BuSpar 10mg per day for depression and anxiety and Lidoderm patches.
- 2) She will continue using her TENS unit.
- 3) I recommended referral to Dr. Michael Kriegel for psychological counseling and evaluation.
- 4) I will see her back in 2 months for follow-up and refill of her medications.

E. Loudermilk

Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Emt. 11/6/09 By *ca*

98

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
DR. LOUDERMILK

DOS: 12-21-09
DOD: 12-21-09
DOT: 12-28-09

Loretta is a wonderfully pleasant 47 year-old female who suffered a severe work-related injury in October 2007 who returns today for follow-up and refill of her medications. She has had consistent pain in her lower back and left leg and signs of nerve root injury based on the EMG study. She takes Norco as needed for pain along with Ambien for sleep at night and BuSpar for anxiety. She also uses Lidoderm patches and a TENS unit. She tried Darvocet but it has not helped very much and Soma did not help very much either. She saw Dr. Michael Kriegel for initial consultation and she was very pleased with her visit. She feels that Dr. Kriegel will be able to help her and she remains motivated to begin treatment as soon as possible. We are waiting for her insurance company to improve her counseling sessions. I think that Loretta would benefit from psychotherapy from Dr. Kriegel and it would help her to return to a more normal lifestyle. She has been compliant with her prescriptions and her appointments and I plan to refill her medications today. I also plan to give her a prescription for Zipsor today for inflammation.

Assessment:

- 1) Chronic low back pain with left lower extremity radiculopathy possibly due to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Closed head injury
- 4) Mild depression

Plan:

- 1) I refilled Norco 10/325 q 6 hours as needed #120 for two months and Ambien at night for sleep #30 for two months. I recommended continuing BuSpar 10mg per day for depression and anxiety and Lidoderm patches. I gave her samples and a prescription for Zipsor 25mg q 6 hours as needed for inflammation.
- 2) She continues to use her TENS unit.
- 3) I recommended following up with Dr. Michael Kriegel for psychological counseling.
- 4) I will see her back in 2 months for refill of her pain medications.



Eric P. Loudermilk, M.D.

EPL/adb
cc/ Rose Marie McDonald, M.D.
Fax: (864) 656-0760

Sent 1 115 1 10 By 

99

Progress Note

PATIENT: SPRINGS, LORETTA DOS: 02-19-10
PHYSICIAN: DR. LOUDERMILK DOD: 02-19-10
SSN: DOT: 02-26-10

Loretta is a pleasant 47 year-old female who suffered a severe work-related injury in October 2007 who returns today for follow-up and refill of her medications. She takes Norco as needed for pain along with BuSpar for depression and Lidoderm patches. She is having trouble sleeping at night and says the Ambien does not help. I plan to switch Ambien to Rozerem. She is now seeing Dr. Michael Kriegel on a weekly basis and she is very pleased with her counseling sessions. I can actually see a big difference in Loretta. She is much more happy and her pain seems to be under much better control. I feel the psychotherapy she is receiving from Dr. Kriegel is helping. He feels that she suffers from an element of post traumatic stress disorder. Loretta uses her TENS unit and she has been compliant with her prescriptions and her appointments. I plan to refill and adjust her medications today and I plan to check a urine drug screen today in my office to make sure that she is taking her pain medications as prescribed.

Assessment:

- 1) Chronic low back pain with left lower extremity radiculopathy possibly due to an L5-S1 disk protrusion
- 2) Coccygodynia status post coccyx bone fracture
- 3) Close head injury
- 4) Mild depression

Plan:

- 1) I refilled Norco 10/325 q 6 hours as needed #120 for two months and I stopped Ambien and placed her on Rozerem 8mg at night for sleep. I recommended continuing BuSpar 10mg per day for depression and anxiety and the Lidoderm patches.
- 2) I recommended using her TENS unit.
- 3) She will follow up with Dr. Michael Kriegel for psychological counseling.
- 4) I performed a urine drug screen today in the office. This will be sent off for a quantitative confirmation. I will see her back in 2 months for follow-up and refill of her pain medications.



Eric P. Loudermilk, M.D.

EPL/adb

cc/ Michael Kriegel, PhD, Fax: (864) 855-6703
Rose Marie MacDonald, M.D., Fax: (864) 656-0760

Sent 3/3 110 By ae

100

Piedmont Comprehensive Pain Management Group, LLC

100 Healthy Way-Suite 1260

Anderson, SC 29622

Date of collection: 2/19/10

Springs, Loretta
Loud (FL 1027)

Time of Collection: _____

Physician: EPI MTG CWB SJH

UDS RESULTS: circle results

AMP	positive	<u>negative</u>
BAR	positive	<u>negative</u>
BZD	positive	<u>negative</u>
COC	positive	<u>negative</u>
MET	positive	<u>negative</u>
MOR/OPR2000	<u>positive</u>	negative
MTD	positive	<u>negative</u>
PCP	<u>positive</u>	negative
TCA	positive	<u>negative</u>
THC	<u>positive</u>	negative
XTC	positive	<u>negative</u>

Results Read By: TL

Physician Signature: E. Loretta
2/19/10

101

RAN

PT / OT OUTCOMES DATA

TO BE COMPLETED BY THERAPIST AT INITIAL EVALUATION ON ALL PATIENTS. COMPLETE ONE FORM PER PATIENT CHART REVIEWED. (please circle answer)

Patient Name: Loretta Sprays Therapist: _____
Discipline: (1) P.T. (2) O.T.
Diagnosis: L5/S1 Disc protrusion, Ex Coccyx

TO BE COMPLETED BY THERAPIST AT DISCHARGE (please circle answer):

Condition On Discharge: 1) Significant Improvement 4) Unchanged 7) Not Applicable
2) Moderate Improvement 5) Worse
3) Minimal Improvement 6) Unknown
Were goals met? 1) Goals Met 2) Goals Not Met 3) Goals Partially Met 4) Unknown 5) Not Applicable
Patient compliance w/ program: 1) Compliant 2) Partially Compliant 3) Non-Compliant 4) Did Not Return

TO BE COMPLETED BY FRONT OFFICE:

Workers' compensation patient: (1) Yes 2) No
Total number of visits this patient: _____
Total weeks of treatment: _____ From _____ thru _____
Total billed charges this admission: \$ _____

02/26/2008

INITIAL EVALUATION

PATIENT: Springs, Loreta

Dr. Loudermilk

DIAGNOSIS: This patient has been referred to the CSMR Work Center with a diagnosis of L5-S1 disc protrusion/coccyx fracture per Dr. Loudermilk.

SUBJECTIVE:

PAIN RATING: This patient rates her pain anywhere between a 3 and a 7 based on a 0 through 10 pain scale.

HISTORY/MECHANISM: This 45-year-old female states that on 10/12/2007, she was riding in a work cart when the driver took a sharp turn and she was ejected from the vehicle. She landed on her back and her head and experienced immediate pain as well as disorientation. She was assisted to the Redfern Medical Center and was then referred to the Oconee County emergency room. After experiencing frequent vomiting, she went back to that same ER on October 13, 2007. Ultimately, she was diagnosed with a concussion as well as a coccyx fracture. Due to the neurological symptoms, she was referred to Dr. Sherrill and following treatment by that physician, she was referred to Dr. Loudermilk for pain management.

DIAGNOSTIC TESTS: An MRI was performed at Mountainview Medical Imaging. Two spinal x-rays were performed at Redfern, cervical x-rays were performed at Oconee ER, a CT scan at Oconee Emergency Room, and a hearing test performed by a local ENT office.

SURGERY/PMH: Previous surgeries of pertinence include a hysterectomy as well as an intestinal surgery in February 2007. This patient also states she has a mitral valve prolapse and a heart murmur that she has known about since she was 30 years old. There is also reported bursitis in the right shoulder joint.

MAJOR COMPLAINTS: Pain, altered taste and smell, weight loss, depression, difficulty with transitional movements, difficulty with ADLs, major sleep disturbances, left leg weakness, burning in the center of the back, and a decreased tolerance for sitting/standing. The patient did not report any significant crepitus at the time of the initial evaluation.

MEDICATIONS: The patient was wearing 2 Lidoderm patches at the time of the initial evaluation. This is a 5% solution being used. She was formerly on tramadol/Ultracet but due to adverse reactions, she has now switched to over-the-counter Advil 3 x a day. She is also taking BuSpar for depression. Please note that the patient states that she has received a series of epidural injections per Dr. Loudermilk with the last one occurring in January 2008.

OCCUPATION/HOBBIES: This patient is employed by Clemson University and is in the facilities department. She is currently working 40 hours a week without any restrictions. Her job involves climbing as well as reaching, bending, kneeling, lifting, rotating, sitting, and carrying. Hobbies include sports, fishing, hiking, and general fitness.

OBJECTIVE:

POSTURE/GAIT: Visual inspection of this patient's gait in the clinical setting revealed a very short stride length with little to no rotation or movement at the low back/hips. There is a very rounded/forward posture noted with multiple views of the patient's posture as well as a very flat lumbar appearance.

PALPATION: Palpation revealed equal ASIS levels and no evidence of any leg length discrepancy. The PSIS levels were also equal but tender and the iliac crests were also level. Tenderness was elicited with palpation over the sacrum and coccyx as well as the lumbar spinous processes.

ROM: Cervical spine range of motion was briefly assessed and there were no significant limitations found. Lumbar range of motion was also assessed. Lateral flexion bilaterally revealed minimal deficits. Lumbar flexion was approximately 30° and the patient was able to flex and reach to approximately the knee joints. There was a definite increase in pain noted while attempting lumbar flexion. Extension was only approximately 10°-15° and there was also a significant increase in pain. Rotation revealed a minor limitation to the left side only. Prone on elbows position was attempted but this is very limited. There is also very limited active lumbar extension when attempted. Single knee to chest ability was limited bilaterally as well as double knee to chest due to increase in symptoms and restrictions. Hamstring flexibility/hip flexion was grossly 50° bilaterally. Minor deficits were noted with hip internal rotation and external rotation, but there is full range of motion noted with knee flexion involving the quadriceps.

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Springs, Lorena 02/26/2008

MANUAL MUSCLE TESTING/STRENGTH: Lower extremity myotomes were briefly assessed. The right lower extremity was grossly 4/5; however, the left lower extremity was 4-/5 and there was definite weakness noted with knee extension, ankle dorsiflexion, and knee flexion.

NEUROLOGICAL: There were 2+ L4 and S1 reflexes noted bilaterally.

SPECIAL TESTS: There is a positive slump test to the left side. Straight leg raising test were also performed but these were inconclusive.

ASSESSMENT:
This 45-year-old female presents with significant subjective pain levels, posture/gait abnormalities, decreased range of motion in the hips and low back, decreased strength/endurance into the lower extremities, and functional limitations stemming from a work-related injury back in October 2007. Overall prognosis is fair given her initial presentation and she would benefit from skilled therapy at this time.

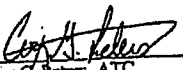
TREATMENT:
Treatment today consisted of initial evaluation followed by approximately 15 minutes of therapeutic exercise. At the end of her session, this patient was given several exercises to be performed as part of her home exercise program.

PLAN:
This patient will be seen twice a week for 6 weeks. Her treatment will include the following:

1. Home exercise program.
2. Modalities to include moist heat, cold pack, and electrical stimulation applications.
3. Manual therapy if appropriate.
4. Range of motion/flexibility exercises for the lower extremities/hips/pelvis/spine.
5. Therapeutic exercise for the hips/spine/lower extremities/core.
6. Functional activity to include gait training.

GOALS:

1. The patient will be issued and compliant with the home exercise program.
2. Decrease pain score range to 2-5/10.
3. The patient will be able to sit and stand for 5 minutes with minimal deviations and no position adjustments.
4. The patient will be able to walk 500 feet with minimal deviations and minimal pain levels.
5. Decrease range of motion deficits in the low back and hips compared to initial evaluation.


Cory G. Peters, ATC
at

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Name Loretta Spang Date 2/25/08

Modified Oswestry Low Back Pain Questionnaire

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section one circle that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just mark the circle that most closely describes your problem.

Section 1 - Pain Intensity

- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderate.
- ☒ The pain is moderate and does not vary much. (5)
- ☐ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

Section 2 - Personal Care

- ☐ I do not have to change my way of washing or dressing to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes me pain.
- ☐ Washing and dressing increase the pain, but I manage not to change my way of doing it.
- ☒ Washing and dressing increase the pain and I find it necessary to change my way of doing it. (3)
- ☐ Because of the pain I am unable to do some washing and dressing without help.
- ☐ Because of the pain I am unable to do any washing and dressing without help.

Section 3 - Lifting (skip if you have not attempted lifting since the onset of your low back pain)

- ☐ I can lift heavy weights without extra low back pain.
- ☐ I can lift heavy weights but it causes extra pain.
- ☐ Pain prevents me lifting heavy weights off the floor.
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table. (4)
- ☒ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift light weights at the most.

Section 4 - Walking

- ☐ I have no pain walking.
- ☐ I have some pain on walking, but I can still walk my required to normal distances. (2)
- ☒ Pain prevents me from walking long distances.
- ☐ Pain prevents me from walking intermediate distances.
- ☐ Pain prevents me from walking even short distances.
- ☐ Pain prevents me from walking at all.

Section 5 - Sitting

- ☐ Sitting does not cause me any pain.
- ☐ I can sit as long as I need provided I have my choice of sitting surfaces. (3)
- ☒ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

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(17)

Section 6 - Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain while standing, but it does not increase with time.
- ☒ I cannot stand for longer than 1 hour without increasing pain. (2)
- ☐ I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.

Section 7 - Sleeping

- ☐ I have no pain while in bed.
- ☐ I have pain in bed, but it does not prevent me from sleeping well.
- ☐ Because of pain I sleep only 3/4 of normal time. (3)
- ☒ Because of pain I sleep only 1/2 of normal time.
- ☐ Because of pain I sleep only 1/4 of normal time.
- ☐ Pain prevents me from sleeping at all.

Section 8 - Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of pain.
- ☒ Pain prevents me from participating in more energetic activities e.g. sports, dancing. (2)
- ☐ Pain prevents me from going out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I hardly have any social life because of pain.

Section 9 - Traveling

- ☐ I get no pain while traveling.
- ☒ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ☐ I get some pain while traveling, but it does not compel me to seek alternative forms of travel. (1)
- ☐ I get extra pain while traveling that requires me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

Section 10 - Employment/Homemaking

- ☐ My normal job/homemaking duties do not cause pain.
- ☐ My normal job/homemaking duties cause me extra pain, but I can still perform all that is required of me.
- ☒ I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming, etc. (2)
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chore. (10) + (17) = (27)

For Therapist Use:

INDEX SCORE: 54 %

Revised 1/2008

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PROGRESS NOTES

COMPPN 022702

PATIENT: Loretta Springs DOCTOR: Laudermilk
 DIAGNOSIS: L5-S1 Disc Protrusion, Fr Coccyx NEXT MD APPT: _____
 Date: 2/26/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: see initial eval
 Dictated: 2/27/08 (initials)

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs Int/Static _____ fluids _____ min
 E-stim _____ min manual (2) ther ex per flow sheet 15 min paraffin _____
 CP _____ min (1) other eval _____ min US cont/pulse _____ min lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status 85% of present with sig subj pain levels, posture/post abnormalities, 1/2 ROM in Hips/LB, ↓ strength/endurance into L5/S1, + functional limitations stemming from lack of back in 10/07. Progress: From gait/min presentation. See gait below.

PLAN: 2xwk/6wks (1) HEP (2) made to rel: MHP, CP, R-stim (3) manual therapy if appropriate
 (4) ROM/Flex ex for L5/S1/Hip/Relax/Spine (5) Ther ex for hip/spine/LC/clasp
 (6) Functional activity (to include pain log)

Therapist Signature: Capt. J. Keller, RD
 (1) house/cup/rel of HEP (2) upon severe reports 2-3/10
 (3) sit + stand for 5' with min discomfort + no pain adjustments
 (4) walk 500ft with min discomfort and pain levels (5) monitor sleep, 10/11/07

Date: 2/27/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: "Pretty sore since the eval yesterday"

OBJECTIVE

(1) Interf. 15 min (1) MH 15 min CTX/PTX _____ #lbs Int/Static _____ fluids _____ min
 E-stim _____ min manual (2) ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status pt able to perform therapy today with only mild to moderate discomfort. Pt biggest area of restriction involves SKC/DKTC and HFS stretching. Hip FR/ER not severely limited.

AN: cont per POC pt given HEP program today (see attached)

1st Signature: Capt. J. Keller, RD

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PROGRESS NOTES

COMPH 022703

PATIENT: Loretta Spang's DOCTOR: Loudermilk
 DIAGNOSIS: Cocaine Use / L5-S1 radiculopathy NEXT MD APPT: _____
 Date: 2/29/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: "Feeling a little better + doing my exercises on home - taking pain pills to sleep though"

OBJECTIVE:
 ① Intert. 15 min ① MH: 15 min CTX/PTX: _____ #lbs in Vitals: _____ fluids: _____ min
 E-stim: _____ min manual: _____ min ② Ther ex per flow sheet: 45 min paraffin: _____
 CP: _____ min other: _____ min US cont/pulse: _____ min Ionto: _____ mA/min
pt given TENS Deann with for home use (instructed about device at mid of tx session)

ASSESSMENT: Response to treatment / Goal Status: pt appeared more comfortable performing ex's today and she did not report any sp of pain her sds during performance. Cont has improved slightly but there are still moderate denials.
 PLAN: Cont to progress per tolerance

Therapist Signature: Cory H. Peterson, AT

Date: 3/3/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: Pt reports using her TENS unit one week but having some difficulty with pad placement

OBJECTIVE:
 ① Intert. 15 min - 15 MH: _____ min CTX/PTX: _____ #lbs in Vitals: _____ fluids: _____ min
 E-stim: _____ min manual: _____ min ② Ther ex per flow sheet: 45 min paraffin: _____
 CP: _____ min other: _____ min US cont/pulse: _____ min Ionto: _____ mA/min
Added PDE, MS Pains in Ball

ASSESSMENT: Response to treatment / Goal Status: pt unable to tolerate as ex's directly PD stress demand on LB and core stabilizers. If medical ex may be attempted in future sessions. No other pain noted and remaining the ex.
 PL: Cont to progress - eval core stabilizers next time

Therapist Signature: Cory H. Peterson, AT

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PROGRESS NOTES

PATIENT: Loretta Spriggs DOCTOR: Lozdermilk
 DIAGNOSIS: Cervical Fr NEXT MD APPT: _____
 Date: 3/5/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: pt reports her (C) leg falling asleep on her to the day (numbness -
local feeling)

OBJECTIVE

① Intert. 15 min ① MH 15 min CTX/PTX #lbs Int/static _____ fluid _____ min
 E-stim _____ min manual _____ min ② Ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonto _____ mA/min

Added: pelvis tilts, MS using handrail assist (no ball)

ASSESSMENT: Response to treatment / Goal Status pt was challenged with pelvis tilts and rigid leg
VC's / demonstration the perfect technique. MS ex was fatiguing for patient
but she was able to perform 15 reps before DC ex.

PLAN: Cont to add core stab ex's as tolerated

Therapist Signature: Cory A. Helton, AT

Date: 3/10/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: pt states that on 3/7/08 she was standing still & having some eggs when she experienced an
episode of excruciating pain that went on to her knees. Since then she has a hard sensation throughout in her
(C) LE.

OBJECTIVE

① Intert. 15 min ① MH 15 min CTX/PTX #lbs Int/static _____ fluid _____ min
 E-stim _____ min ② manual 15 min Ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonto _____ mA/min

→ STM to lumbar spine region

ASSESSMENT: Response to treatment / Goal Status no evidence of sig muscle spasm in lumbar
erector spinae but pt did exhibit ill strength of about 1/2 grade point in the (C) LE when
low into ② (4-1/5 (C), 4-1/5 (R)). Pt has especially difficult time w/ the extension / PF's.

PLAN: pt placed call to MD to determine if she needs to be seen. Will wait to
hear from MD or pt before resuming therapy.

Therapist Signature: Cory A. Helton, AT

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06/19/2007 08:37 FAX

COMPPN 032702

PROGRESS NOTES

PATIENT: Loretta Spang DOCTOR: Laudemilk
 DIAGNOSIS: Cervical / L5-S1 Postion NEXT MD APPT: _____
 Date: 3/14/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: "MD says it must be the disc pushing on a nerve - he wants me to get a brace. (has Rx)"

OBJECTIVE
 ① Intert. 15 min ① MH 15 min CTX/PTX #lbs Int/static 1 fluid 0 min
 E-stim min manual min ② ther ex per flow sheet 45 min paraffin
 CP min other min US cont/pulse min lonto mA/ml

Lay slides w/ palve tilt (core ex)

ASSESSMENT: Response to treatment / Goal Status: Pt had low tolerance for ther ex today due to fatigue and 1st ex's. Reported loss of sensation in feet w/ HS stretching. Ppt seems to benefit from deep TENS unit.

PLAN: cont to try 2nd - pt from PCE ex for HEP this wknd plus HS glides.

Therapist Signature: Cory B. Kellum, PT

Date: 3/17/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: "Did my ext exc over weekend (2 sets on day) - knee sore though. NO episodes though."

OBJECTIVE
 ① Intert. 15 min ① MH 15 min CTX/PTX #lbs Int/static fluid 0 min
 E-stim min manual min ② ther ex per flow sheet 45 min paraffin
 CP min other min US cont/pulse min lonto mA/ml

T.M amb 20mph B.m. 10', SE + DE Slides (core ex)

ASSESSMENT: Response to treatment / Goal Status: pt Relieves easily 2 core stab exts - HS h. Performs Flexibility improving down functional limits. Pt able to amb w/ less T.M. amb 10 min. 5 c/hr

PLAN: cont 2 T.M. amb (10 min) + core work

Therapist Signature: Cory B. Kellum, PT

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PROGRESS NOTES

PATIENT: L. Springs DOCTOR: Loudermilk
 DI: OSIS L5-S1 Protrusion NEXT MD APPT: _____
 Date: 3/17/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: Having a bad day today - back is hurting
pt presents with deep TENS unit on - reports using it often
 OBJECTIVE
 Intert. _____ min ① MH 15 min CTX/PTX _____ #lbs in/static _____ fluid _____ min
 ① E-stim 15 min manual _____ min ② ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min kanto _____ mA/ml

ASSESSMENT: Response to treatment / Goal Status pt unable to execute SLR on (L) side while maintaining pelvic tilt. Symptoms limited pt's ability to perform therapy, and she fatigued easily w/ TM on.

PLAN: cont w/ TENS

Therapist Signature: Cory B. Peters, MD

Date: 3/24/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: pt reports her LBP is interfering with her intimacy. Injured about how she can cope with this. (spoke w/ Krista Enckhard)

OBJECTIVE
 Intert. _____ min ① MH 15 min CTX/PTX _____ #lbs in/static _____ fluid _____ min
 ① E-stim 15 min manual _____ min ② ther ex per flow sheet 45 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min kanto _____ mA/ml

Added: Slides w/ pelvic tilt, standing w/ hyper w/ TB

ASSESSMENT: Response to treatment / Goal Status pt challenged w/ slides and reported fatigue in legs. Able to tolerate standing w/ no more with more resistance. will try. 4 Div next session to determine tolerance.

PLAN: cont with core stabilizers

Therapist Signature: Cory B. Peters, MD

PROGRESS NOTES

PATIENT: Loretta Springs DOCTOR: Loudermilk
 AGNOSIS: Cervical Ex: C5-S1 Protrusion NEXT MD APPT: _____
 Date: 3/26/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: "Feel like it's getting a little better. I've only had one more flare-up since that last major one."

OBJECTIVE

Interf. _____ min (1) MH 15 min CTX/PTX _____ #lbs int/static _____ fluid _____ min
 (1) E-stim 15 min manual _____ min (3) ther ex per flow sheet 30 min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min lonio _____ mA/ml

Added: Dead Rep-ex, 4 way "chops" in standing

ASSESSMENT: Response to treatment / Goal Status pt challenged with core static ex still - reported fatigue. Able to tolerate these relatively well although she is not performing advanced activities yet.

PLAN: perform chops in green then bit resistance to ↑ core demand.

Therapist Signature: [Signature]

Date: 4/1/08 #Rx since last re-eval: _____ Rx remaining: _____
 SUBJECTIVE: "Going back to MD on 4/17/08"

OBJECTIVE

(2) Interf. 15 min MH _____ min CTX/PTX _____ #lbs int/static _____ fluid _____ min
 E-stim _____ min manual _____ min (1) ther ex per flow sheet 45 min paraffin _____
 (3) CP 15 min (3) other manual min US cont/pulse _____ min lonio _____ mA/ml

added serial at (2) 1 per MD note

ASSESSMENT: Response to treatment / Goal Status See MD note

PLAN: return to MD - await return w/ new instructions.

Therapist Signature: [Signature]

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CLEMSON

Sports Medicine and Rehabilitation

WORK REHAB CENTER

Physician Follow-Up / Re-Evaluation / Discharge

Date: 4/15/08

Physician: Dr. Loudemilk

Patient Name: Loretta Springs

Initial Exam Date: 2/26/08

Diagnosis: Coccyx Fr. & L5-S1 Protrusion

Number of Visits: 12

Patient's treatment has consisted of:

Home ex. prgm, ther. ex. (as tolerated), modalities (cold, moist heat, curtain)
TENS unit for home use for core stability.

Objective Measurements/Progress: subjective complaints of (L) L5 weakness and severe
pain - limited tolerance for therapy due to L5 pain. Pt has had several
flare-ups since start of therapy that limit progress.

Assessment/Progress: pt. has made minimal progress in far due to frequent
reaggravation of symptoms. If her symptoms become manageable she may
progress with therapeutic activities.

Plan/Goals/Reason for DC:

pt has 0 visits remaining on current script - please advise if you would
like pt to continue therapy. Would she be a candidate for lumbar traction?

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or
concerns regarding this patient's treatment.

New MD orders or written comments: Frequency & Duration:

Therapist signature:

Cory G. Peters, AT

Physician signature:

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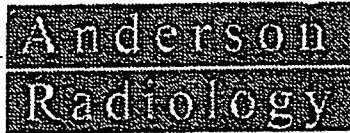
119 Tiger Boulevard, Suite 105 • Clemson, SC 29631 • Phone (864) 654-0431 • Fax (864) 654-0729 • www.csmr.org

NAME Loretta Springs DX/Sec Ex/L5-5 Potman DOS 0 MD LademiK

TREATMENT	DATE	2/27/08	2/28/08	3/3/08	3/5/08	3/14/08	3/22/08	3/19/08	3/24/08	3/26/08	4/15/08						
Rec Bike	6 min	7 min	7'	7'	7'	7'	7'	7'	7'	7'	8'PS						
HS Stretch	5'x2	8'	8'		8'	5'											
HS Glides	2 APS 15x	15x ea	15x ea	15x ea	15x ea	-	20x ea	20x ea	20x ea	20x ea							
SKTC / DKTC	10x10" ea	10x10" ea	10x10" ea	10x10" ea	10x10" ea	-											
Piriformis stretch	10x10" ea	5x5"	5x5" ea	5x5"	8'	5'	10x10" ea	10x10"	5x20"	10x10" (B)							
Ball Rot Stretch	4'	4'	4'	4'	4'	4'	4'	4'	5'	4'							
Prayer Stretch w/ rot						-											
POE → PDH			10x10"	10x10"	10x10"	10x	15x	15x	2x10								
SLR's in 11 bars	AB/APD 20x ea	AB/APD 20x ea	AB/APD 15x			-											
Pelvic tilt 2 march				tilt only 10x	tilt only 20x ea	10x	2x20	40x	20x2	10x5"							
Bridge																	
Rows on ball			25x														
"Chops"								15x2	4x10x 15x ea								
TM/gutting						10'	8' 1/2	6' 20 18	6'	6'							
Ball Squat			120x	15x													
Dead Bug									10x ea	10x ea							
Scout Rot (S)										10x ea							
MHP/E-strm	15 min	15 min	15 min	15 min	15'	15 min	15 min	15 min	15 min	15 min							

* Traction?

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2120 East Greenville Street
Anderson, SC 29621
Telephone (864) 225-6286
Fax (864) 231-6738

PATIENT: Susan Smith
DOB:
MRN:
PHYSICIAN: Eric Loudermilk, MD
DATE: 4/4/2008

EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Acute lower back pain with numbness. Bilateral leg pain. Patient fell out of a work cart 10-12-07. Patient states that she broke off a portion of her tailbone. She fractured her sacrum. She injured her lower back. Patient sneezed one week ago and has had increased low back pain and with severe left leg pain. Burning paresthesias in the mid back, which radiate down.

TECHNIQUE: SAG/AX T2, T1, and T2 fat suppression. Axial T2 and T1. Exam performed on a 1.5 Tesla GE Signa EXCITE high-field closed MRI system.

FINDINGS: Transitional lumbosacral anatomy. L-5 is sacralized. The level of disc degeneration will be described as L4-5. At L4-5, there is a small left posterolateral disc protrusion with small posterolateral endplate osteophytes.

L3-4: Mild peripheral disc desiccation and with a minor disc bulge.

L1-2, L2-3, and L5-S1: No significant disc degenerative changes or posterior disc displacements.

The tip of the conus medullaris terminates normally at the T-L junction.

Fat suppressed T2 imaging does not demonstrate a site of acute bone marrow edema. No acute fracture.

IMPRESSION:

1. Mild degeneration of the L4-5 disc with a small left posterolateral disc protrusion, which mildly narrows the anteroposterior aspect of the left L-4 neural foramen, but does not result in L-4 root compression. Preserved perineural fat.
2. No fracture or acute bone marrow edema.
3. Mild lumbar levoscoliosis.

Thank you for this consultation.

Jeff Shramek, MD
Neuroradiologist
JS / kp

DD: 4/4/2008
DT: 4/4/2008
Job: 5874426

This document has been electronically reviewed and signed.

No A's
E. Shramek MD
4/8/08

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Patient: ... Sadie J. Orella ...
MRN:
Exam: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

Jeffrey K. Sharnick, M.D.

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Springs, Loretta
Neuropsychological Examination
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Montgomery Center for Family Medicine
155 Academy Avenue
Greenwood SC 29648

Examinee:	Loretta Springs
Date of Birth:	
Referral Source:	
Date of Examination:	September 22 and October 2, 2008
Examiner:	Nancy L. Volighi, Ph. D., ABPP-CN

Reason for Referral:

Ms. Springs is a right-handed 45-year-old married Euro-American female with a high school education. An employee of Clemson University, she was involved in a work-related accident when she fell from a golf cart on 10/12/2007. She was referred for evaluation to determine if there is any permanent neuropsychological impairment from that incident.

She voluntarily agreed to the evaluation. She reported understanding that her best effort is required and agreed she has not been coached on correct responses.

Current Symptoms (Ms. Springs is informant unless otherwise stated)

On interview, Ms. Springs complains of significant back pain, poor concentration, difficulty following multi-step instructions, forgetfulness, and taste distortions and reduced sense of smell.

On average, her back pain occurs at its highest (8 on a 10 point scale) 4 times per week. The range is 3/10 to 8/10 and she takes medication when pain reaches 8. She believes there is swelling that causes pain. For relief, she lies down and props up her knees. Because of pain, her husband has to do many of the chores at home. For example, she cannot navigate spiral stairs carrying the laundry so he must do laundry.

Concentration problems occur several times each day. She forgets what others are saying, forgets automatic behaviors (i.e. steps in showering) and forgets what she is saying. She struggles when attempting any novel multi-step tasks. She has learned to take notes for any new task. Concentration caused her significant difficulty when she returned to light duty work last winter and spring. She had to learn to operate computer programs. Co-workers would show her what to do and she would have to ask for repetition several times. She would forget some of the steps in setting up the program. She tried to write notes but then would lose the notes. She had difficulty filing work orders by half-year date because she would forget the cut-off date. She felt self-conscious and embarrassed and believed her new co-workers were irritated with her. She drove alone to work one day and did not recognize the landmarks when driving home.

On a daily basis, a serious concern is reduced sense of smell and the presence of taste alterations. She has lost 25 pounds because she cannot smell her food and taste is distorted. She said smell and taste were "blank" for about one week and then the bad tastes began. Sugars have a bitter taste to her ("rotten molasses with peroxide on it") and she also gets a metallic taste. Chicken has no taste; there is a taste to beef but it "isn't right." She forces herself to eat and is hungry all the time. She often eats peanut butter sandwiches

There are conflicting reports of depression. Ms. Springs does not think she was ever depressed after the accident. Her husband thought she was depressed, and her doctor told her that almost all back pain patients are also depressed.

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On symptom checklists she described nausea, intermittent tremor, leg numbness and tingling, some blurred vision, problem solving and word finding difficulties, arithmetic decline, distractibility, forgetfulness, sadness, sleep problems, increased frustration, and smell/taste alterations.

History of Presenting Problem: (Ms. Springs' report; EMT and hospital records)
Ms. Springs's position at Clemson University utilized golf carts to transport workers between work sites. She was thrown off a moving cart landing first on her tail bone and then on the occipital head. According to medical records shortly after the incident, Ms. Springs experienced immediate pain and disorientation as well as dizziness and poor left ear hearing but denied any loss of consciousness. GCS at the time of admission to the Oconee ER was 15, and she was found to be alert and fully oriented. Head CT without contrast was unremarkable, and she was discharged home from Oconee Memorial Hospital without admission. Her husband reports that she was confused, dizzy, vomiting, and had a severe headache. He reported that she was "out of it for several days." Her perception is that she regained full awareness of ongoing events after 1-2 days. She returned to Oconee Memorial Hospital as was told that she had suffered a concussion.

She denies any history of learning problems, prior head injury, seizure, stroke, or substance abuse.

Mental Status Examination and Behavioral Observation:
Ms. Springs arrived 30 minutes late for her first appointment after becoming lost. She was navigating, and her husband was driving. Appropriately dressed in khaki pants, a blouse, and sweater vest, she was well groomed. She denied and visual or hearing deficits although she sometimes turned her left ear toward the speaker. She purposefully did not take Hydrocodone/APAP 10-500 on examination mornings because she thinks it clouds her thinking. Her last Lortab was 2 am and testing commenced at 11:00 am. She also has prn prescription for Valium, which she takes rarely when not taking Lortab.

She was cooperative with interview and testing and maintained good eye contact and interpersonal engagement. She was alert and oriented in all spheres. Her judgment and insight appeared to be normal. Her speech was organized. Rate, loudness, rhythm, and modulation of speech were good. Her spontaneous speech was fluent and grammatical with vocabulary selection consistent with her education level. Mrs. Springs had no exceptional difficulty comprehending test instructions, although she asked for repetition at times. She completed all test demonstration items accurately.

Ms. Springs was physically restless and appeared uncomfortable most of the test day. She sometimes stood, used a small pillow to support her back, or changed positions. She took 3 breaks during testing. Gait was altered after lunch break when she was taking short dragging steps. Gait at all times was somewhat slower and shorter in stride than normal. She would sometimes show a bilateral tremor during movement. This tremor was not noticed when her hands were resting on her knees or when she was writing. Anxiety is a likely explanation for the tremor.

Thought processes were linear, and thought content was appropriate to conversation. Her handwriting and fine motor control were sufficient for legibility. She expressed a full range of affect and was generally willing to acknowledge when she was frustrated or distressed. Her affect was euthymic. Mrs. Springs was pleasant and engaging, often initiating and

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responding to humor. Rapport was easily established. Test effort was good and she pushed herself to do her best on the test items. The results of the assessment accurately represent Mrs. Springs' actual abilities.

Ms. Springs denies depression although she cried daily the first few weeks after the accident and had another episode of frequent crying in March or April 2008. The crying apparently was related to pain. She rarely feels helpless and fights what she considers "self pity." She is not suicidal. Her concentration lapses are distressing and have led to increased self-doubt and lowered self-esteem. Ms. Springs reports that her energy level is greatly diminished since the accident and she feels tired or exhausted all of the time. Although she described herself as previously being "hyperactive", she now will fall asleep shortly after arriving home from work. She has many interests, such as fishing, horseback riding, and hiking but cannot engage in her preferred activities because of pain. She has good support from her husband but feels guilty because he has to do more cooking and home management chores. Sleep difficulties including prolonged sleep latency and mid-cycle awakening. Two nights a week she will awaken at 3 am and be unable to return to sleep. Appetite is good but she does not eat well because of changes in taste of food. She has lost 25 pounds since the accident. She reports bitter and metallic tastes to foods. She took Buspar for a few days after her doctor told her she was depressed and that 90% of patients with back pain are also depressed. However, she could not tolerate the Buspar. She does not think she is depressed. She meets minimal symptomatic criteria for depression but etiology could be a direct result of pain and sensory alterations.

She reports increased anxiety during the past year causing her hands to shake during times of stress. This was notable during the evaluation. To cope with her depressed feelings and anxious moments, she tries to remain positive and use humor.

Post-accident Medical Treatment (review of records from Red Fern Medical Center, Oconee Memorial Hospital, Lake Ridge Neurological Associates, Mountainview Medical Imaging, Piedmont Comprehensive Pain Management, 10/2007 - 8/2008)

Ms. Springs received emergency care on the day of the accident at Clemson Red Fern Medical Center and at Oconee Memorial Hospital Emergency Room. There is no reported loss of consciousness. CT head was negative. MRI spine showed mild bulging disc at L5-S1 with a posterolateral protruding component extending toward the nerve root foramen. There was focal narrow edema occupying the second segment of the sacrum and she was discharged with probable coccyx fracture and minor closed head injury. When symptoms did not clear, she consulted neurologist Dr. Sherrill who diagnosed closed head injury, post concussion syndrome with altered smell and taste. At that time she was reporting increased irritability, insomnia, fatigue and poor appetite. Over the next few months, problems with headache and dizziness began to resolve but she continued to complain of concentration and memory problems, tremor, loss of smell and alterations in taste. She had lost 17 pounds by February 2008. She was found to have bled into her left ear at the time of the accident but this resolved per reports from Medicus/Anderson Eye and Ear Associates. She took therapies at Clemson Sports Medicine facilities from the end of February to the middle of April with minimal progress. Pain specialty treatment with direct injections provided good, but temporary relief from pain in December 2007 and January 2008. She had a RACZ catheterization procedure in May 2008 which resulted in excellent but temporary pain relief.

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Post-accident Work Experience (Informant is Ms. Springs)
Mrs. Springs initially returned to work on 11/12/07 and was provided an assistant for 2 weeks to help with some job related responsibilities. According to Ms. Springs, her job was "physically demanding" and required lifting, bending, and crawling, among other things. After MRI on 11/16/07, she was placed on "light duty." This pulled her into the office where she had never worked and required that she use computers. She had great difficulty remembering the steps to follow to access and control different computer programs. She misfiled papers when trying to file by date. Her work was error-prone and slow.

Family Background: (Informant is Ms. Springs)
Ms. Springs reports a chaotic childhood, with her parents divorcing shortly after she was born in Colorado. She has one full brother age 46 and two other half brothers age 39 and 42. She has one 48-year-old sister. While growing up, the patient would spend summers with her biological father. At 7 years of age, Ms. Springs' family moved to Tampa, Florida. During this time, the patient reports being molested and beaten by her step-father for 3 years. Her sister was also molested. This abuse went unknown to her mother and blocked out by the patient until she was in her late teens. Nightmares and flashbacks persisted until the patient was 28 years old.

Ms. Springs met her son's father when she was 15 and had her son when she was 18. Ms. Springs separated from her son's biological father when the boy was a few weeks old because his father was using drugs. She reared her son on her own intermittently. She has been married 3 times. Her first marriage lasted 7 years but her husband did not want to rear children. Her second husband, in a 6-year marriage, was verbally abusive. She remained single for 3 years until meeting her current husband of 3.5 years. He accompanied her to the examination, and they were quite attentive to each other. Both describe the relationship as a happy one. Her son is now a young adult and is entering military service soon.

Educational background: (Informant is Ms. Springs)
She is a high school graduate (Tampa Florida) who reports "good" grades, mainly A's and B's. Favorite subjects included Science, English, and Art; she did not like Math. In general, Ms. Springs described herself as "quiet and withdrawn" while in school.

Work History: (source is Ms. Springs.)
Ms. Springs has often worked with animals. She was a zookeeper at Busch Gardens in Florida and owned a cattle farm in South Carolina. She worked at the Greenville Zoo for one year. Then she became an electrician's helper for 3½ years in Seneca. She had worked at Clemson for 2½ years before her accident. She was apparently a good employee and was told she worked too fast and made others look bad. She had high energy and enjoyed mechanical work. In the spring of 2008 while on light duty, she was told that light duty wasn't really an option. She was told to go on Workmen's Compensation, which she did in early September.

Basis of Evaluation:

Review of Records
Diagnostic Interview and Mental Status Examination
California Verbal Learning Test, (CVLT)
Letter Cancellation Test
Tower Test
Grooved Pegboard Test (GP)

Finger Tapping Test
Rey Complex Figure Test (R-O)
Wechsler Adult Intelligence Scale -IV (WAIS IV)
Victoria Symptom Validity Test (VSVT)
Test of Memory Malingering (TOMM)
Wisconsin Card Sort (WCS) computer version

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University of Pennsylvania Smell Identification
Test (UPSIT)
Continuous Performance Test (IVA-CPT)
Minnesota Multiphasic Personality Test -2
(MMPI-2)

Behavior Rating of Executive Functions
(BRIEF)
Adult Behavior Checklist (ABCL)

Test Results:

COGNITIVE ABILITY

IQ was measured by the WAIS IV to be near the average range. Because of significant variability in her IQ Index scores, overall IQ may not be the best indicator of her abilities. Verbal Comprehension Index was average with good vocabulary, average range fund of general information and lower generalization and abstract reasoning scores. Consistent with her employment record in practical, hands-on occupations, Ms. Springs had Perceptual Reasoning Index scores that are more than one standard deviation higher than her Verbal Comprehension scores, but still in the average range. She has good ability to visualize and manipulate objects mentally or tactilely. Working Memory Index score is in the average range. Her remarkable deficit is in Processing Speed when visual scanning and attention to detail are required. Processing Speed Index was at the 1st percentile, in the Extremely Low range.

ATTENTION.

Sustained attention is borderline-to-poor. Visual attention is very poor with slow response speed, and slow identification of targets while auditory attention is somewhat better. She is distractible and inattentive. When there is a chance to double check, her accuracy is good; she may be compensating for poor attention by double-checking her work.

WAIS tasks that are especially affected by attention (Arithmetic, Digit Span, Coding, Symbol Search) also show some of the auditory-visual split and a split between simple attention and processing speed. She may struggle with awareness of the visual attention deficit and try to compensate by double-checking when doing close visual work. Multi-tasking appears to be especially difficult for her

On measures derived from ratings of every day functioning by Ms. Springs and her husband, both express significant concern (above 95th percentile) with her working memory and she describes such problems in interview. They note that she fails to finish tasks, loses things, and is poor at detail work. She is forgetful and distractible. She has a short attention span and has difficulty with multi-tasking.

EXECUTIVE FUNCTIONING.

Ms. Springs was able to do well on tasks that measure cognitive flexibility, ability to shift focus and solve problems, planning skills, and organizational skills. There are some issues with error recognition and self-monitoring. She made intrusion errors on word list recall that are exceptional.

On ratings from everyday functioning, Ms. Springs and her husband noted the problem with monitoring accuracy and completeness of tasks. Ms. Springs also reported disorganization and difficulty following multi-step instructions and switching from one task to another.

NEW LEARNING AND MEMORY.

Ms. Springs has average functioning in memory. There are weaknesses seen in two areas. One is that she demonstrates proactive interference, so that she seems to have an upper

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limit on information processing. She can learn new information but that information intrudes on her ability to proceed to the next input of information. As noted above, she also becomes confused and intrudes incorrect words into the learning dynamic. The same confusion and weak monitoring is seen on nonverbal tasks in the recognition domain.

MOTOR AND SENSORY

We assessed motor dexterity and motor speed at this evaluation and found dexterity to be intact and motor speed to be borderline to impaired. Her reported fatigue and low energy may be bi-directionally related to these findings.

On a standardized smell recognition test, Ms. Springs demonstrated exceptionally poor smell, correctly identifying only 19/40 common scents. We do not have the capability of measuring taste distortion.

EMOTIONAL AND BEHAVIORAL PROBLEMS

The Behavior Health Inventory was used to assess emotional problems that could be affecting her recovery from her injuries. Ms. Springs produced a valid BHI with little defensiveness and appropriate self-disclosure. Her low defensiveness could have led to reporting more negative information than other respondents. However, compared to the patient population, her only high scores were in her history of family trauma and a relatively high level of functional disability.

Although she expresses many more pain and somatic complaints than are normal for community sample comparisons, they are normal for injured individuals. She is somewhat higher than other patients in her concerns about functioning problems caused by pain, sensory, and other physical problems with this score being higher than 85% of pain patients. In general her reports of pain are equal to or below the median for pain complaints in the BHI sample.

She reports depression that is somewhat higher than community norms but below expectation for injured patients. Many of her depression symptoms appear to be those that are related to energy, fatigue, concentration, and drive. She is not hostile and has little anxiety. Unlike most individuals with chronic pain complaints she does not have a personality dynamic of chronic maladjustment or borderline tendencies despite being a survivor of childhood trauma. She is happy with her marriage, content with her doctors and with her job. She has appropriate ability and interest in persevering on tasks. There is no evidence of substance abuse. She has a solid sense of self-efficacy and a low drive for entitlement, both of which may be positive factors in her adjustment to her injuries.

EFFORT AND RESPONSE BIAS

Two symptom validity tests were administered with this battery and Ms. Springs scored in the valid range on both. She correctly identified 44/48 number sets on VSVT. Her response latency on the easy items of the VSVT was near those of control subjects (-0.67 sd difference) and very close to those of non-compensation seeking injured individuals (-0.13 sd difference). However, on the difficult items of the VSVT, her response time was exceptionally poor, more than 6 standard deviations below expectations. Her response time on VSVT was quite variable, with a mean of 5.25 seconds but a standard deviation of 2.33 seconds. This represents at least one outlier of a difficult item with an 11-second response time. Because of other difficulties with processing speed, this measure may not be significant.

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On TOMM, she initially identified 45/50 items seen previously. After a second trial, she scored 50/50 on this test.

On embedded measures that also are believed to indicate effort, Ms. Springs showed evidence of good effort. Reliable Digit Span from the WAIS, Forced-Choice Recognition from CVLT, negativity from the BRIEF rating scale and BHI validity scales were all in the normal range. However, she did show somewhat more tendency to acknowledge problems on the BHI than did other patients. Recognition of childhood trauma accounted for some of this score.

Summary:

In a forensic examination where financial gain is a possible outcome, the first question to answer is whether this is a valid and reliable examination. Symptom validity test results and the findings of embedded validity measures suggest that test results are valid and represent her functioning. Notably, we were unable to assess one of her major complaints of parageusia.

The referral question is whether Ms. Springs has sustained any permanent neuropsychological impairment. My impression from test results is that she has permanent sensory impairment from loss of smell, and enduring residual post-concussion symptoms of slowed cognitive and motor speed, impaired error-tracking, and reduced sustained attention. I believe it is likely that she experiences significant taste alterations although I am not able to test for this sensory problem. There is some depression related to chronic pain.

Current Functioning Strengths:

- Average verbal and performance IQ
- Good effort
- Compensatory mechanisms to improve accuracy
- Marital support
- Cognitive flexibility
- Generally normal memory functions
- Fairly good auditory attention when there is no other attention demand
- Absence of personality disorder
- Positive personality traits of self efficacy and perseverance.

Current Functioning Limitations

- Parageusia
- Chronic pain
- Anosmia
- Reduced sustained attention
- Impaired self monitoring for errors
- Slowed processing speed
- Proactive interference when learning new information
- Very poor visual attention
- Distractibility.

Diagnosis:

Axis I: Cognitive Disorder due to TBI
Adjustment disorder NOS
Post-concussion Syndrome

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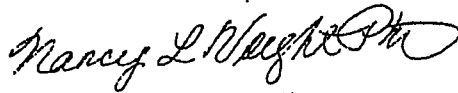
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Axis I: No diagnosis

Axis III: Lumbar disc bulge/disk protrusion, coccygodynia status post coccyx bone fracture,
closed head injury, taste distortions, reduced sense of smell, chronic pain

Axis IV: not working; hx of sexual abuse; unable to participate in regular active work and
leisure

Axis V: 48



Nancy L. Voight, Ph.D., ABPP/CN
Chief of Psychology and Neuropsychology

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Appendix A: Test Scores

SCALE	RAW SCORE	SCORE	PERCENTILE	RATING
IVA-CPT				
SUSTAINED AUDITORY ATTENTION QUOTIENT	58			BORDERLINE
SUSTAINED VISUAL ATTENTION QUOTIENT	27			POOR ATTENTION
LETTER CANCELLATION TEST		Z-SCORE		
HITS	29.5	-3.42	<1	EXTREMELY LOW
OMISSION ERRORS	12	+0.22	59	AVERAGE
COMMISSION ERRORS	3	-0.53	31	AVERAGE
CVLT		T-SCORE		
TRIALS 1-5 TOTAL	50	51	55	AVERAGE
		STANDARD SCORE		
TRIAL 1	7	0.0	50	AVERAGE
TRIAL 5	11	-0.5	32	AVERAGE
LIST B DISTRACTION RECALL	4	-1.0	16	LOW AVERAGE
PROACTIVE INTERFERENCE	-43% CHANGE	-1.0	16	LOW AVERAGE
SHORT DELAY FREE RECALL	9	-0.5	32	AVERAGE
SHORT DELAY CUED RECALL	10	-1.0	16	LOW AVERAGE
LONG DELAY FREE RECALL	12	0.0	50	AVERAGE
LONG DELAY CUED RECALL	12	0.0	50	AVERAGE
NON-CATEGORY INTRUSIONS	6	% WITH THIS SCORE = 0	CUMULATIVE % WITH BETTER SCORE 99.4%	EXTREMELY LOW
SEMANTIC CLUSTERING	4	-0.5	32	AVERAGE
FREE RECALL DISCRIMINABILITY	1.7	-1.0	16	LOW AVERAGE
RECOGNITION HITS	13	-1.0	16	LOW AVERAGE
TOTAL RECOGNITION DISCRIMINABILITY	2.7	-0.5	32	AVERAGE
FORCED CHOICE RECOGNITION				

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WAIS IV		SCALED SCORE		
VOCABULARY	44	11	63	AVERAGE
SIMILARITIES	18	8	9	BELOW AVERAGE
ARITHMETIC	12	8	25	AVERAGE
DIGIT SPAN	25	9	37	AVERAGE
INFORMATION	11	8	25	AVERAGE
CODING	31	4		
BLOCK DESIGN	42	11	63	AVERAGE
MATRIX REASONING	19	11	63	AVERAGE
VISUAL PUZZLES	17	13	84	AVERAGE
SYMBOL SEARCH	13	3	1	EXTREMELY LOW
		STANDARD SCORES		
FULL SCALE IQ		89	23	BELOW AVERAGE
VERBAL COMPREHENSION		81	27	AVERAGE
PERCEPTUAL REASONING		109	73	AVERAGE
WORKING MEMORY		92	30	AVERAGE
PROCESSING SPEED		85	1	EXTREMELY LOW
		T-SCORE		
R-O			>18	AVERAGE
COPY	33/36		>18	AVERAGE
TIME TO COPY	200 SECONDS			
IMMEDIATE RECALL	23	55	89	AVERAGE
DELAYED RECALL	21	51	54	AVERAGE
RECOGNITION	19/24	40	16	LOW AVERAGE
		STANDARD SCORE		
TOWER OF LONDON				
TOTAL MOVES				
TOTAL CORRECT	4	100	50	AVERAGE
TOTAL RULE VIOLATION	0	104	61	AVERAGE
TOTAL TIME VIOLATION	0	108	70	AVERAGE
		Z-SCORE		
GROOVED PEGBOARD (MIRTUSHINA META NORMS, 2007)				
DOMINANT (RIGHT)	72.5 SECONDS	-0.26	39	AVERAGE
NON-DOMINANT	72.5 SECONDS	0.17	56	AVERAGE

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FINGER TAPPING		Z-SCORE		
DOMINANT (RIGHT)	43 TAPS	-1.83	3	BORDERLINE
NON-DOMINANT	34 TAPS	-2.17	1	EXTREMELY LOW
WCS		STANDARD SCORE		
CATEGORIES COMPLETED	6/6		>16	AVERAGE
NUMBER OF TRIALS	86			
TRIALS TO COMPLETE FIRST CATEGORY	12		>16	AVERAGE
FAILURE TO MAINTAIN SET	0		>16	AVERAGE
		STANDARD SCORE		
TOTAL ERRORS	22	97	42	AVERAGE
PERSEVERATIVE ERRORS	9	102	55	AVERAGE
CONCEPTUAL LEVEL RESPONSES 70%	60	94	34	AVERAGE
VSVT			BINOMIAL P	
EASY ITEMS CORRECT	24/24		>.9999	VALID
DIFFICULT ITEMS CORRECT	20/24		.9999	VALID
TOTAL ITEMS CORRECT	44/48		>.9999	VALID
		Z-SCORE		
RESPONSE LATENCY EASY	MEAN=1.54	-0.67		AVERAGE
RESPONSE LATENCY DIFFICULT	MEAN=5.23	-6.5		EXTREMELY LOW
SMELL IDENTIFICATION TEST	18/40		<1	SEVERE MICROSMIA
TOMM				
TRIAL ONE	45/50			VALID
50TRAIL TWO	50/50			VALID

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Collateral Reports - all are percentile ranks

SCALE	SPOUSE RATING	SELF RATING	
BRIEF			
INHIBIT	80	86	
SHIFT	79	98	POSSIBLE PROBLEM AREA
EMOTIONAL CONTROL	50	48	
SELF-MONITOR	55	51	
INITIATE	80	84	
WORKING MEMORY	>99	>99	PROBLEM AREA
PLAN/ORGANIZE	80	86	
TASK MONITOR	87	89	LIKELY PROBLEM AREA
ORGANIZATION OF MATERIALS	74	81	
ABCL			
ANXIOUS/DEPRESSED	76	78	
WITHDRAWN	88	89	
SOMATIC COMPLAINTS	89	89	
THOUGHT PROBLEMS	73	73	PROBLEM AREA
ATTENTION PROBLEMS	96	96	
AGGRESSIVE BEHAVIOR	76	76	
RULE-BREAKING BEHAVIOR	<50	<50	
INTRUSIVE	84	84	

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January 20, 2009

#61174

Mr. Paul C. Rathke
The Joel Biber Firm
201 E. North Street
Greenville, SC 29601

RE: LORETTA SPRINGS V. CLEMSON UNIVERSITY

W.C.C. FILE NO: 0717106

DATE OF INCIDENT: 10/12/07

INDEPENDENT MEDICAL EVALUATION

Dear Mr. Rathke:

HPI: This is a 46 year old, white, female, who comes to me for an independent medical evaluation with a chief complaint of low back pain. In October of 2007 she fell off of work cart while working at Clemson landing on her head and back. She reports she suffered a closed head injury, sacral and coccygeal fractures, and a bulging disc at L-4,5. Her greatest complaint today is that of the persistent low back pain radiating across her back and into the gluteal region. She will get intermittent leg pain. It can be on the right or the left side. She reports her legs will often give out on her, and when she tries to sit, her right leg will fall asleep. However, when asked point blank, the greatest pain is in the low back. She says she can't bend, can't sit any prolonged period of time at all. She has been through therapies, multiple medications, and has been treated by pain management for now a prolonged period of time, but she says she is just not getting any help. She did indicate that prior to this accident she had no trouble with her back whatsoever and was very active. She has been also followed by neurology for a closed head injury in which she has experienced difficulties in concentration and with memory. Her CT scans were negative by report at the time of the accident. She has also tried various medications, but has had a hard time tolerating any sort of pain medication or other medicine such as Neurontin. She also told me that she believes it was pain management that sent her films to Dr. Bucci who at that point had said there was no surgical intervention needed. Dr. Bucci is a neurosurgeon in Greenville, South Carolina.

PAST MEDICAL HISTORY: It is that of mitral valve prolapse.

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PAST SURGICAL HISTORY: Hysterectomy, Meckle's diverticulum, tonsillectomy, cholecystectomy.

CURRENT MEDICATIONS: Darvocet prn, Valium prn, Keppra prn.

ALLERGIES: Phenergan.

SOCIAL HISTORY: Married. Reports herself as disabled. She smokes 1/2 pack of cigarettes a day and will drink maybe once a month.

FAMILY HISTORY: Notable for stroke.

REVIEW OF SYSTEMS: She has noted a twenty-five pound weight loss, occasional heart palpitations, thyroid problems, joint pain, depression, and memory loss.

MEDICAL RECORD REVIEW: I am in receipt of medical records provided to me from Joel Biber. There is a large set of records from the pain management clinic by Dr. Eric Loudermilk. There are records from Dr. Loudermilk in which he has performed epidural blocks with improvement in the patient's condition. He had diagnosed her well as low back pain secondary to disc protrusion, coccydynia after a coccyx bone fracture, mild depression and a closed head injury. I am also in receipt of a neuropsychological examination that was consistent with the patient's complaints and gave her an average verbal and performance IQ with compensatory mechanisms to improve. They thought she had good marital support and good cognitive flexibility. They diagnosed her with an adjustment disorder, post concussive syndrome, and some cognitive dysfunction due to a total brain injury. She also had records from a therapist as well as MRI imaging reports. One report, dated back in 2007, reported a mild bulging disc at L-5, S-1. The one by April of 2008 reported a 4,5 degenerative disc.

PHYSICAL EXAMINATION:

CONSTITUTIONAL: On physical exam, blood pressure is 106/64, pulse was 68, respiratory rate 15.

HEENT: Normocephalic, atraumatic head. External inspection of the ears and nose are normal. Hearing intact.

NECK: Normal alignment. Trachea midline. There were no masses. Lungs were clear to auscultation bilaterally with symmetric breath sounds.

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Mr. Paul C. Rathke
The Joel Biber Firm
RE: LORETTA SPRINGS
January 20, 2009
Page 3

#61174

CARDIOVASCULAR: She had a regular rate and rhythm. Pulses 2+. No edema.

MUSCULOSKELETAL EXAM: Patient had a slightly altered gait favoring the right and left leg when she walked. Tone was normal. Direct strength was 5/5. No straight leg raise.

NEUROLOGICAL: Sensation was intact. Reflexes 2+. Patient was awake, alert, and oriented. She did have some slowing with memory functions and cognitive functions when asked questions.

MEDICAL DECISION MAKING: I reviewed the MRI scan report. We do not have the actual images. The latest report came from Anderson Radiology dated April 4, 2008, reported degeneration L-4,5, but no nerve root compressions. No other obvious fractures or edema.

IMPRESSION: My impression is patient with low back pain after accident, low back pain onset occurred at the time of accident. History of sacral and coccygeal fractures. She had asked me specifically about what could be causing the numbness in her leg when she sits, I said it may be a nerve injury from trauma from the sacral and coccygeal fractures in the sciatic region. This will persist with numbness in the leg. In adulthood these more than likely are permanent injuries. Her low back pain is either from the degenerative disc at 4,5 with annular tear vs. muscle ligament tears with scar tissue after the accident.

RECOMMENDATIONS: To further work this up a new MRI scan would be in order followed by a discogram to test L-4,5. If L-4,5 turned out to be the pain generator, options would include dysarthroplasty. Should this not be the case, further physical therapy may be warranted to help improve musculoskeletal strain and lumbago symptoms. At the current juncton though, she does not appear to be able to sustain her prior employment because she cannot sit for any prolonged period of time. No sitting or standing or pushing of any objects. Her lifting is also greatly compromised and her gait is somewhat compromised as well.

Please feel to contact me with any further information on this patient.

Sincerely,



Philip G. Esce, M.D.

PGE:klb

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ROGER C. PEACE HOSPITAL
REHABILITATION

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Loretta Springs
AGE: 46
SEX: Female
DATES: Interview: 9-14-2009
Testing: 9-30-2009
Feedback: 10-21-2009

SSN:
EDUCATION: 12
OCCUPATION: Trade specialist
REFERRAL: Dr. Sherrill

HISTORY AND PRESENTING COMPLAINTS (Neurobehavioral Status Exam): Loretta Springs is a 46 year old right handed Caucasian female who was injured in an accident at work on 10-12-2007. The patient reports that she was ejected from a golf cart in which she was riding. She struck her head and back. She does not know whether there was any loss of consciousness. She was taken to the Redfern Health Care Center at Clemson University. Secondary to complaints of nausea, dizziness and vomiting she was then taken to Oconee Memorial Hospital for further evaluation. Records indicate that the patient had fracture to the coccyx and sacrum with bulging disc at L4-5 of L%-S1. She was evaluated and released.

The patient was then followed by Dr. McDonald and referred to Dr. Sherrill for neurological follow-up. Mrs. Springs was also seen by Dr. Loudermilk for pain management. Pain management included a number of epidural injections, medications, and nerve block in April, 2008. The patient received several weeks of physical therapy. Dr. Sherrill has been following the patient for brain injury, post-concussion syndrome, and pain. The patient is on lifting restrictions.

The patient was able to return to work after approximately ten days but continued to have difficulty with nausea, dizziness, and eventually was placed on light duty. The patient was not able to do all the lifting required and was eventually terminated from her job. Patient was seen by Dr. Burnette in August of 2008 for impairment evaluation. Dr. Burnette concluded that the patient had chronic low back and left lower extremity pain related to her injury. She recommended work restrictions which included no repetitive bending, no lifting, pushing, or pulling greater than 35lbs. maximum on an infrequent basis, 20lbs. or less on an occasional basis or 10lbs. on a frequent basis.

The patient underwent neuropsychological evaluation by Dr. Voight in Greenwood in October of 2008. Dr. Voight concluded that a patient had cognitive disorder secondary to brain injury, adjustment disorder and post-concussion syndrome.

Peace Rehabilitation Center

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The patient was referred to Peace Rehabilitation Center by Dr. Sherrill for outpatient therapy. Given the lapse in time since her initial neuropsychological assessment, follow-up testing is being conducted to document current level of functioning and assist with both rehab and longer range planning.

When questioned regarding presenting symptoms and complaints the patient notes problems with concentration. She reports that she starts tasks without being able to complete them and experiences loss of train of thought. She describes problems with her memory which include episodic decreased geographic orientation. Upon additional directed questioning the patient notes some decrease in hearing. She describes numbness in her right leg. She also notes decreased strength in her right leg. She reports occasional word finding difficulty. The patient notes that her sleep is disturbed secondary to recurrent pain. When questioned regarding changes in affect the patient notes irritability as well as anxiety when in novel situations.

Brief review of psychosocial history reveals reportedly normal physical development. The patient does not report any history of attention deficit disorder or learning disability. She did note a prior history of abuse as a child. She reports completing high school with "A-C" grades. At the time of her injury she worked as a trade specialist at Clemson University. Responsibilities included HVAC work along with electrical and plumbing repairs. She had been doing that type of work three years. Other vocations have included working as zoo keeper and doing farming.

When questioned regarding personal psychiatric history the patient reports that she had taken Valium following prior hysterectomy but was not under psychiatric care at the time of her injury. She describes very limited alcohol consumption with no history of substance abuse noted. The patient is in her third marriage, this of four years duration. There are no dependents within the home. Medical history includes hysterectomy, diverticulum surgery, removal of hemorrhagic ovary, gallbladder surgery, and tonsillectomy. The patient reports a prior history of migraines but no other relevant neurological history is reported.

BEHAVIORAL OBSERVATIONS: Patient arrived for testing on time. She was appropriately attired and appeared her stated age. Rapport was easily established and the patient was cooperative throughout testing. Responses were characterized by good initiation and patient persisted with good effort until task completion or time up. Patient's attention declined on tasks requiring increased processing speed. Verbal responses were fluent and freely initiated. Patient showed anxiety prior to testing and demonstrated poor self confidence during testing. The patient was physically restless throughout testing. She wore a TENS unit and reported moderate discomfort throughout testing. Some fluctuations in sustained effort were noted. It is felt that these fluctuations in effort most likely reflect the distracting impact of pain and not an explicit lack of cooperation, particularly given that the majority of the patient's results fall in the normal range. The obtained profile is considered a valid but conservative estimate of the patient's current cognitive abilities. The opinions reached in this report are based on the current testing, history provided and other records available at the time of evaluation.

RESULTS: (Neuropsychological Testing- see Attachment A for list of tests administered):

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LANGUAGE: Language assessment included screening of the basic elements of expressive and receptive language as well as the ability to use advanced language skills as social and problem solving tools. The patient was able to read single words and short sentences adequately. Confrontation naming and verbal fluency were within normal limits (Boston Naming Test- 56/60). The patient was able to read single words and short sentences adequately. Single word recognition was in the average range (WRAT-4 Reading= 102).

Academically related verbal intellectual skills fell in the average range (WAIS-III Verbal I.Q.= 106). Examination of subscale scores reveals measures of previously acquired verbal information such as fund of knowledge and vocabulary were in the average to high average range. Measures requiring verbal concept formation and the use of language skills to communicate solutions to social and practical problems were in the average range. Verbal math skills also fell in the average range. These scores are compatible with expectations based on the patient's educational and vocational background. These scores reflect some improvement in verbal abstraction and auditory attention compared to the 2008 testing.

VISUAL-SPATIAL PROCESSING: Visual-spatial assessment included evaluation of basic perceptual skills as well as higher level visual problem solving abilities. Reproduction of simple drawings and more complex visual patterns revealed adequate appreciation of basic spatial relationships. Visual scanning speed was within normal limits. When required to rapidly scan randomly arranged visual targets the patient was able to do so with no difficulty (Trail Making Test Part A = 32 seconds).

Higher level visual and spatial problem solving were assessed using the Performance subtests of the WAIS-R. Overall level of performance was in the average range (WAIS-III PIQ= 102). The patient demonstrated average visual pattern analysis (Block Design) and high average ability to use fine visual environmental details for solving visual and sequential problems (Picture Arrangement). Minor slowing in psychomotor speed was noted but did not impact performance on more functional tasks.

REASONING: Assessment of executive skills included evaluation of mental flexibility and different aspects of higher level problem solving. Mental flexibility, the ability to rapidly shift conceptual set, was in the borderline to mildly impaired range (Trail Making Test Part B = 90 seconds). This suggests that the patient has the core ability to respond to changing environmental demands and to track multiple cognitive tasks but may do so more slowly than prior to her injury.

Assessment of higher level problem solving included measures of abstract rule driven problem solving as well as adaptive reasoning. On the Halstead Category Test, a measure of rule driven problem solving, the patient performed in the average range (Category Test = 36 errors). The patient demonstrated normal ability to generate plausible hypotheses to posed problems and to utilize feedback from the environment to test these hypotheses. On the Tactual Performance Test, a complex motor task requiring adaptive problem solving, high average to superior performance was seen (TPT Total Time = 8.4 min.). The patient was able to rapidly develop a

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strategy and work in an organized manner toward task completion. These scores are compatible with expectations based on the patient's educational and vocational background.

ATTENTION: The patient demonstrated minor variability on measures of complex and sustained auditory and visual attention. The patient performed within normal limits on two measures of complex and sustained auditory attention. Both the Speech Sounds Perception Test (2 errors) and the Seashore Rhythm Test (4 errors) were in the average range. In contrast, the patient demonstrated isolated and mild impairment on a measure of visual attention. Accuracy was in the normal range while speed of processing ranged from low average to mildly impaired in the context of visual scanning in the presence of distracters (2's & 7's Test).

MEMORY: Despite the patient's subjective complaints, memory was functional. Verbal memory was assessed through recall of both meaningful verbal information (stories) as well as less meaningful information (word lists). Initial recall of two standardized stories fell in the average range immediately after presentation and after 30-minute delay. Low average percent retention was noted. Verbal list learning was used to evaluate the patient's ability to master less organized verbal materials. The patient demonstrated average rate of learning across 5 trials of a 15 item word list. Delayed recall of the same list fell in the low average range (8 out of 15 words at 30 minute delay).

Visual memory was assessed through reproduction and recall of both simple geometric figures as well as more complex visual patterns. Patient's recall of both simple and complex visual information was in the average to high average range immediately after presentation and after delays of 30 minutes. Incidental spatial memory, the recall of spatial information not specifically studied as a memory target, fell in the average to well above average range.

SENSORY: Visual fields were full to confrontation testing and visual acuity was within functional limits with corrective lenses. There was no evidence of suppression of visual, auditory, or tactile stimuli during bilateral simultaneous stimulation. Finger graphesthesia and finger gnosis were within normal limits. Tactile form recognition revealed mild bilateral slowing in stereognosis. This did not result in any functional deficit on more complex problems solving tasks.

MOTOR: Gross motor strength (grip strength) was within normal limits bilaterally. Fine motor speed (finger tapping) was moderately impaired bilaterally and in the same general range as noted in 2008.

PSYCHOSOCIAL: The Minnesota Multiphasic Personality Inventory-2 was administered to evaluate current emotional state as well as relevant personality characteristics. The validity scales suggest that the patient responded to the presented questions in a realistically truthful manner and that the obtained clinical profile is valid. The clinical profile reflects mild to moderate levels of somatic complaint and mild depression. Persons with similar profiles may be preoccupied by their medical condition and under prolonged stress experience exacerbation of underlying symptoms. This is further complicated by feelings of helplessness and mild depression.

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Neuropsychological feedback was conducted on 10-21-2009. Patient gave realistic appraisals when asked to evaluate pre-injury abilities. Patient tended to rate current levels of cognitive difficulty as being worse than current testing reveals in several areas, including attention and both visual and verbal memory. The patient was somewhat surprised by her numerous cognitive strengths. We had an in-depth discussion differentiating primary cognitive deficits from secondary cognitive deficits. I noted that most of her problems at the present time are most likely secondary to pain and not necessarily reflective of primary deficits related to brain injury. This inference is supported by the significant dissociation between the patients self-report and her actual underlying cognitive strengths.

SUMMARY AND RECOMMENDATIONS: Loretta Springs presents with a neuropsychological profile characterized by average general intellectual skills, average to above average higher level reasoning, functional visual and verbal memory, and relatively intact attention. Minor difficulties in mental flexibility and speeded visual attention are noted. The overall profile is generally within normal limits. About 8% of persons with brain injury will score in the normal range, so continued brain injury cannot be ruled out. However, there are only very isolated weaknesses and these may also be secondary to persistent pain and depression. There is also evidence of improvement in some areas compared to the testing of 2008.

Based on these findings, two main treatment recommendations are provided:

- First, although the patient's semantic (verbal and visual) memories are quite functional, she presents with forgetfulness and problems with organizing herself in daily activities. This may be a secondary symptom impacted more by depression and pain; however, it does cause the patient significant distress. For this reason I recommend brief referral to our outpatient speech therapy team to help the patient develop a more practical memory management strategy and to help her organize herself in day to day activities.
- Second, I recommend that supportive counseling be provided to the patient to help her address her coping style and to provide more direct support for her depression. Since it is anticipated that the patient will be involved in outpatient speech therapy for a fairly brief period of time, I recommend that the patient find a psychotherapist closer to her home community that can help work with her over the longer term regarding adjustment to her chronic pain and to help her develop better relaxation and pain management skills.

Finally, I discussed with the patient her longer range vocational options. Although she is under significant lifting restrictions and has chronic pain, the patient clearly has fairly normal cognitive capacities. If at some point in the future she desired to consider alternative work, she has the cognitive capacity to do so. She may want to consider referral to the Department of Vocational Rehabilitation at some point in the future.

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Loretta Springs

10-26-2009

Page 6 of 7

Dx: Adjustment Disorder with anxiety and depressed mood (309.28)
History of concussion (850)

Sheldon H. Herring, Ph.D.
Sheldon Herring, Ph.D.
Licensed Psychologist
Clinical Neuropsychologist
Clinical Program Director

10/26/09
DATE

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Loretta Springs

10-26-2009

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Attachment A: Tests Administered

Psychometrist: Nan Campbell

Wechsler Adult Intelligence Scale- III
Wide Range Achievement Test (WRAT-4): Reading
Visual Field and Acuity Testing
Trail-Making Test
Halstead Category Test
Tactual Performance Test
2's & 7's Test
Wechsler Memory Scale III- select subtests
Rey Auditory Verbal Learning Test
Rey-Osterrieth Complex Figure
Sensory Perceptual Testing
Hand Dynamometer
Finger Oscillation Test
Reitan Indiana Aphasia Screening Test
Boston Naming Test
FAS
Minnesota Multiphasic Personality Inventory (MMPI-2)
Speech Sounds Perception Test
Seashore Rhythm Test
Dot Counting Test
MSVT

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Speech Language Pathology

Initial Evaluation

Page 1 of 4

Patient Name: Springs, Loretta Lynn
Medical Record #:
Account #:
Provider: PEACE REHAB CENTER
Provider #:

Date: 12/15/2009

DOB:

Treating Clinician: JERRY SHERVILL, MS, CCC-SLP

SOC Date: 12/15/2009

Patient Information

Address:

Physician: Jerry Shervill

Physician #:

X6

Occupation: Unknown

of Approved Visits: 6

Gender: Female

Medicare #:

Contact Person: Daniel Springs

Medicaid #:

Rehabilitation Information / History

	Onset Date	Code	Description
Primary Diagnosis:	10/12/2007	959.01	Head injury, unspecified
Other Diagnosis:	10/12/2007	280.93	Memory Loss
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)

Prior Functional Status: Communication appropriate and efficient in all situations

Safety Measures: Not applicable

Recent Speech/Language: None within the last sixty days

Therapy:

Rehabilitative Prognosis: Good rehab potential to reach the established goals

Mental Status: Alert and oriented in all spheres - cooperative and motivated

Special Needs: Not applicable

Concerns that led Patient to SLP: Difficulty with complex communicative tasks

Ambulatory Status: Independent

Patient / Caregiver is aware of and understands his/her diagnosis and prognosis

Yes

There is need for further functional assessment by another discipline

Yes

Patient is currently receiving functional rehab by another discipline

No

History Comment: Patient would benefit from psychological services.

Assessment Method: Standardized Testing; Records Review; Clinical Observation

Case History: Patient is a 57 year old female who was involved in a work-related accident when she fell from a golf cart on 10-12-07. She has been referred to outpatient Speech Therapy as recommended in her neuropsychological evaluation results/recommendations.

Patient is currently living with her husband. Prior to her injury she was independent and working. Her hobbies include horseback riding, fishing, hiking, and cleaning her home. She reports that she is currently unable to complete these leisure pursuits due to difficulty she is having with pain, concentration, memory, and difficulty sleeping.

Patient is currently being seen by a pain clinic in Easley per patient report.

Education Level: Highschool diploma

Behavior Cognition: Decreased frustration tolerance; Emotionally labile

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Speech Language Pathology

Initial Evaluation

Page 2 of 4

Patient Name: Springs, Loretta Lynn

Date: 12/15/2009

Medical Record #:

DOB:

Account #:

Treating Clinician: Mary V. Smith, MS, CCC-SLP

Provider: Peace Rehab Center

SOC Date: 12/15/2009

Provider #:

Allergy Comments: NKA reported

Food Comments: Patient reports she is tolerating a regular diet and thin liquids without difficulty and without signs/symptoms of aspiration. Defer swallowing evaluation at this time.

Functional Measures

Goals

Functional Goals: Short Term: STG- Will review results of evaluation with patient such that patient is able to verbalize results and recommendations.

STG- Will develop a journal with patient and patient will complete three entries daily X 1 week in this journal so that patterns in memory failure and situations around these failures can be identified.
STG- Will provide education to patient regarding cognitive linguistic impairments after head injury including memory, attention, reasoning, awareness, and executive functions.
STG- Will identify an external memory management system to assist with patient's attention, memory, and planning skills with patient input.
STG- Will introduce FACE-IT ACE-IT problem solving model to patient such that she is able to state the steps to the model at a modified independent level.

Functional Goals: Long Term: LTG (education)- To provide patient/family education regarding TBI and the effects on cognition and communication (ongoing until discharge)

Goal Comments: Patient reports that her goals for therapy are to be more independent with memory skills and be able to function like I used to.

Patient/Caregiver concurs with established goals:

Yes

Physical Findings

Oral Motor

Yes

Oral motor structure/function is normal in all aspects:

Facial Appearance:

Normal

Cognitive-Linguistic Assessments

Problems Noted In

Attention:

Alternating Attention
Divided Attention

Problem-Solving/Reasoning:

Efficiency
Decreased thought organization

Executive Functions:

Self-awareness
Organization
Self-regulation

Awareness of Deficits:

Yes

Use of Compensatory Strategies:

No

Deficits Significantly Impacted:

Communication
New learning
Work re-entry
Social interaction

Cognitive-Linguistics Patient exhibits hyper-awareness of mild cognitive linguistic impairments. Patient's poor adjustment and coping

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Speech Language Pathology

Initial Evaluation

Page 3 of 4

Patient Name: Springs, Loretta Lynn

Date: 12/15/2009

Medical Record #:

DOB:

Account #:

Treating Clinician: Mary van Dam, MS, CCC-SLP

Provider: Peace Rehab Center

Provider #:

SOC Date: 12/15/2009

Comments: style impact her awareness of her deficits.

Standardized Test Info

Standardized Test: Woodcock Johnson Test of Achievement: Passage Comprehension

Raw Score	Standard Score	Percentile Rank	Age Equivalent
38	101	52	

Comments: Scores indicate "average" performance for reading.

Standardized Test: Woodcock Johnson Test of Achievement: Applied Problems

Raw Score	Standard Score	Percentile Rank	Age Equivalent
48	97	41	

Comments: Scores indicate "average" performance for math skills

Standardized Test: Woodcock Johnson Test of Cognitive Ability: Concept Formation

Raw Score	Standard Score	Percentile Rank	Age Equivalent
26E	100	49	

Comments: Scores indicate "average" performance for reasoning. Patient exhibits overt signs and symptoms of poor frustration tolerance during this assessment. Patient verbalizes frustration with errors and difficulty with this assessment, despite relative success during this task. Patient requires encouragement to decrease negative self talk throughout this assessment.

Standardized Test: Woodcock Johnson Test of Cognitive Ability: Analysis-Synthesis

Raw Score	Standard Score	Percentile Rank	Age Equivalent
27E	106	66	

Comments: Scores indicate "average" performance on reasoning. See above comments.

Standardized Test: Woodcock Johnson Test of Cognitive Ability: Visual-Auditory Learning

Raw Score	Standard Score	Percentile Rank	Age Equivalent
15E	105	62	

Comments: Scores indicate "average" performance for memory measures. Patient reports difficulty with "short term" memory throughout her day. This is suspected to be due to impaired aspects of attention.

Standardized Test: MCLA (Measures of Cognitive Linguistic Abilities)

Raw Score	Standard Score	Percentile Rank	Age Equivalent

Comments: Verbal fluency: -8666 (scores indicate "average" performance for verbal fluency)

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Speech Language Pathology

Initial Evaluation

Page 4 of 4

Patient Name: Springs, Loretta Lynn

Date: 12/15/2009

Medical Record #:

DOB:

Account #:

Treating Clinician: Marty Van Dam, MS, CCC-SLP

Provider: Peace Rehab Center

SOC Date: 12/15/2009

Provider #:

Standardized Test: TAWF Brief Test (Test of Adolescent/Adult Word Finding)

Raw Score	Standard Score	Percentile Rank	Age Equivalent
37	98	48%	

Comments: Scores indicate "average" performance for word retrieval.

Impressions / Recommendations

Diagnostic Impressions:

Patient presents with a mild cognitive linguistic disorder, characterized by impaired aspects of attention, memory, and reasoning complicated by poor frustration tolerance, coping, adjustment and implications from pain issues. While patient could benefit from short term Speech Therapy to address these issues, patient will not be able to apply strategies to compensate for these issues without the support of psychology services. These recommendations concur with the results/recommendations from patient's neuropsychology testing dated 9-30-09.

Diagnostic Recommendations:

Recommend 1-2 weeks of individual speech therapy 2-3 times per week to address patient education, memory management strategies, and problem solving. It is necessary for patient to receive psychological services while in therapy and continue with these services after therapy to address psycho-social issues which will greatly impact patient's ability to apply strategies learned in Speech Therapy.

Martha Van Dam, MS, CCC-SLP

Marty Van Dam, MS, CCC-SLP

State License #: 4102

1/5/2010
4:47:24 PM

Date/Time

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Speech Language Pathology Progress / Treatment Note

Page 1 of 1

Patient Name: Springs, Loretta Lynn Date: 12/15/2009
Medical Record #: DOB:
Account #: Treating Clinician: Marty Van Dam, MS, CCC-SLP
Provider: Peace Rehab Center SOC Date: 12/15/2009
Provider #:

	Onset Date	Code	Description
Primary Diagnosis:	10/12/2007	959.01	Head injury, unspecified
Other Diagnosis:	10/12/2007	280.93	Memory Loss
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)
Time In: 03:00 PM Time Out: 03:55 PM			
SLP Interventions and CPT Codes Consisted of:			
	CPT Code	Modifiers	Minutes Units
Eval - Speech/Lang/Voice/Comm/Aud 60	92506		55 1
Total Minutes: 55 Total Timed Minutes: 0 Total Untimed Minutes: 55			
Total Units: 1 Total Timed Units: 0 Total Untimed Units: 1			

Intervention Comments:

Day 1 evaluation. Took initial Speech Therapy interview/case history. Developed a bi-daily journal for patient to record specific instances of memory failure and/or attention failure as well as several rating scales (pain, emotional level, etc) and assigned patient this task over the next two weeks to collect data for problem solving. Patient agreeable to task. Evaluation in progress.

Goals

Martha Van Dam, MS, CCC-SLP 12/16/2009
Marty Van Dam, MS, CCC-SLP 8:36:41 AM
State License #: 4102 Date/Time

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Progress / Treatment Note

Page 1 of 1

Speech Language Pathology

Patient Name: Sorines, Loretta Lynn
Medical Record #:
Account #:
Provider: Peace Rehab Center
Provider #:

Date: 12/17/2009

DOB:

Treating Clinician: Speech Pathologist Covering

SOC Date: 12/15/2009

Provider #:	Onset Date	Code	Description		
Primary Diagnosis:	10/12/2007	959.01	Head Injury, unspecified		
Other Diagnosis:	10/12/2007	280.93	Memory Loss		
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)		
Time In: 11:00 AM		Time Out: 11:55 AM			
SLP Interventions and CPT Codes Consisted of:					
CPT Code			Modifiers	Minutes	Units
92506				55	1
Eval - Speech/Lang/Voice/Comm/Aud 60					
Total Minutes: 55		Total Timed Minutes: 0		Total Untimed Minutes: 55	
Total Units: 1		Total Timed Units: 0		Total Untimed Units: 1	

Intervention Comments:

Day 2 evaluation: Completed the following standardized tests:
Test of Adolescent/Adult Word Finding Brief Test, Woodcock Johnson Test of Cognitive Ability: Visual Auditory Learning, Woodcock Johnson Test of Cognitive Ability: Concept Formation, and Woodcock Johnson Test of Achievement: Passage Comprehension.
Patient became labile and frustrated as she completed the rule driven problem solving subtest of Concept Formation.

Goals

16 Int: Assessment/Plan: test/evaluation/progress, speech development	12/17/2009 2:08:56 PM
Speech Pathologist Covering	Date/Time
State License #:	

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Speech Language Pathology **Progress / Treatment Note**

Page 1 of 1

Patient Name: Springs, Loretta Lynn Date: 12/22/2009
Medical Record #: DOB:
Account #: Treating Clinician: Marty Van Dam, MS, CCC-SLP
Provider: Peace Rehab Center
Provider #: SOC Date: 12/15/2009

	Onset Date	Code	Description
Primary Diagnosis:	10/12/2007	959.01	Head injury, unspecified
Other Diagnosis:	10/12/2007	280.93	Memory Loss
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)
Time In: 11:00 AM Time Out: 11:54 AM			
SLP Interventions and CPT Codes Consisted of:			
	CPT Code	Modifiers	Minutes Units
Eval - Speech/Lang/Voice/Comm/Aud 60	92506		54 1
Total Minutes: 54 Total Timed Minutes: 0 Total Untimed Minutes: 54			
Total Units: 1 Total Timed Units: 0 Total Untimed Units: 1			

Intervention Comments:

Day 3 of evaluation completed. Completed WJTOA applied problems and WJTOC analysis synthesis. Patient demonstrates poor frustration tolerance with frequent agitation and negative self talk throughout these assessments, despite relative success with responses. Completed verbal fluency measures. See evaluation for results.

Goals

Martha Van Dam, MS, CCC-SLP 12/22/2009
Marty Van Dam, MS, CCC-SLP 11:55:24 AM
State License #: 4102

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Speech Language Pathology Progress / Treatment Note Page 1 of 1

Patient Name: Sorinza, Loretta Lynn
Medical Record #:
Account #:
Provider: Peace Rehab Center
Provider #:

Date: 1/5/2010
DOB:
Treating Clinician: Marty Van Dam, MS, CCC-SLP
SOC Date: 12/15/2009

Provider #:	Onset Date	Code	Description
Primary Diagnosis:	10/12/2007	959.01	Head injury, unspecified
Other Diagnosis:	10/12/2007	280.93	Memory Loss
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)
Time In: 10:00 AM		Time Out: 10:55 AM	
SLP Interventions and CPT Codes Consisted of:			
Sp/Hearing/Voice/Comm Tx- Ind - 60		CPT Code	Modifiers
		92507	Minutes
Total Minutes: 55		Total Timed Minutes: 0	Total Untimed Minutes: 55
Total Units: 1		Total Timed Units: 0	Total Untimed Units: 1

Intervention Comments:

Reviewed results of evaluation with patient. Patient was emotionally labile throughout today's session. Patient did a nice job following through with keeping her pain/occurrence journal and reports that she is noticing that more "memory failures" happen towards the end of the day. Provided reinforced education regarding results and recommendations from the evaluation. Provided verbal and written education regarding memory and attention and their impact on each other, external memory aides, and unawareness after brain injury. Chose an external memory management system to assist patient with attention, functional memory, and organization. Patient agreed to purchase the system and bring in for next session. Began discussing how personality, problem solving style/orientation, and emotions impact reasoning and problem solving. Will introduce Face It-Ace It model next session.

Goals

Martha Van Dam, MS, CCC-SLP 1/6/2010
Marty Van Dam, MS, CCC-SLP 1:23:06 PM
State License #: 4102 Date/Time

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PEACE REHABILITATION CENTER
100 Augusta Street
Greenville, SC 29601
Ph: 864-455-2600 Fax: 864-455-2621

Speech Language Pathology Progress / Treatment Note

Page 1 of 1

Patient Name: *Shirley Lynn*

Date: 1/7/2010

Medical Record #:

DOB:

Account #:

Treating Clinician: Marty Van Dam, MS, CCC-SLP

Provider: Peace Rehab Center

Provider #:

SOC Date: 12/15/2009

	Onset Date	Code	Description
Primary Diagnosis:	10/12/2007	959.01	Head injury, unspecified
Other Diagnosis:	10/12/2007	280.93	Memory Loss
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)
Time In: 10:00 AM Time Out: 10:55 AM			
SLP Interventions and CPT Codes Consisted of:			
CPT Code Modifiers Minutes Units			
Sp/Hearing/Voice/Comm Tx- Ind - 60 92507 55 1			
Total Minutes: 55 Total Timed Minutes: 0 Total Untimed Minutes: 55			
Total Units: 1 Total Timed Units: 0 Total Untimed Units: 1			

Intervention Comments:

Patient completed all prospective memory tasks assigned and demonstrated good understanding of written educational information she was asked to read for homework. Patient brought in a planner, and selected a planner with a monthly section, daily section with room for planning and journaling. Provided education to patient for the rational use of an external memory management system to address organization and attention. Discussed with patient a plan to use planner and strategies for most efficient use of planner. Patient demonstrated good insight into patterns gleaned from pain/memory failure occurrence journal that she has been keeping at home. Processed with patient what this information means in regarding to her cognitive linguistic function. Introduced FACET side of the FACET-ACE IT problem solving model. Patient aligned with several thinking distortions including "all or nothing thinking", overgeneralization, jumping to conclusions, personalization, and self worth. Discussed rebuttals for these distortions with thinking. Patient verbalized good understanding of this education and was able to generate ways to aide awareness of these distortions as they are happening. Will complete education of problem solving model next session. It is a continued recommendation that patient receive psychological services.

Goals

Functional Goals; Long LTG (education)- To provide patient/family education regarding TBI and the effects on cognition and Term: communication (ongoing until discharge)

<i>Martha Van Dam, MS, CCC-SLP</i>	1/7/2010 3:18:43 PM
Marty Van Dam, MS, CCC-SLP	Date/Time
State License #: 4102	

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PEACE REHABILITATION CENTER
100 Augusta Street
Greenville, SC 29601
Ph: 864-455-2600 Fax: 864-455-2621

Speech Language Pathology Progress / Treatment Note Page 1 of 1

Patient Name: Springs, Loretta Lynn Date: 12/15/2009
Medical Record #: DOB:
Account #: Treating Clinician: Marty Van Dam, MS, CCC-SLP
Provider: Peace Rehab Center SOC Date: 12/15/2009
Provider #:

Provider #:	Onset Date	Code	Description			
Primary Diagnosis:	10/12/2007	939.01	Head Injury, unspecified			
Other Diagnosis:	10/12/2007	280.93	Memory Loss			
	10/12/2007	V40.1	Mental & behavioral problems with communication (including speech)			
Time In: 10:00 AM		Time Out: 10:55 AM				
SLP Interventions and CPT Codes Consisted of			CPT Code	Modifiers	Minutes	Units
Sp/Hearing/Voice/Comm Tx- Ind - 60			92507		55	1
Total Minutes: 55		Total Timed Minutes: 0		Total Untimed Minutes: 55		
Total Units: 1		Total Timed Units: 0		Total Untimed Units: 1		

Intervention Comments:
Patient demonstrated good use and understanding of her external memory management system, having documented in her system each day since last treatment session when the system was introduced to patient. Provided additional education to patient regarding expansion of her external memory management system and other possible functions this system can serve (e.g. goal setting, etc). Patient verbalized understanding. Patient reports difficulty with organization and memory during cooking tasks at home. Provided suggestions for systematic ways to organize the cooking task to alleviate the demands on her memory. Patient was agreeable to trying these strategies and verbalized understanding. Discussed goal setting and setting realistic intermediary steps to long term goal statement. Broke down steps/goals for these cooking tasks patient is reporting difficulty with. Continued education regarding the FACE-IT, ACE-IT model. Provided patient with educational handouts regarding the models and how emotions and problem solving style/orientation impact problem solving. Patient was able to verbalize the steps of the model with use of the handout. Provided discharge recommendations to patient. Patient reports she will be following up with her pain psychologist tomorrow. Encouraged patient to continue to do so.
Patient is discharged from Speech Therapy at this time, please see discharge summary for details.

Goals
Functional Goals: Long LTG (education)- To provide patient/family education regarding TBI and the effects on cognition and
Term: communication (ongoing until discharge)

Marty Van Dam, MS, CCC-SLP 1/14/2010 11:11:40 AM
Marty Van Dam, MS, CCC-SLP Date/Time
State License #: 4102

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Patient: LORECHA SPRINGS Page 1 Chai. 1 Phone
 Date: FEB 13 2008 Consulting Physician Sherrill
 Allergies: Phenergan Latex Allergy yes ☐ no ☒
 Past History: no defect
 Asthma - Heart mitral valve prolapse - murmur Ht
 Diabetes - Kidney - LMP hyst. Wt
 Hearing Loss - Lungs - GI problems on intestines Temp 98.6
 Pers/Fam Hx: CA - Eyes - Immune System -
 Tobacco Use - Liver - Neurological -
 Surgery hyst. intestinal Comments Atox3
 Meds / Herbs / Vits: Novacaine patch - tramadol - Buspar
 Complaint: pt comes in today stating had accident at work
10-12-07. pt states broke many bones, since
accident, ear felt full, better now - within 1wk of
accident, pt states she lost all sense of smell
& taste. - pt has lost 17 lbs since Oct. 07. pt states
she is here today re her taste & smell senses,
hard for her to eat. & tx's for this prior -
pt had concussion from accident. & other ent cl's
overcome Hysteria Oct 12 '07 (ES)

IMPRESSION: Patient with an alteration of the sense of taste and smell. She probably had a contaco injury when she hit the back of her head. The patient also had some bleeding into the ear I believe at that time. I see a little residual blood anteriorly.
 PLAN/MEDS: The zinc supplement she is taking and the vitamin E may help her given time and prayer. We will have to see but I did not have any silver bullets for this. Give her some time and see how things go.
 RTC:
 STUDIES: Fortunately her audio and tympanogram look good. Tympanograms were slightly negative.
 HISTORY: Above history reviewed.
 PHYSICAL EXAM
 FACIAL STRENGTH: Facial nerve looked good.
 EARS: The ear canal and drum on the right looked well. The left showed a little blood behind the drum anteriorly.
 NOSE: External inspection: normal
 Inspection of nasal mucosa, septum and turbinates: The nose exam with the flex scope showed no significant polyps or pus, etc.
 ORAL CAVITY: Negative
 PHARYNX: The oropharynx looks well.
 NASOPHARYNX: Negative
 LARYNX: Negative
 HYPOPHARYNX: Hypopharynx looked well.
 Inspection of pharyngeal walls and pyriform sinuses: Negative

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Loretta Springs

Page 2

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2/13/08 continued.....

ECK: Negative

THYROID: Negative

SALIVARY GLAND: Negative

MENTAL STATUS: A&Ox3 JWR/sab DOD: 2/13/08 DOT: 2/13/08

PROCEDURE: I see with the flexible scope an exam of the nose and nasal airway with no evidence of polyps, pus or granulation tissue secondary to her injury. JWR/sab DOD: 2/13/08 DOT: 2/13/08

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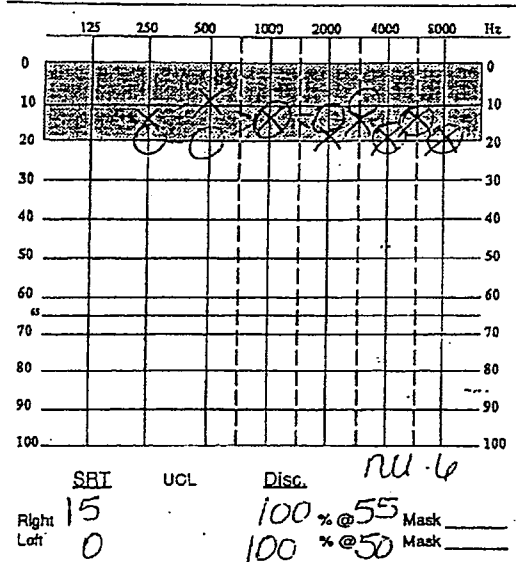
276

NAME: Loretta Springs

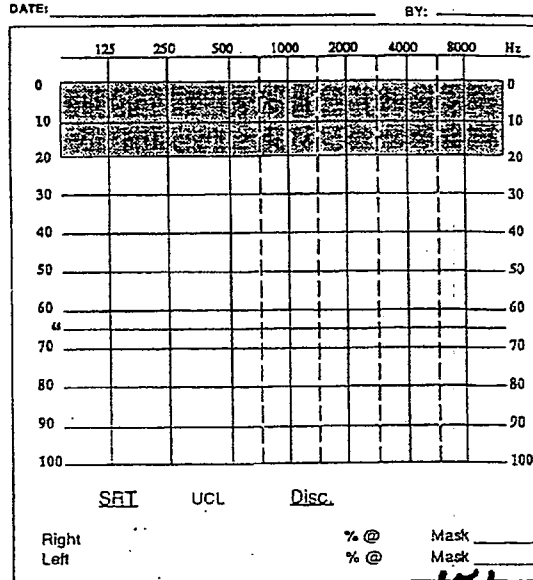
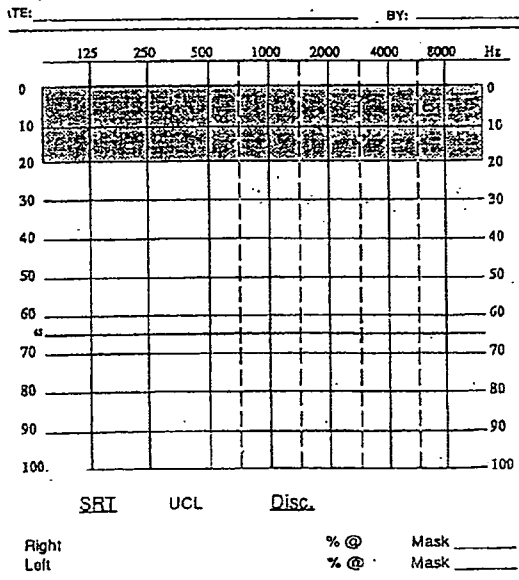
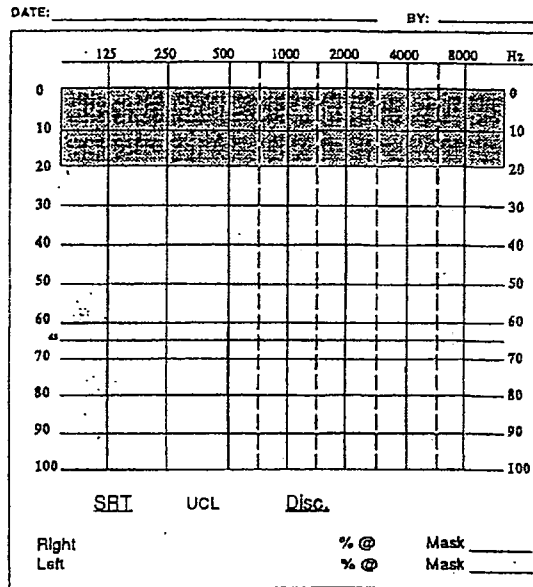
CHART #:

DATE: 2-13-08

BY: ERH



Inserts au



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MEDICUS

Tympanometry

Name: Loretta Springs

Chart Number: _____

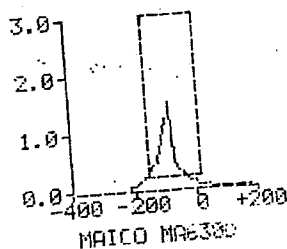
Date: 2-13-08

Operator: Exs

NAME _____
AGE _____
DATE 2-13-08
TIME 11:29 AM
TESTED BY _____

EAR R
PK. COMFL. 1.5 ml
PK. PRESS. -77 daPa
CANAL VCL. 1.2 ml
GRADIENT PASS

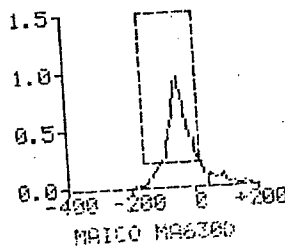
REFLEX: CONTRA 90 dB
500 Hz FAIL 90 dB
1000 Hz FAIL 90 dB
2000 Hz FAIL 90 dB
4000 Hz FAIL 90 dB



NAME _____
AGE _____
DATE 2-13-08
TIME 11:29 AM
TESTED BY _____

EAR L
PK. COMFL. 1.0 ml
PK. PRESS. -37 daPa
CANAL VCL. 1.1 ml
GRADIENT PASS

REFLEX: CONTRA 90 dB
500 Hz FAIL 90 dB
1000 Hz FAIL 90 dB
2000 Hz FAIL 90 dB
4000 Hz FAIL 90 dB



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Kriegel & Associates

103 Willow Lake Court

Easley, SC 29642

864-855-6705 phone

864-855-6703 fax

December 10, 2009

Eric Loudermilk, MD
Pain Management Group
1655 E. Greenville St.
Anderson, SC 29622

Re: Loretta Springs

Dear Eric;

Thank you for the referral of this 46 year old female who was initially injured on the job in October 2007. She reports that she was riding on a golf cart during her regular work duties and fell off. She reports that she fell off and injured her back, tail bone and experienced a closed head injury. She reports that she was initially evaluated and treated for these injuries. She has continued to experience low back and bilateral leg pain since that time. She also states that she suffered a broken eardrum, post concussion syndrome and changes in both her ability to smell and taste. She describes multiple evaluations since her initial injury that included both neurological and psychological assessments. The most recent psychological assessment was performed by Nancy L. Voinght, Ph.D. in Columbia who determined that Loretta did suffer continued psychological difficulties from her initial injury and recommended both speech therapy for Loretta's continued memory management difficulties as well as psychotherapy to help her adjust to her continued chronic pain and to help her develop better relaxation and pain management skills. Loretta presents today for that initial assessment for the recommended psychotherapy.

Loretta presents today as a pleasant and cooperative individual in no acute distress. She is quite willing to discuss her symptoms and condition and appears to present these in a very open and honest manner. She states that she continues to experience constant low back and leg pain that is exacerbated by sitting and certain activities. She states that she is able to lie down but it does reduce her pain somewhat. She is frustrated with her memory issues and does admit to some mild depression at times. She states that she gets about 4 hours of sleep per night that is interrupted due to her discomfort. She describes her overall health as good although she does state that she has a mitral valve prolapse. Her current medications include: Vicodin, Darvocet, Ambien, Buspar and Soma. She denies any suicidal ideation and states that she is quite interested and motivated in participating in any treatment that will help improve her condition and help assist her in returning to a more normal lifestyle.

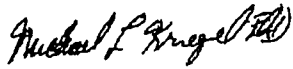
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Page 2
Re: Loretta Springs

Assessment and Recommendations:

Loretta does appear to be an excellent candidate for a treatment program focusing on improving her coping skills and assisting her in reducing all of her chronic pain symptoms and her emotional reaction to her condition. There also appears to be an opportunity to help her with some of her cognitive difficulties as well. As previously mentioned she appears to be very motivated and would like to begin treatment as soon as possible. We will contact the insurance company to get approval and will keep you posted regarding her progress.

Best Regards,



Michael L. Kriegel, Ph.D.
Dictated not read

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Loretta Springs

1/15/2010 - Progress Note

Progress Note

Patient: Loretta Springs

Date: January 15, 2010

Loretta returns for her first treatment session and is very active and responsive throughout. It is unfortunate that it took her quite sometime to get the insurance approval after her initial evaluation. She does report that she has had more difficulty with her depression and anxiety since it took so long for her to begin treatment here. She states emphatically that she wishes to aggressively address her symptoms and, in particular, focus on her depression, her post traumatic stress disorder and her memory issues. We discussed the origin and etiology of all of these psychological issues and in particular how her on the job injury either created or exacerbated these conditions. Fortunately, all of these difficulties have the potential for improvement and Loretta appears to be very motivated to actively address them.

Michael L. Kriegel

Michael L. Kriegel, Ph.D.

Dictated not read

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Progress Note

Patient: Loretta Springs
Date: January 22, 2010

Loretta returns and reports that she was very pleased with the first treatment session that she had last week. She expresses a great deal of motivation and willingness to do whatever is necessary to manage her symptoms more effectively. She also reports that some of her difficulty with depression is connected to experiences that she had during childhood. She relates being abused severely and experiencing difficulties from that point forward. In our discussion it became clear that she very likely has some level of Post Traumatic Stress Disorder that has made her more vulnerable to emotional problems throughout her adulthood. She describes managing her symptoms primarily by being very physically active and involved in her work. Therefore her job not only allowed her to earn a living but also became one of her primary coping mechanisms. Her inability to work has then affected not only her emotional level but also her emotional stability. She states that she has found herself ruminating about the experiences ever since she was injured and forced to reduce her activity level. I discussed with her how we can incorporate her need for improved coping skills into our original treatment plan that I had discussed with her. There is every reason to expect that she will be able to address her depression and her chronic pain level at the same time that she improves her ability to cope with her memories from the past. She expresses a great deal of interest in this and we will continue her treatment as described.

Michael L. Kriegel

Michael L. Kriegel, Ph.D.
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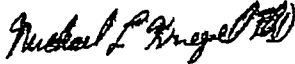
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Progress Note

Patient: Loretta Springs

Date: January 27, 2010

Loretta returns and reports that she is very pleased with her treatment here. She is able to understand much better how her physical symptoms have created tremendously powerful psychological symptoms. In addition, she reports that she has begun to understand how the experiences she had as a child may have kept her from developing sufficient coping skills with which to address her current chronic pain situation. We discussed how she can improve in these areas and, in particular, what it would take for her to be able to control her emotions and her chronic pain at a much higher level.



Michael L. Kriegel, Ph.D.

Dictated not read

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2/5/2010 - Progress Note

Progress Note

Patient: Loretta Springs
Date: February 05, 2010

Loretta returns and is happy to report that she has begun implementing some of the treatment techniques that I have recommended. In particular, she has used the cognitive restructuring techniques in order to address her depression more effectively. She states that she has not been feeling nearly as sad or as agitated as a result of the treatment that she is implementing. I am pleased with her motivation and we will continue working very hard to help her manage her symptoms.

Michael L. Kriegel

Michael L. Kriegel, Ph.D.
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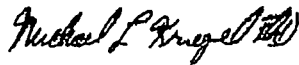
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Progress Note

Patient: Loretta Springs

Date: February 11, 2010

Loretta returns and reports that she has been implementing my suggestions for her chronic pain management. I am pleased to see that she has, in particular, focused on utilizing some of the strengthening exercises that she previously learned in physical therapy. I emphasized to her the need to go very slowly and not do anything that would cause her to have a major setback. In addition, today we discussed how her mood and depression interact with her chronic pain and what this can do to exacerbate her discomfort. We also discussed her memory issues and agreed that we would focus more attention on this as time goes on.



Michael L. Kriegel, Ph.D.
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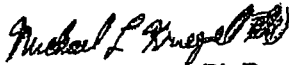
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2/17/2010 - Progress Note

Progress Note

Patient: Loretta Springs
Date: February 17, 2010

Loretta presents today with a significant increase in her anxiety and agitation. This appears to be related to our conversation last week about her memory issues. In addressing some of her memory difficulties she has implemented some of the suggestions I made to her. As a result, she states that she has found herself focusing on memories from her childhood. As she describes them today she becomes quite upset and agitated. In fact, at one point it appeared that she may have been experiencing a flashback. There is the potential that her memory problems may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during her accident. We agreed to try to evaluate this as time goes on. Overall, she responded well to our session today but clearly experienced some high levels of emotion.



Michael L. Kriegel, Ph.D.
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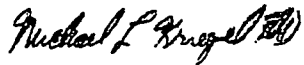
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Progress Note

Patient: Loretta Springs

Date: February 25, 2010

Loretta returns and states that she has found that increasing her strength and activities does have a positive impact on her level of discomfort. However, she again reports that she has been experiencing intrusive memories and nightmares. She states that she has had nightmares most of her life but that she was not aware that they may be related to the traumas that she experienced as a child. It is also becoming clear as I get to understand Loretta more deeply that she relatively few coping skills with which to address her current discomfort and dysfunction. It will be imperative that we improve her coping skills in order to insure that she will be able to manage her symptoms long term.



Michael L. Kriegel, PH.D.

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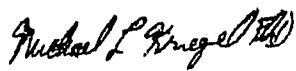
161

3/5/2010 - Progress Note

Progress Note

Patient: Loretta Springs
Date: March 05, 2010

Loretta returns and is more upbeat and positive than she has been lately. She states that she was able to identify several experiences that occurred in her past that do appear to be affecting her today. She describes a very classic intrusive memory experience that did affect her ability to think and process in the present. We discussed how she can effectively address this and the fact that if she does have PTSD it is a very powerful condition that can affect her in many ways.



Michael L. Kriegel, PH.D.
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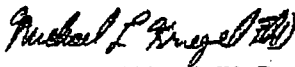
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Progress Note

Patient: Loretta Springs

Date: March 19, 2010

Loretta returns and reports that she has had some moderate success with the chronic pain coping skills which we have been discussing. She is trying hard to improve her activity level and, in particular, states that she is becoming more responsive to increases in her discomfort. She describes how she utilizes both ice massage and moist heat to address a muscle spasm she had over the past weekend. I strongly encouraged her to continue developing a repertoire of responses to her discomfort. We also discussed her depression and how her coping skills have been overwhelmed by her current situation. She also, again, relates symptoms that make it appear more and more that she suffers from Post Traumatic Stress Disorder from childhood abuse. She responded very well to our session today and continues to be a very motivated and compliant patient.



Michael L. Kriegel, Ph.D.

Dictated not read

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3/25/2010 - Progress Note

Progress Note

Patient: Loretta Springs
Date: March 25, 2010

Loretta returns and, unfortunately, had a difficult weekend. Her chronic pain increased significantly and she was not able to utilize her pain management techniques sufficiently to control her pain. She is more depressed today than I have seen her and she is concerned that this increase in discomfort may be permanent. It my discussion with her it became clear that most of what she is experiencing is mild facile in nature and therefore should respond to the suggestions that I have made to her if she will maintain her motivation and apply the ideas more intensely.

Michael L. Kriegel PhD

Michael L. Kriegel, Ph.D.
Dictated not read

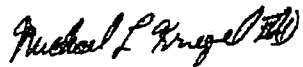
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Progress Note

Patient: Loretta Springs

Date: April 1, 2010

Loretta returns and reports that she has continued to work hard over this past week to reduce her chronic pain. She is pleased to state that her leg pain has improved significantly over last week but is frustrated that her back pain is still quite high. Fortunately, her depression has also improved as she has been able to improve her discomfort level. I discussed with her other suggestions about her chronic pain and she agreed to utilize them.



Michael L. Kriegel, Ph.D.

Dictated not read

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4/8/2010 - Progress Note

Progress Note

Patient: Loretta Springs
Date: April 8, 2010

Loretta returns and, fortunately, has been able to reduce some of her increased back pain. She states that her leg pain, although still difficult, is back to it's more normal chronic level. I discussed with her at length how these exacerbations can occur and what she can do to address them more effectively in the future and, even more importantly, what she can do to avoid them. I was pleased to see that she has learned a great deal over the past couple of weeks about managing her back and leg pain.

Michael L. Kriegel

Michael L. Kriegel, Ph.D.
Dictated not read

166

QUESTIONNAIRE TO MICHAEL L. KRIEGEL, PHD

Re: Claimant: Loretta Springs
DOB:
SS#:
DOI: 10/12/07

1. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 has exacerbated Ms. Springs Post Traumatic Stress Disorder and caused the onset of symptoms.

☒ Yes
☐ No

2. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the need for psychological treatment is related to the work accident on October 12, 2007.

☒ Yes
☐ No

3. Is Loretta Springs at Maximum Psychological improvement from the symptoms brought forth by the work injury of October 12, 2007?

☒ Yes
☐ No

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4. What further treatment is needed and at what frequency to optimize Ms. Spring's recovery from the symptoms brought forth by the work injury of October 12, 2007?

MS. SPRING'S NEEDS INDIVIDUAL COGNITIVE BEHAVIORAL
PSYCHOTHERAPY ON A MINIMUM OF A WEEKLY BASIS. OPTIMAL
TREATMENT WOULD BE FOR HER TO RECEIVE TREATMENT
TWICE WEEKLY DUE TO THE SEVERITY OF HER SYMPTOMS.

Michael L. Kriegel, PhD
Michael L. Kriegel, PhD

5-25-10
Date

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QUESTIONNAIRE TO MICHAEL L. KRIEGEL, PhD

Re: Claimant: Loretta Springs
DOB:
SS#:
DOI: 10/12/07

1. Is future treatment needed for Ms. Springs to maintain her level of functioning?

☒ Yes
☐ No

2. If yes to number 1, what further treatment is needed and at what frequency to optimize Ms. Spring's recovery from the symptoms brought forth by the work injury of October 12, 2007?

Ms. Springs will require continued cognitive-
behavioral psychotherapy, two sessions per week
in order to optimize her recovery

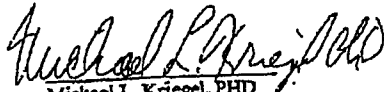
3. With treatment outlined in 1 and 2 above, Is Loretta Springs at Maximum Psychological improvement from the symptoms brought forth by the work injury of October 12, 2007?

☒ Yes
☐ No

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4. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 has exacerbated Ms. Springs Post Traumatic Stress Disorder and caused the onset of symptoms. Because of the work injury Ms. Springs has an impairment rating of CLASS 4.

MODERATELY SEVERE
IMPAIRMENT


Michael L. Kriegel, PHD

10-11-10
Date

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Notice of Witnesses and Written Reports of Physicians or Other Evidence to be
Introduced on behalf of the Defendants, dated January 4, 2011

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(33) 737-5739
www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 0717106

Claimant's Name: Lorella Springs Employer's Name: Clemson University
Address: E-307 Martin Hall
City: Clemson State: SC Zip: 29634-6939
Home Phone: _____ Work Phone: () Carrier: State Accident Fund
Preparer's Name: Reginald M. Gay, Esquire Preparer's Phone #: (884) 228-1688

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$289.95 2. AWW: \$434.91 Date of Injury: 10/12/2007
3. Type of Injury and body part(s): Alleged injuries to brain, head, back, left lower extremity, ears, nose, tongue. Defendants have admitted injury to head and left hip but denied physical brain damage and back injury.
4. Facts in controversy: The extent of the Claimant's injuries as a result of her work injury; whether the Claimant's current condition is a result of a work related injury; whether the Claimant is entitled to any additional medical care and/or treatment for her work related injury; whether the Claimant has physical brain damage; whether the Defendants are entitled to stop payment of temporary total compensation benefits for her work related injury; whether the Claimant is entitled to any partial permanent disability in regard to her work related injury and, if so, the amount.
5. Legal issues involved: § 42-1-160, § 42-9-10, § 42-9-30, § 42-15-60, and any other applicable provisions under South Carolina Workers' Compensation law.
6. Unusual aspects: None at the present time.
7. Witnesses (designate if expert):* Denise Godwin
8. Exhibits: Medical records are being submitted under the Administrative Procedures Act. Additional records include: Various Clemson University Employment/Personnel Records (9/15/06 - 9/18/08).
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): Medical records are being submitted under the Administrative Procedures Act. These records include: See Addendum.
10. Name, address, and specialty, if any, of the treating physician: Dr. Eric Loudermilk, Piedmont Comprehensive Pain Management Group, 100 Healthy Way, Suite 1260, Anderson, SC 29621, Dr. Jerry F. Sherrill, Jr., Lake Ridge Neurological, PA, 103 Omni Drive, Suite B, Seneca, SC 29672, and Michael Kriegel, PhD., Kriegel & Associates, 103 Willow Lake Court, Easley, SC 29642
11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Eric Loudermilk determined the Claimant to be at MMI on July 21, 2008. Dr. Carolina Bumdetke assigned a 7% permanent impairment to the lumbar spine equivalent to 5% whole person on August 1, 2008. Dr. Sherrill assigned a 3% medical impairment to the head and 0% medical impairment to the low back on March 26, 2010. He returned her to work with no restrictions.
12. I am amending my Form 50/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____ Email: rgay@mcneak.net
Date of hearing: January 4, 2012 @ 9:45 a.m. Time needed for hearing: 1 Hour
On behalf of ☐ Claimant ☒ Employer
This form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to advise expert witnesses at hearings.

WCC Form # 58

58

PRE-HEARING BRIEF

ANDERSON 692574

ADDENDUM

10. Medical Evidence

- a) Dr. Harry Vincent May
02/05/07, 02/08/07, 02/16/07, 07/02/08, 07/17/08, 10/08/08
- b) St. Francis
02/23/07, 02/25/07
- c) Oconee Memorial Hospital
10/12/07
- d) Clemson University Redfern Health Center
11/15/07, 09/04/08
- e) Clemson Sports Medicine
02/26/08, 03/31/08, 04/02/08, 04/10/08, 04/17/08
- f) Piedmont Comprehensive Pain Management Group
05/15/08, 10/26/10
- g) Associates In General Surgery, PA
07/17/08
- h) MountainView Medical Imaging
04/01/09
- i) Lake Ridge Neurological, PA
03/26/10
- j) Kriegel & Associates
04/15/10, 07/01/10, 07/15/10, 07/22/10, 07/27/10, 08/03/10, 08/17/10,
08/19/10, 08/26/10, 08/30/10, 09/07/10, 09/21/10, 09/23/10, 10/07/10,
10/14/10, 10/21/10
- k) Ameritox Report
11/10/10

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0717106

Loretta Springs,

Employee/Claimant,

-vs-

Clemson University,

Employer,

and

State Accident Fund,

Carrier/Defendant(s).

NOTICE OF WITNESSES AND
WRITTEN REPORT(S) OF
PHYSICIAN(S) OR OTHER EVIDENCE
TO BE INTRODUCED ON BEHALF OF
DEFENDANT(S)

TO: The South Carolina Workers' Compensation Commission and
Paul C. Rathke, Esquire, Attorney for Claimant:

YOU ARE HEREBY NOTIFIED that the Defendants, pursuant to the provisions of the
South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as
amended), herewith submits the following medical reports of physicians or other evidence on behalf
of the Defendants, to wit:

EXHIBIT NO.	NAME OF REPORT	DATE OF REPORT(S)	PAGE NOS.
14	Dr. Harry Vincent May	02/05/07, 02/08/07, 02/16/07, 07/02/08, 07/17/08, 10/08/08	171-172
15	St. Francis	02/23/07, 02/25/07	173-177
16	Oconee Memorial Hospital	10/12/07	178
17	Clemson Radfarm Center Health Center	11/15/07, 09/04/08	179-180
18	Clemson Sports Medicine	02/26/08, 03/31/08, 04/02/08, 04/10/08, 04/17/08	181-182
19	Piedmont Comprehensive Pain Management Group	05/15/08, 10/26/10	183-184
20	Associates in General Surgery, PA	07/17/08	185-186
21	Mountainview Medical Imaging	04/01/09	187

ANDERSON 6963-4

22	Lake Ridge Neurological, PA	03/26/10	188
23	Kriegel & Associates	04/15/10, 07/01/10, 07/15/10, 07/22/10, 07/27/10, 08/03/10, 08/17/10, 08/19/10, 08/26/10, 08/30/10, 09/07/10, 09/21/10, 09/23/10, 10/07/10, 10/14/10, 10/21/10	189-204
24	Ameritox Report	11/10/10	205-207
25	Various Clemson University Employment/Personnel Records	09/15/06 - 09/18/08	208-234

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other persons whose reports are submitted for the purpose of cross-examination.

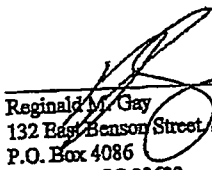
YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physician/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the said Commission and inclusion into evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Denise Godwin.

McNAIR LAW FIRM, P.A.

BY:


Reginald M. Gay
132 East Benson Street, Suite 200
P.O. Box 4086
Anderson, SC 29622
(864) 226-1688
(864) 225-6456 (Fax)
Attorneys for Employer/Carrier

Anderson, South Carolina
December 22, 2010

ANDERSON 01004

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2/5/07 Mrs. Springs We will review it tomorrow. Since her prior surgery, at which time she had a large hemorrhagic corpus luteum cyst by history, I believe this was in September, each cycle has been getting progressively worse. I do not have the exact dimensions of her surgical intervention cyst; but was done because of ultrasound and severe pain. She has normal BSI, Normal vagina. Cervix is clean. Uterus normal size, shape and consistency. Adnexa - no apparent large mass is felt. She is extremely tender, but again no mass effect felt. I think this is consistent with ovulation and cyst formation, exact size difficult to say. I have encouraged her to use the Depo-Provera 100 mg. We are going to get her an ultrasound done at Mountainview as soon as possible. I will see her in the office on Thursday in Clemson. If things change for the worse or the ultrasound demonstrates a larger structure than I appreciate, I would be glad to see her back at any point. Certainly, if this process continues we can contemplate TAH/BSO. She understands this, and we will go from there.
EVM/lm

2/5/07 Loretta L. Springs. She has an apparent ovulatory cyst on that same side she had last time that was putting her in a tremendous amount of pain. She has a longstanding history of mittelschmerz with severe discomfort that just debilitates her. Also, she has severe dysmenorrhea. In light of this, we will see if we can proceed along with TAH/BSO. She is not a candidate for the birth control pill. She has tried this multiple times in the past and didn't do well even with the NuvaRing. So I feel we have no choice. The quality of her life is very difficult at the present time, and we will go from there. Hopefully, this will give her permanent means of control.
EVM/lm

2/16/07 Loretta L. Springs This is a preop check. She is 44. She has had a hemorrhagic cyst removed I believe in September of last year. She has had mittelschmerz for multiple years on the left side. Presented on 2/5/07, with extreme tenderness on what appeared to be a simple cyst on her right side. Due to the nature of this, we will proceed along with TAH/BSO. She has no allergies. She does have mitral valve prolapse by history, and we will treat her with aspirin and gentamicin for the protocol for her surgery on Monday. We will dictate her into the hospital. Chest was clear. Cardiovascular system without murmurs. We talked about appendectomy, and we will not proceed along if she has a normal appendix at the time of surgery.
EVM/lm

Loretta Springs

7/2/08
 PAP/PELVIC/BREAST
 Age 46
 WGT 128
 LMP Not
 BC Not
 BP 107/70
 Complaints: Fatigue

Allergic Phenomenon
Meds: Valium

Mammogram 8/10/08 MT View.
Local

** Fractured osseum, bulging disc -
 Required surgery in accident -
 work related - Oct 12, 2007
 * Had part of intestine removed
 after TAA, PBO - "I'd have lesions
 in my intestines"*

7/2/08 Loretta Springs
 She is doing fine. She had an accident with a golf cart that really gave her some problems just as she was recovering from all of the other problems that she had but she is doing fine. We talked a lot about diet and trying to take calorie laden things in. She lost her sense of taste but it has returned and a lot of things she just could not tolerate eating because of their undesirable affect on her palate but her weight has stabilized. She has normal BSU, normal vagina. Cervix and uterus surgically absent. Adnexa without apparent masses. Rectal exam confirms. Hemocult is negative. Breast exam consistent with fibrocystic changes. Routine mammogram for her. She has had it done recently at Mt. View.
 HVM/ja

7/17/08 - Pt called to severe abd pain & nausea
 & etc. Will see Dr. Risinger @ 11th today
 due to up of bowel obstruction & Meckel's
 diverticulum. (HVM/ja)

10-8-08 called in Valium 5mg 1/2 - 1/2 qbid prn & 60
 to CVS. 602-9564
 (HVM/ja)

ST FRANCIS - EASTSIDE
125 Commonwealth Drive
Greenville, S.C. 29615
864-678-4000

OPERATIVE REPORT

NAME: Springs, Loretta L.	SEX: F	MR:
LOC: ~~WING 1000~~	AGE: 44	ACC
DOB:	DSCH:	PT: 1
ADMIN: ~~WING 1000~~		MSV: MED

PREOPERATIVE DIAGNOSIS: Small bowel obstruction status post operation.

POSTOPERATIVE DIAGNOSIS: Small bowel obstruction secondary to adherent Meckel's diverticulum.

PROCEDURE: Exploratory laparotomy, partial small bowel resection including necrotic area of small bowel and Meckel's diverticulum with primary anastomosis.

SURGEON: K. Benjamin Riesinger, M.D.

ASSISTANT: Harry V. May, M.D.

OPERATIVE NOTE IN DETAIL: The patient was brought to the operative suite and placed under general endotracheal anesthesia. The abdomen was prepped and draped in the usual sterile fashion. An incision was made below the umbilicus and carried down through the tissue. Peritoneum was opened. The abdomen contained a moderate amount of serous fluid which was suctioned free.

The small bowel was noted to be distended mildly reddened without evidence of any contents. The small bowel was run for a portion distally and as the bowel was being pulled from the lower abdominal area, a transition zone was apparent. At this point, it was apparent that the serosa was intact but beneath this thin layer was absent tissue and this was an area of obvious small bowel mucosa and lumen being destroyed with only an intact serosa.

Approximately 8 to 10 cm beyond this point was a Meckel's diverticulum and the tip appeared to be mildly inflamed. It appeared as though the Meckel's tip had become adherent over the small bowel resulting in an obstruction.

With this in mind, the mesentery between just distal to the Meckel's and proximal to the adherent opening in the small bowel was divided between clamps and tied. A small

OPERATIVE REPORT - ST. FRANCIS - EASTSIDE
Page 1 of 2 Physician copy for (K. Benjamin Riesinger, MD)

MAR 01 2007

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Name: Srinivas, Lorcita L
ME

incision was made in the small bowel proximally and distally to the two points in question and a GIA stapler with a 3.2 mm staple was inserted and fired. A second load was then used to place across the opening to complete transection of the involved bowel. The remaining open mesentery was closed using interrupted sutures of 3-0 silk.

A small serosal area near the anastomosis was approximated using 3-0 silk. Following this, the bowel was run proximally and distally from the ligament of Treitz to the cecum without evidence of any other abnormalities.

Following this, the peritoneum was closed using polydioxanone suture and the fascia was approximated using a running suture of 1-0 polydioxanone suture.

This complete, the area was irrigated liberally with saline solution and the skin edges were approximated using wide skin staples. A dressing was then applied.

The patient tolerated the procedure quite well and returned to the Recovery Room in good condition.

K. Benjamin Risinger, MD A

This is an unverified document unless signed by physician.

TID: pgs DIC ID: 06119 DT: 02/27/2007 12:47 P
JOB: 000194464 DOC#: 93163 DD: 02/25/2007

cc: Harry V May, MD
K. Benjamin Risinger, MD

OPERATIVE REPORT

Page 2 of 2 Physician copy for (K. Benjamin Risinger, MD)

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ST FRANCIS - EASTSIDE
125 Communityhealth Drive
Greenville, S.C 29615
864-673-4000

CONSULTATION - SFWFH

NAME: Springs, Loretha L	SEX: F	MR:
LOC:	AGE: 44	ACC
DOB:	DSCH:	PT: 1
ADMIT: 02/23/2007		MSV: MED

DATE OF CONSULTATION: 02/24/2007

REASON FOR CONSULTATION: Abdominal pain with nausea and vomiting status post surgery.

HISTORY OF PRESENT ILLNESS: This is a 44-year-old female patient who underwent removal of her ovaries and remaining gynecological tissue on February 19, 2007.

Postoperatively, the patient was feeling well and was discharged home. Two nights later, she began having abdominal discomfort, pain, nausea, and vomiting. This persisted. She was admitted to the hospital on February 23, 2007 later in the afternoon with this continued pain and discomfort.

The patient states that she is having pain in the left lower quadrant, which was severe. She would have a severe cramp and then she would be very nauseated and may throw up. She had passed no flatus over the past approximately 24 hours. She had passed a small amount of flatus immediately postoperatively. She has had no similar problems in the past.

The patient had no past history of upper abdominal surgical procedures, although she had had previous gynecological procedure performed.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS:

1. Premarin 0.625 mg daily.
2. Darvocet for outpatient medication following her surgery.
3. Phenergan for outpatient medication following her surgery.

REVIEW OF SYSTEMS:

NEUROPSYCHIATRIC: Normal.
HEENT: No abnormalities.

CONSULTATION - ST. FRANCIS - EASTSIDE
Page 1 of 3 Physician copy for (Harry V May, MD)

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ST FRANCIS EASTSIDE
125 Commonwealth Drive
Greenville, S.C. 29615
864-675-4000

DISCHARGE SUMMARY

NAME: Smith, Loretta L	SEX: F	MR:
LOC:	AGE: 44	ACCI:
DOB:	DISCH: 02/05/2007	PT: I
ADMIT: 02/23/2007		MSV: MED

The history and physical is in the chart. The patient underwent exploratory laparotomy on 02/25/2007. Basically, the patient's hospital course was benign. Her laboratory work was within normal limits of the surgery she had done. Her postoperative diagnosis being postoperative nausea and vomiting secondary to small bowel obstruction, she had an exploratory laparotomy and partial small bowel resection including necrotic area and Meckel's diverticulum that appeared to be stuck to the necrotic area in the bowel. For followup, the patient will be seen by Dr. Ralinger and myself in our offices per our note and she was discharged on Darvocet-N 100 to be used as needed for pain. At the time of discharge, she had normal bowel and bladder function.

Harry V May, MD A

This is an unverified document unless signed by physician.

TID: fsh	DIC ID: 08057	DT: 04/09/2007 1:32 P
JOB: 000218486	DOC#: 102408	DD: 04/03/2007
cc: Harry V May, MD		

DISCHARGE SUMMARY - ST. FRANCIS - EASTSIDE
Page 1 of 2 Physician copy for (Harry V May, MD)

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Department of Pathology and Laboratory Medicine
Bon Secours St. Francis Hospital
One St. Francis Dr.
Greenville, SC 29601
Tel: 864.233.1283 or 1670 Fax: 864.233.1664
J. Thomas Latham, JR. M.D., Director
SURGICAL PATHOLOGY REPORT

Name: SPRINGS, LORETTA L MR /
DOB: Physician: RISINGER, MD, K BENJAMIN (360A)
SS #: _____

DIAGNOSIS
"SMALL BOWEL": BENIGN SMALL BOWEL HAVING DIVERTICULUM CONSISTENT
WITH MECKEL'S DIVERTICULUM.

ms2/2/07 Electronically signed and on 2/2/07 08:12 by J. Thomas Latham, Jr., MD

Procedure/Additional

Microscopic Description

Microscopic examination reveals small intestine having area consistent with diverticulum without identifiable gastric differentiation. Dr. Rosenzweig concurs.

Specimen(s) Received

small bowel with Meckel

Macroscopic Description

Received fresh labeled Loreta Springs, small bowel with Meckel, name matching requisition, which contains a recognizable segment of bowel that measures approximately 17.6 cm in length and 1.0 cm in width. A diverticulum is identified grossly. There are no firm areas identified. Random section of diverticulum submitted in one cassette. ATY

ms2/2/07

End of Report



Pt. Location: 3F (SWH) Page 1 of 1
Sex: F
Patient Name: SPRINGS, LORETTA L
Copy To: SWH Medical Records
MAY, MD, HARRY V (810)

Date Obtained: 2/2/07
Date Received: 2/2/07
Date Reported: 2/2/07 08:12

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Oconee Memorial Hospital
Emergency Department
288 Memorial Drive
Seneca, SC 29672
864-862-3351

Loretta Springs
Friday 10/12/2007

WORK RELEASE FORM

This notice verifies that the above named employee was seen and treated in our emergency department on the above printed date. The employee will be able to return to work on Wednesday.

The employee has the following restrictions: NO RESTRICTIONS

These restrictions apply through _____

After this date, the employee should be able to participate in all work duties.

NOTE: If the symptoms continue and the employee is unable to perform the full duties of their job by this date; please advise the employee to follow up with the referral physician for further evaluation.

MD SIGNATURE _____

PATIENT COPY

307

309

CLEMSON UNIVERSITY
REDFERN HEALTH CENTER
WORKERS' COMPENSATION WORK STATUS FORM

CompEndium
Phone: 1-877-788-2887
Fax: 1-877-710-2887

11/15/2007
SPRINGB, LORETTA

Employer: Clemson University

Date of injury: _____

Job title: _____

Employer phone: () _____

Diagnosis: Low back pain

Treatment Plan: See chart notes

NURSE VISIT ONLY: _____

Medications	See chart notes		
Prognosis	☐ Excellent	☒ Good	☐ Fair ☐ Poor
Work relation	☒ Work Related ☐ Not Work Related ☐ Cannot be determined		
Work Status	☐ Return to work on _____ with no limitations ☒ Return to work on <u>11/15/2007</u> with abilities noted below Discharge from care on _____ Employee sent home on <u>11/15/2007</u>		
Recheck	<u>after MRI</u>		
Referral	_____		

Work restrictions: Unable to reach/lift overhead _____ No crawling _____ No climbing _____ No kneeling _____
 No bending/stooping/squatting _____ No pushing/pulling _____ No twisting _____
 No standing longer than _____ hours Other _____
 Transitional duties: Desk or sitting work only _____ May sweep/mop _____ May lift up to _____ lbs.
 Other: _____
 Continue same restrictions: _____
 For incineration: Keep _____ clean, dry, and protected, otherwise may do regular duties.

Physician's signature: [Signature] Date: 11/15/07

Authorization Number: 141071041001

NOTE TO PROVIDERS: SEND COPY WITH INJURED WORKER FOR THE SUPERVISOR

**CLEMSON UNIVERSITY
REDFERN HEALTH CENTER
WORKERS' COMPENSATION WORK STATUS FORM**

CompEndium
Phone: 1-877-709-2557
Fax: 1-877-710-2557

9/4/2008	Employer: <u>Clemson University</u>
SPRING, LORETTA	Date of injury: <u>10-12-07</u>
	Job title: <u>Trade Specialist III</u>
	Employer phone: <u>(804) 656-1809</u>

Diagnosis: ATLANTHIC VLN

Treatment Plan: See chart notes

NURSE VISIT ONLY:

Medications	See chart notes
Prognosis	☐ Excellent ☒ Good ☐ Fair ☐ Poor
Work relation	☒ Work Related ☐ Not Work Related ☐ Cannot be determined
Work Status	☐ Return to work on ___/___/___ with no limitations ☐ Return to work on ___/___/___ with abilities noted below ☒ Discharge from care <u>11/1/07</u> ☒ Sent home on <u>9/4/08</u> and <u>9/5/08</u>
Recheck	
Referral	<u>Already in clinic</u>
Comments	<u>10/12/07 ATLANTHIC VLN - should be able to work tomorrow.</u>

Work restrictions: Unable to reach overhead ___ No crawling ___ No climbing ___ No kneeling ___
 No bending/stooping/squatting ___ No pushing/pulling ___ No twisting ___
 No standing longer than ___ hours
 Other: ___

Transitional duties: Desk or sitting work only ___ May sweep/mop ___ May lift up to ___ lbs.
 Other: ___ Continue same restrictions: ___

For wounds/lesions: Keep ___ clean, dry, and protected, otherwise may do regular duties.

Physician's signature: L. JAMESON MD Date: 9.4.08

Authorization Number:

NOTE TO PROVIDERS: SEND YELLOW COPY WITH INJURED WORKER TO GIVE TO SUPERVISOR

Form MED229/08 Revised 10/08

The Work Center
Social/Vocational Counseling Consultation

Name: Levella Springs DOB: 2/18/62 Home: 2-26-08

As a certified rehabilitation agency, our clients receive state-funded and Social Security Administration services to our patients. In an effort to identify patients who may be eligible for these services, we ask that you complete the screening questionnaire below. This screening tool is designed to help us determine if these services are needed.

Our client services are provided in accordance with the guidelines established with the Department of Health and Human Services. These guidelines are designed to help determine if you have needs in various areas (financial, medical, transportation, housing, child care, or employment related).

After review of the questionnaire, you may be contacted by a counselor for the phone or mail. At that time, you may set up a meeting with them for further assistance. Or, you may choose not to pursue the matter further.

Please take a few moments to answer the following list of questions and look over the list of services that may be available to you. Please note we are not providing these services, but rather helping you identify the needs of those who might benefit. All answers are strictly confidential and are used only to determine need for social and/or vocational adjustment services. Thank you for your time and cooperation.

Are you currently living alone? Yes ☒ No ☐
Are you currently receiving any social or vocational services? Yes ☒ No ☐
Are you currently out of work due to this injury? Yes ☒ No ☐
If yes, what was the date you last worked? _____
If yes, do you plan to return to your previous job or employer? Yes ☐ No ☒

List your job title, requirements, and any modifications made due to your current condition:
Facilities Maintenance 1st SP Job - repair
anything on campus

Employer (Check One): ☒ WORKING ☐ RETIRED ☐ DISABLED ☐ UNEMPLOYED ☐ UNEMPLOYED ☐ UNEMPLOYED ☐ OTHER
Are there any social services you need in your community? Yes ☐ No ☒
If yes, please provide area of concern: Financial Medical Transportation Housing Child Care Employment
Homeless? ☐ Yes ☒ No

Do you have a current driver's license? Yes ☒ No ☐
Are you currently receiving any Social Security services? Yes ☐ No ☒
Name of Counselor: _____
Date Received: _____
Comments: _____

No-Show / Cancellation Record

PATIENT: Novetta Springs

Dx _____ Dx _____

3/22/68	PT called in + @ "my back's hurt" of
4/2/68	PT called LM on. in @ apt b/c of back pain
4/10/68	PT contacted by phone - says she no longer has back out work and had to go to the ER. Received 2nd MRS. Lindberg. F.R.M.D. to return her to her own residence. (P)
4/17/68	PT (S), called @ 10 (apt. hrs @ 9:00) said she still slept of.

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 08/27/2008 15:17 884 686074
 - TO: 6264358
 FROM: UNIVERSITY FACILITIES 884 686074
 FAX-27-0828 13:51
 RX Date/Time

Form 88-1 050 050 Page 1/1 Date 07/22/08 03:27:30 PM
MAR. 12, 2008 4:30 PM PLANNING COM. RAIN MANAGEMENT
MAR. 1972 4/1

Cervical Scan Date: 11/18/2010

Progress Note

PATIENT:
PHYSICIAN:
SSN:

SPRINGS, LORETTA
MR. LOUDERMILK

DOB: 10-26-10
DOD: 10-26-10
DOT: 11-01-10

This is a 47 year-old female who suffered a severe work-related injury in October 2007 who returns for follow-up and refill of some of her pain medications. She is on a combination of Numb, Buspar, Rozerem and Lidoderm patches and she uses a TENS unit. She continues to see Dr. Michael Krieger for psychological counseling and this is definitely helping. She is coping with her pain better and she is understanding herself and her pain much better. She has had some problems with Rozerem and has stopped taking it. Apparently the combination was severe and she has changed some of her eating habits and she is sleeping better at night. She is coping better with chronic pain and through Dr. Krieger's help she seems to be doing better from her post-traumatic stress disorder. I am very pleased with Dr. Krieger's assistance in this difficult case. Loretta is with her husband today and I am always pleased with his support. She has always been compliant with her prescriptions and appointments and I plan to refill some of her medications today.

Assessment:

- 1) Chronic low back pain with left lower extremity radiculopathy possibly due to an L5-S1 lumbar disk protrusion.
- 2) Fibrositis status-post occipital neuralgia.
- 3) Chronic head injury.
- 4) Mild depression and post-traumatic stress disorder.

Plan:

- 1) I refilled Numb 10/325 q 6 hours as needed \$120 for 3 months. She will take 10 mg per day for depression along with Lidoderm patches and a TENS unit.
- 2) I recommended continuing psychological counseling with Dr. Michael Krieger. This has helped tremendously.
- 3) I will see her back in 2 months for follow-up and refill of her medications.

E. Loudermilk

Edie P. Loudermilk, M.D.

BPD/adb

ASSOCIATES IN GENERAL SURGERY, P.A.

K. Benjamin H. Roberts, M.D.
Tosany L. Briggs, M.D.

317 S. Main Street, Suite 2340
Greenville, South Carolina 29601
FAX: (864) 374-5740
Voice: (864) 374-5718

July 17, 2008

SPRINGS, LORETTA L.

This is a 45-year-old female patient seen at the request of Dr. Harry May regarding some abdominal pain and also pain in the right lower quadrant. The patient underwent a partial bowel resection secondary to Meckel's diverticulum in 2007.

The patient states her last bowel movement was several days previously. She last ate in the morning of this visit. There is pain in the right lower back, also.

She has had some nausea but no vomiting.

In the past, her stools have been essentially normal (1 per day). She did have some pain in the right lower quadrant 1 week ago.

ALLERGIES: PHENERGAN.

CURRENT MEDICATIONS: Pain medication, Valium, vitamin E, and fish oil.

PAST MEDICAL HISTORY: She does have some chronic pain problems.

REVIEW OF SYMPTOMS:

NEUROPSYCHIATRIC: No history of any abnormalities.

PULMONARY: There is no history of pneumonia.

CARDIOVASCULAR: No history of heart disease.

GASTROINTESTINAL: She has had a cholecystectomy in the past.

GENITOURINARY: No dysuria although in the past, she has had some urgency.

OTHER: The patient has some history of constipation since her surgery in 2007.

*****CONTINUED*****

This fax was received by GFI FAXmaker fax server. For more information, visit <http://www.gfi.com>

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Associates In General Surgery

Page 2

July 17, 2008

SPRINGS, LORETTA L.

PHYSICAL EXAMINATION: On examination, the patient's temperature is 98.3. The patient's pupils are equal, round, and reactive to light and accommodation. Her chest essentially is clear. Her heart rate shows a murmur, but I think this is functional. She does have mitral valve prolapse. No masses are palpated in the upper abdomen.

The patient is mildly tender in the right lower quadrant.

The patient states that she has lost approximately 20 pounds over the last 3 months.

She is tender in the right back area.

DISPOSITION: Overall, I am unsure of the etiology of her discomfort. I feel a CT scan should be obtained.

ADDENDUM: The CT scan was obtained which did not reveal any abnormalities.

The patient is to take medications needed for constipation which seems to be apparent from the study.

No return visit is scheduled, and I will see the patient again as necessary in the future.


K. Benjamin H. Risinger, M.D.

KBR/jaw

cc: Harry V. May, M.D.
135 Commonwealth Drive, STE 210
Greenville, SC 29615

4/4/2009 04:14 PM FROM: JERRY, JERRY TO: 44 (178) 287-0416 FAX: Corvel Scan Date: 4/28/2009

MOUNTAINVIEW MEDICAL IMAGING
1000 E. Ford St., Suite 100, SC 29678

James H. H. MD
O. Alex H. MD
Thomas M. D. MD

864-987-0416
864-987-1211 - fax

DATE OF EXAM: 04/01/2009

PATIENT NAME: JERRY
DOB: JERRY
Physician: JERRY

EXAMINATION: 46 year-old female with back pain and radiolopathy. Evaluate for discolor or neural impingement.

High-field MRI of the lumbar spine is performed and multiple sagittal and axial T1 and T2-weighted sequences are examined. There appears to be a well developed intervertebral disc space at suspected S1-S2 level. Level above this disc will be labeled L5, and we will assume 5 non-arthrodesis lumbar vertebrae present for purposes of labeling.

Intervertebral disc signal and disc spaces appear well maintained from the included levels of T11 through L5 with no significant posterior disc bulging or focal protrusion appreciated. No abnormal clumping of soft tissue to suggest arachnoiditis is seen. No focal spinal canal or exit foraminal stenosis is seen.

At L5/S1, minimal facet degenerative changes and ligamentum flavum hypertrophy is seen. Also mild disc bulging posteriorly on the left is seen at this level which results in mild narrowing of inferior left exit foramen more so than right. Only minimal crowding of exiting left L5 nerve is seen as a result; however and neural impingement cannot be confirmed. Spinal canal and right exit foramen remain clear.

A the suspected S1-S2 level mild right posterolateral disc bulging and endplate osteophyte formation results in slight narrowing of inferior right exit foramen more so than left, but no significant neural impingement is confirmed as a result.

No other significant abnormal signal or misalignment is currently appreciated.

IMPRESSION:
MILD LEFT POSTEROLATERAL DISC BULGING AT L4-S1 WITH MINIMAL FACET DEGENERATIVE CHANGE AND LIGAMENTUM HYPERTROPHY. ALSO SUBTLE RIGHT POSTEROLATERAL DISC BULGING VERSUS OSTEOPHYTE AT SUSPECTED S1-S2. NO SIGNIFICANT NEURAL IMPINGEMENT IS CONFIRMED RELATED TO THESE CHANGES HOWEVER. NO OTHER SIGNIFICANT LUMBAR OR LOWER THORACIC STENOSIS CURRENTLY APPRECIATED.

O. Alex H. MD, M.D.

Thank you for using Mountainview Medical Imaging

QA/H
SPRINGER LOBETH

187

South Carolina Workers' Compensation Commission
1612 Marion Street - Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5725
www.scwc.com



Physician's Statement

Claimant's Name:	<u>Loreta Sidorov</u>	Employer's Name:	<u>CLARKSON UNIVERSITY</u>
Physician's Name:	<u>Terry Sherrill</u>	Insurance Carrier:	<u>State Accident Fund</u>
Practice/Office:	<u>Lake Ridge Neurological</u>	SCWC File No:	<u>0717108</u>
Preparer's Name:	_____		

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-25-60, 42-1-172 or 42-11-10.

Date of Injury or illness: 10/12/2007

Date of first office visit: 10-17-07 Date of last visit: 10-11-09
 Description or nature of injury or illness: 2nd degree laceration of right forearm
 Body part(s) affected: Right forearm Body part(s) affected: Same

Date of Maximum Medical Improvement: 3/26/10 E-1105A

Based on the AFA Guidelines, the claimant has sustained a 10 % medical impairment to Right injured body part(s) and a 0 % medical impairment to Lower Back other affected body part(s).

✓ The claimant is able to return to work without restriction.

The claimant is able to return to work with the following restrictions:

~~The claimant is unable to return to work at his or her current employment.~~

As of the date I last saw this patient, it is my professional medical opinion the claimant

☒ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_____ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physicians

Date _____

Progress Note

Patient: Loretta Springs
Date: April 18, 2010

Loretta returns and, unfortunately, has had a setback with her chronic pain. She states that she was trying to do some minor household chores and felt a sharp stabbing pain in her low back and hips. We discussed her symptoms and it does appear that she primarily just got off some significant muscle spasms and we discussed the etiology of muscle spasms and what she can do to address this exacerbation of her condition. She agreed that if it did not improve in the next couple of days that she would contact Dr. Loudermilk. This situation has affected her mood in a negative manner and she is more depressed and frustrated than she has been in quite some time. She did respond well to this session today but, unfortunately, is having a difficult time.

Michael L. Kriegel, Ph.D.

Michael L. Kriegel, Ph.D.
Distated not read

PROGRESS NOTES

PATIENT: Loretta Springs

DATE: 07/01/10

Loretta returns and unfortunately has had a difficult time with her chronic pain. She states that she has had an increase in her back pain as a result of some household chores that she has been asked to do. She states that she has tried all the chronic pain management strategies that we have discussed but unfortunately they have not helped her. As a result we spent all of our time today focusing on managing her chronic pain and I made multiple suggestions to her that should help her reduce her discomfort if she will implement them with sufficient intensity. She continues to exhibit tremendous motivation and commitment to her treatment plan and I anticipate that she will be able to address this recent exacerbation effectively.

Michael L. Krüger, Ph.D.
Michael L. Krüger, Ph.D.
Dictated Not Read

Cervical Scan Date: 7/28/2010

PROGRESS NOTES

PATIENT: Loretta Springs

DATE: July 15, 2010

Loretta returns and continues to report that her chronic pain is well managed compared to what it was a couple of weeks ago. However she does report that she has had several emotional setbacks as a result of the recent flashback that she experienced. She states that she unfortunately reexperienced some of the issues that occurred in her childhood and that these feelings were quite severe in nature. During her discussion today it is clear that at least some of the memories that she has been experiencing since her on the job injury are in actual fact related to her past traumatic experiences. We continued to discuss how her chronic pain and emotional situation are connected and interactive in nature. It is very important to recognize that Loretta's emotional issues contribute to and exacerbate her chronic discomfort. We discussed how this has occurred and what she must do moving forward to address it effectively.

Michael L. Kriegel, Ph.D.

Michael L. Kriegel, Ph.D.
Dictated: Not Read

Corvet Scan Date: 8/18/2010

PROGRESS NOTES

PATIENT: Loretta Springs
DATE: July 22, 2010

Loretta continues her discussion of how her psychological symptoms affect her physical symptoms and in particular her chronic pain. She has had an improvement in her discomfort since Dr. Loudermilk performed an epidural injection recently. She is very grateful for his assistance and feels that he is a very good physician. We also discussed how her Post Traumatic Stress Disorder plays a role in her symptoms and what she must do in order to minimize that impact on both her mood and her chronic pain.

Michael L. Krueger, PhD

Michael L. Krueger, Ph.D.
Dictated Not Read

PROGRESS NOTES

PATIENT: Loretta Springs

DATE: July 27, 2010

Loretta returns and states that she is feeling better this week. She notes that she has reduced discomfort as a result of the injection by Dr. Loudarmilk and she also reports that she has been able to manage her depression with the use of the suggestions made to her last week. She does report however that she had at least one major flashback over the weekend and that it frightened her and her husband. She dissociates during our session today and describes the flashback. As has been noted previously, Loretta's coping skills are seriously compromised by the fact that she has dissociative identity disorder from severe child abuse. The only way for her to manage her current discomfort and dysfunction is for her to be able to improve her coping skills to a level of effectiveness that allows her to manage those symptoms as well as her psychological symptoms.

Michael L. Kriegel, Ph.D.
Dictated: Not Read

Loretta Springs

PROGRESS NOTES

PATIENT: Loretta Springs

DATE: August 3, 2010

Loretta returns and unfortunately reports that her back pain is worse than it has been since the epidural injection performed by Dr. Lodesnik. She states that in the past these epidural injections have given her anywhere from 2 to 4 months of significant pain reduction. Unfortunately, this time it appears that she was only able to get a few weeks of improvement in her pain. We discussed what could be the cause for this situation and she was unable to identify anything specific that could have reduced the effectiveness of the injection. She is understandably frustrated and depressed as a result of this and has difficulty today managing her emotions. As has been noted in previous sessions the interaction between Loretta's psychological problems and chronic pain is an interactive one that can quickly spiral downward. She responded to our session today but still appears to be emotionally vulnerable at this time.

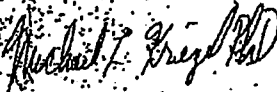
Michael L. Kruegel, Ph.D.
 Dictated Not Read

PROGRESS NOTES

PATIENT: Lorena Springs

DATE: August 17, 2010

Lorena returns and states that she is still struggling with the increase in her depression. Now that she is focusing her attention on her emotional issues she is not only facing more difficulties than she had anticipated. She is much more fully aware of how serious her psychological issues are. She asked me today if I felt that she had serious psychological difficulties and I explained to her just how severe her condition was. As I explained to her one side this is intimidating and difficult, but on the other hand it is well within our ability to help her improve her capacity to manage her symptoms. The key thing is that she needs to have a sufficient amount of treatment and maintain a high level of motivation and implementation of the treatment plan. She emphatically expressed her desire to do so and expressed confidence that she would improve.



Michael E. Krieger, Ph.D.
Director, Nef Read

PROGRESS NOTES

PATIENT: Loretta Springs
DATE: August 19, 2010

Loretta reports that she has been thinking a great deal about the psychological issues that she is confronting and in particular the role that depression play in her overall condition. She states that she realized for the first time that she had been battling depression for many years and that this reason she did not recognize it as such is primarily because it has been as she states her constant companion. I explained additional components to the cognitive behavioral treatment plan that she is currently implementing and she appeared to understand them and is willing to try these this next week.

Michael L. Krugel, Ph.D.

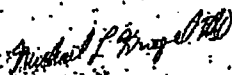
Michael L. Krugel, Ph.D.
Dictated Not Read

PROGRESS NOTES

PATIENT: Loretta Springs

DATE: August 26, 2010

Loretta stated that she has had a difficult time in the last two days with her memory. In addition she has had a much greater than normal level of anxiety and agitation. As we discussed this during our session it became clear that it was associated to her PTSD and Dissociative Identity Disorder. She dissociated twice during our session today and was then able to relate the triggering mechanism that occurred two days ago. She is beginning to understand more fully how her PTSD can play a major role in her memory issues. It does appear that she does have some level of memory dysfunction as a result of her on the job injury but the PTSD has an impact on her memory as well. She appeared to be much calmer and reassured by the time that she left today.



Michael L. Kriegel, Ph.D.
Dictated Not Read

Convet Scan Date: 9/23/2010

PROGRESS NOTES

PATIENT: Loreta Springs

DATE: August 30, 2010

Loreta returns and reports that she had a rather difficult weekend. She again experienced several dissociative episodes and has had a high level of anxiety and agitation. She again dissociates during our session today. She is able to reestablish her sense of time and to place better this time than last week. We discussed again the symptoms and ideology of PTSD and how this has been exacerbated as a result of her current chronic pain problem. She expresses a considerable amount of frustration that she continues to have such dramatic symptoms and difficulties. I explained to her at great length that in fact she has been making strong and steady progress the entire time and that I am very hopeful that she will be able to gain significant level of control over both her physical and psychological symptoms. She responded well to our session today but clearly was having a great deal of frustrations.

Michael L. Krieger, Ph.D.
Dictated Not Read

Corvel Scan Date: 10/18/2010

Progress Notes

Patient: Loretta Springs

Date: September 7, 2010

Loretta returns and unfortunately reports that she had significant difficulties with her back. It appears that they will have to move from her current home and trying to get ready for this she apparently strained her back lifting some household appliances. She is clearly in increased discomfort and frequently has to get up and move about the room. I discussed with her the various chronic pain management techniques that I have instructed her in before and she agreed to implement them.

Michael L. Krieger Ph.D.
Dictated Not Read

c: r. gay, k-atty
11/23/10
e.j.

Corvel Scan Date: 11/2/2010

Progress Notes

Patient Name: Loretta Springs

Date: September 21, 2010

Loretta returns and states that she has had a difficult time the past couple of days. She relates that she has had both emotional difficulties as well as significant increases in her chronic pain. We discussed at length the interactive nature between her physical symptoms and her psychological symptoms. She has gained some insight into how this interaction occurs but at this point still is not fully aware of all the ramifications that of the situation. Clearly her emotional reactivity affects not only her level of chronic pain but also her ability to manage it effectively. She relates that she dissociated multiple times this past weekend and as a result found herself having several flashbacks. These affected her emotionally but also increased her overall muscle tension significantly and as a result created several episodes of muscle spasms in her low back. We discussed how she can respond to these in the future and she agreed to implement my suggestions. She is however quite fragile today and required a considerable amount of effort to assist her in managing her sense of time and place.

Michael L. Kriegel

Michael L. Kriegel PhD.

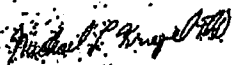
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Progress Notes

Patient Name: Loretta Springs

Date: September 28, 2010

During this session Loretta dissociated multiple times. It is very clear at this point that she has at least 5 separate alters and I was in communication with three of them today. She described a horrible experience that occurred to her when she was 8 years old and it is clear that there was a very high level of abuse during her childhood. Unfortunately this affects and individuals coping skills as well as their ability to manage stress. Therefore it is easy to understand why she would have such difficulty after her accident at work. She was fully oriented by the time she left today but clearly was shaken by the experiences that she remembered.



Michael L. Kriegel PhD

Dictated Not Read -

Corvel Scan Date: 11/3/2010

Progress Notes

Patient Name: Loretta Springs

Date: October 7, 2010

Loretta continues her discussion about the interaction between her back problems and her post traumatic stress disorder with dissociative identity disorder. She states that she has not been able to manage either set of symptoms sufficiently to see how she can positively impact either of them. We discussed how she suffered an injury that not only created a difficult problem with chronic pain but overwhelmed her coping skills therefore allowing the PTSD to become an unmanageable problem. We did discuss the treatment plan that we had developed for her and she emphatically states that she felt it was of tremendous benefit to her and she was very thankful that she was able to attend treatment here. She also expressed a very high level of motivation and desire to improve her symptoms and circumstances.

Michael L. Kriegel PhD

Michael L. Kriegel PhD

Dictated Not Read

Corvel Scan Date: 11/9/2010

Progress Notes

Patient Name: Loretta Springs
Date: October 14, 2010

Loretta wishes to discuss the theoretical perspective and of post traumatic stress disorder and her ideology. It is becoming very clear that she was horribly abused as a child and that these experiences could have easily killed her. She was able to manage these experiences by avoiding the memories through most of her life. Her primary coping skill was work and as a result when she was unable to work she found herself overwhelmed by these memories. This clearly has had an impact on her ability to concentrate and remember since the accident. How much of her symptoms are from the PTSD and how much of the memory issues are a result of the closed head injury is difficult to determine at this time. She responded well to our session today and continues to work very hard in her treatments.

Michael L. Kriegel PhD

Michael L. Kriegel PhD
Dictated Not Read

Cornel Scan Date: 11/18/2010

Progress Notes

Patient Name: Loretta Springs

Date: October 21 2010

Loretta returns reports that she has worked very diligently over the past couple of days to address her neck pain and she was pleased to report that she has had an improvement in her discomfort level. She actually appears to be quite surprised that she was able to have this much of an impact on her discomfort through the use of her proprio pain management techniques that she has learned. I discussed with her why this was the case and what she must do in the future to continue maintaining a level of control that she demonstrated this week.

Michael L. Kriegel PhD

Michael L. Kriegel PhD

Dictated Not Read



Rx Guardian[™] Results Report

Correl Scan Date: 11/23/2010
6330 E. Highway 50
Abilene, TX 79606
Phone: (800) 267-7884
Fax: (409) 561-8180

CLINIC INFORMATION
Name: Plaintiff Comprehensive
Address: 100 HEALTHY WAY SUITE
1280
ANDERSON, SC 29621
Phone: 854-328-0328
Provider: Loudensmith, Eric P MD

PATIENT INFORMATION
Name:
DOB:
Height:
Weight:
Gender:
ID:

SPECIMEN INFORMATION
Requisition Number: C198004
Lab Accession Number: 71912470
Date Collected: 11/19/2010
Date Received by Lab: 11/19/2010 11:48 AM
Date Reported: 11/22/2010 3:25 PM
Report Version: 1

Test Performed	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Expected Range Low	Expected Range High	Flagged Component	Medication Comparison
DRUGS OF ABUSE							
Cocaine Metabolite	Negative	100					
Benzoylscopolamine (MS)	Negative	10					
Marijuana Metabolite	Negative	100					
THCA (MS)	Negative	100					
MDMA	Negative	100					
MDMA (MS)	Negative	100					
MDEA (MS)	Negative	100					
MDEA (MS)	Negative	100					
Phencyclidine	Negative	100					
Phencyclidine (A)	Negative	100					
OPIOIDS							
Opioids	Positive	50					Consistent
Opioids (AY)	Negative	100					Consistent
Codaine (MS)	Negative	100					Consistent
Morphine (MS)	Negative	100					Consistent
Hydrocodone (MS)	Negative	100					Consistent
Hydrocodone (MS)	Negative	100					Consistent
Oxycodone/Oxycodone	Positive	100					Consistent
Oxycodone/Oxycodone (A)	1478	100	22032	34824	40183	REVIEW	Consistent
Oxycodone (MS)	1483	100					Consistent
Oxycodone (MS)	4158	100					Consistent
Narceobondone (MS)							Consistent
SYNTHETIC OPIOIDS							
Buprenorphine	Negative	10					Consistent
Buprenorphine (MS)	Negative	10					Consistent
Norbuprenorphine (MS)	Negative	2					Consistent
Fentanyl	Negative	100					Consistent
Fentanyl (A)	Negative	100					Consistent
Mefenorex (A)	Negative	100					Consistent
Mefenorex (A)	Negative	100					Consistent
EDDP (A)	Negative	100					Consistent
Propoxyphene	Negative	100					Consistent
Propoxyphene (MS)	Negative	100					Consistent

Toxicology Specimens: (800) 267-7884

Ameritox [™] Medication Monitoring Solutions		Rx Guardian [™] Results Report						Corvet Scan Date: 11/28/2010	
Test Performed	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Expected Range Low	Expected Range High	Range Comparison	Medication Concentration		
SYNTHETIC OPIOIDS									
Morphine (MS)	Negative	100					Constant		
Tramadol									
Tramadol (IA)	Negative	200							
SEDATIVES/HYPNOTICS									
Barbiturates									
Benzodiazepines (IA)	Negative	50							
Buthamides									
Bupropion (IA)	Negative	200							
Carisoprodol									
Carisoprodol (IA)	Negative	100							
NEUROPATHIC PAIN MEDICATIONS									
Propofol									
Propofol (MS)	Negative	1000					Constant		
ANTIDEPRESSANTS									
TCAs									
Amitriptyline (MS)	Negative	200					Constant		
Nortriptyline (MS)	Negative	200					Constant		
Doxepin (MS)	Negative	200					Constant		
Imipramine (MS)	Negative	200					Constant		
Desipramine (MS)	Negative	200					Constant		
Clomipramine (MS)	Negative	200					Constant		
Cyclobenzaprine (MS)	Negative	200					Constant		
STIMULANTS									
Amphetamine									
Amphetamine (IA)	Negative	500							
Specimen Validity Testing									
	Value	Reference Range							
Spectroscopy	1.0118	1.0030	1.0360						
pH	6.7	4.5	8.9						
Creatinine (In ng/mL)	55.5	5.0	300.0						
Prescribed Drug									
Drug name	Drug Class	Dose (mg)	Frequency	Lowest	Number Doses	High	Lowest	High	
Oxycodone Tablets	Opiates	20	Q12H	Q12H	1/1	1/1	No	No	
Roxodone Tablets	Opiates	15	Q8H	Q8H	1/1	1/1	No	No	
IA = Intravenous MS = Mass Spectrometry Clinic Name: Piedmont Comprehensive Pain Management Patient Name: BURDETTE, PHILLIP L. Toxicology Specialist: (866) 287-7684 Regulation Number: G1195004 Page: 2 of 3									

 Ameritox Medication Monitoring Solutions		Corval Scan Date: 11/23/2016 1830 W. Highway 80 Midland, TX 79706 Phone: (806) 287-7654 Fax: (806) 287-7654	
Rx Guardian[®] Results Report			
Disclaimer: The normalized values for drug and/or metabolites using quantitative mass spectrometry results are based on standard lean body mass, creatinine and specific properties of the drugs of interest. These normalized values are compared to ranges developed from known population groups. These comparative results are only meant to be used as a guide in conjunction with other clinical and behavioral information known to the treating physician. Due to many factors no single method can be accurate for all individuals.			
Range Comparison REVIEW: Indicates that the normalized urine drug level is above or below range.			
Medication Comparison REVIEW: Indicates that the drugs provided on the Requestion Form do not match the drugs or metabolites detected through our testing.			
*** End of Report ***			
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Client Name: Piedmont Comprehensive Pain Mgmt - Anderson		Patient Name: BURDETTE, PHILLIP L	
Toxicology Specialist: (806) 287-7654		Requestion Number: C1185002	
		Page: 8 of 9	

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South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 0717106

Claimant's Name: Loreita Springs Employer's Name: Clemson University
Address: _____ Address: E-307 Martin Hall
City: _____ State: _____ Zip: _____ City: Clemson State: SC Zip: 29634-6338
Home Phone: _____ Work Phone: () _____ Carrier: State Accident Fund
Preparer's Name: Reginald M. Gay, Esquire Preparer's Phone #: (884) 228-1888

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$289.95 2. AWW: \$434.91 Date of Injury: 10/12/2007
3. Type of Injury and body part(s): Alleged injuries to brain, head, back, left lower extremity, ears, nose, tongue. Defendants have admitted injury to head and left hip but denied physical brain damage and back injury.
4. Facts in controversy: The extent of the Claimant's injuries as a result of her work injury; whether the Claimant's current condition is a result of a work related injury; whether the Claimant is entitled to any additional medical care and/or treatment for her work related injury; whether the Claimant has physical brain damage; whether the Defendants are entitled to stop payment of temporary total compensation benefits for her work related injury; whether the Claimant is entitled to any partial permanent disability in regard to her work related injury and, if so, the amount.
5. Legal issues involved: § 42-1-160, § 42-9-10, § 42-9-30, § 42-15-60, and any other applicable provisions under South Carolina Workers' Compensation law.
6. Unusual aspects: None at the present time.
7. Witnesses (designate if expert):* Denise Godwin
8. Exhibits: Medical records are being submitted under the Administrative Procedures Act. Additional records include: Various Clemson University Employment/Personnel Records (9/15/06 - 9/18/08).
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): Medical records are being submitted under the Administrative Procedures Act. These records include: See Addendum.
10. Name, address, and specialty, if any, of the treating physician: Dr. Eric Loudermilk, Piedmont Comprehensive Pain Management Group, 100 Healthy Way, Suite 1260, Anderson, SC 29621, Dr. Jerry F. Sherrill, Jr., Lake Ridge Neurological, PA, 103 Omni Drive, Suite B, Seneca, SC 29672, and Michael Kriegel, PhD., Kriegel & Associates, 103 Willow Lake Court, Easley, SC 29642
11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Eric Loudermilk determined the Claimant to be at MMI on July 21, 2008. Dr. Carolina Burndette assigned a 7% permanent impairment to the lumbar spine equivalent to 5% whole person on August 1, 2008. Dr. Sherrill assigned a 3% medical impairment to the head and 0% medical impairment to the low back on March 26, 2010. He returned her to work with no restrictions.
12. I am amending my Form 58/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____ Email: rgay@mcnair.net
Date of hearing: January 10, 2011 @ 10:30 a.m. Time needed for hearing: 1 Hour

On behalf of ☐ Claimant ☒ Employer
File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

58

SUPPLEMENTAL PRE-HEARING BRIEF

ANDERSON 691574

Supplemental Notice of Witnesses and Written Reports of Physicians or Other Evidence
to be Introduced on Behalf of the Defendants, dated January 10, 2011

ADDENDUM

10. Medical Evidence

- a) Dr. Harry Vincent May
02/05/07, 02/08/07, 02/16/07, 07/02/08, 07/17/08, 10/08/08
- b) St. Francis
02/23/07, 02/25/07
- c) Oconee Memorial Hospital
10/12/07
- d) Clemson University Redfern Health Center
11/15/07, 09/04/08
- e) Clemson Sports Medicine
02/26/08, 03/31/08, 04/02/08, 04/10/08, 04/17/08
- f) Piedmont Comprehensive Pain Management Group
05/15/08, 10/26/10
- g) Associates in General Surgery, PA
07/17/08
- h) Mountainview Medical Imaging
04/01/09
- i) Lake Ridge Neurological, PA
03/26/10
- j) Kriegel & Associates
04/15/10, 07/01/10, 07/15/10, 07/22/10, 07/27/10, 08/03/10, 08/17/10,
08/19/10, 08/26/10, 08/30/10, 09/07/10, 09/21/10, 09/23/10, 10/07/10,
10/14/10, 10/21/10, 11/02/11, 11/11/10
- k) Ameritox Report
11/10/10

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0717106

Loretta Springs,

Employee/Claimant,

-vs-

Clemson University,

Employer,

and

State Accident Fund,

Carrier/Defendant(s).

SUPPLEMENTAL
NOTICE OF WITNESSES AND
WRITTEN REPORT(S) OF
PHYSICIAN(S) OR OTHER EVIDENCE
TO BE INTRODUCED ON BEHALF OF
DEFENDANT(S)

TO: The South Carolina Workers' Compensation Commission and
Paul C. Rathke, Esquire, Attorney for Claimant:

YOU ARE HEREBY NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following medical reports of physicians or other evidence on behalf of the Defendants, to wit:

EXHIBIT NO.	NAME OF REPORT	DATE OF REPORT(S)	PAGE NOS.
26	Kriegel & Associates	11/02/10, 11/11/10	235-236

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other persons whose reports are submitted for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physician/others, are being herewith forwarded to the South

ANDERSON 69943-5

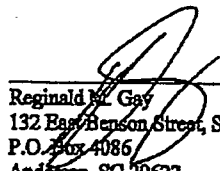
Carolina Workers' Compensation Commission for insertion in the file of the said Commission and inclusion into evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Denise Godwin.

McNAIR LAW FIRM, P.A.

BY:


Reginald M. Gay
132 East Benson Street, Suite 200
P.O. Box 4086
Anderson, SC 29622
(864) 226-1688
(864) 225-6456 (Fax)
Attorneys for Employer/Carrier

Anderson, South Carolina

January 5, 2011.

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0717106

Loretta Springs,

Employee/Claimant,

-VS-

Clemson University,

Employer,

and

State Accident Fund,

Carrier/Defendant(s).

CERTIFICATE OF SERVICE BY MAIL

The undersigned does hereby certify that he is one of the attorneys for the Defendants in the above entitled action; that he has this date served a copy of the Supplemental Pre-Hearing Brief and Supplemental Notice of Witnesses and Written Report(s) of Physician(s) or Other Evidence To Be Introduced on Behalf of the Defendants as evidence under the Administrative Procedures Act upon the Claimant's counsel by depositing the said copies in the United States Mail at Anderson, South Carolina, with prepaid, first class postage affixed, and e-mail addressed as follows:

Paul C. Rathke, Esquire
The Joel Bieber Firm
201 East North Street
Greenville, SC 29601.

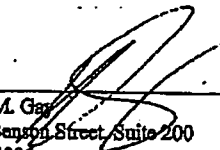
ANDERSON 0990-5

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McNAIR LAW FIRM, P.A.

BY: 

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132 East Benson Street, Suite 200
P.O. Box 4086
Anderson, SC 29622
(864) 226-1688
(864) 225-6456 (Fax)
Attorneys for Employer/Carrier

Anderson, South Carolina

January 5, 2011.

c: r. gay, k-atty 12/23/10
ej

Loretta Springs

Progress Notes

Patient Name: Loretta Springs

Date: November 2, 2010

Loretta returns and states that she has had a set back with her back pain. She and her husband have recently had to move to another location and as a result she appears to have strained her back. As she describes it, it does not appear to be a significant injury but simply an exacerbation of her chronic pain. She stated that she did not feel she needed to see Dr. Loudermilk at this time and that she wanted to utilize her chronic pain management techniques more effectively and aggressively to try to manage them. I was pleased that in spite of the increase in pain it does not appear to have caused her to have any major set back in her emotional issues.

Michael L. Kriegel PhD

Michael L. Kriegel PhD

Dictated Not Read

Progress Notes

Patient Name: Loretta Springs

Date: November 11, 2010

Loretta states that she has continued to keep her eye out for the individual that caused her recent dislocative setback. We discussed what it is about him that concerns her and just how serious this individual could be as far as causing her any sort of harm. It does seem that she does need to be concerned about this individual based on her description and encouraged her to contact the police if she has any additional concerns.

Michael L. Kriegel PhD

Michael L. Kriegel PhD

Dictated Not Read

Supplemental Notice of Witnesses and Written Reports of Physicians or Other Evidence
to be Introduced on Behalf of the Defendants, dated January 13, 2011

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South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 0717106

Claimant's Name: Loretta Springs Employer's Name: Clemson University
Address: _____ Address: E-307 Martin Hall
City: _____ State: _____ Zip: _____ City: Clemson State: SC Zip: 29634-6339
Home Phone: _____ Work Phone: () _____ Carrier: State Accident Fund
Preparer's Name: Rogkadd M. Gay, Esquire Preparer's Phone #: (864) 228-1888

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$289.95 2. AWW: \$434.91 Date of Injury: 10/12/2007
3. Type of Injury and body part(s): Alleged injuries to brain, head, back, left lower extremity, ears, nose, tongue. Defendants have admitted injury to head and left hip but denied physical brain damage and back injury.
4. Facts in controversy: The extent of the Claimant's injuries as a result of her work injury; whether the Claimant's current condition is a result of a work related injury; whether the Claimant is entitled to any additional medical care and/or treatment for her work related injury; whether the Claimant has physical brain damage; whether the Defendants are entitled to stop payment of temporary total compensation benefits for her work related injury; whether the Claimant is entitled to any partial permanent disability in regard to her work related injury and, if so, the amount.
5. Legal issues involved: § 42-1-160, § 42-9-10, § 42-9-30, § 42-15-60, and any other applicable provisions under South Carolina Workers' Compensation law.
6. Unusual aspects: None at the present time.
7. Witnesses (designate if expert):* Denise Godwin
8. Exhibits: Medical records are being submitted under the Administrative Procedures Act. Additional records include: Various Clemson University Employment/Personnel Records (9/15/06 - 9/18/08).
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): Medical records are being submitted under the Administrative Procedures Act. These records include: See Addendum.
10. Name, address, and specialty, if any, of the treating physician: Dr. Eric Loudermilk, Piedmont Comprehensive Pain Management Group, 100 Healthy Way, Suite 1260, Anderson, SC 29621, Dr. Jerry F. Sherrill, Jr., Lake Ridge Neurological, PA, 103 Omni Drive, Suite B, Seneca, SC 29672, and Michael Kriegel, PhD., Kriegel & Associates, 103 Willow Lake Court, Easley, SC 29642
11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Eric Loudermilk determined the Claimant to be at MMI on July 21, 2008. Dr. Carolina Bumdetta assigned a 7% permanent impairment to the lumbar spine equivalent to 5% whole person on August 1, 2008. Dr. Sherrill assigned a 3% medical impairment to the head and 0% medical impairment to the low back on March 26, 2010. He returned her to work with no restrictions.
12. I am amending my Form 50/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____

Email: rgay@mccair.net

Date of hearing: January 13, 2011 @ 12:00 p.m.

Time needed for hearing: 1 Hour

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

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SECOND SUPPLEMENTAL PRE-HEARING BRIEF

ANDERSON 09271v6

ADDENDUM

10. Medical Evidence

- a) Dr. Harry Vincent May
02/05/07, 02/08/07, 02/16/07, 07/02/08, 07/17/08, 10/08/08
- b) St. Francis
02/23/07, 02/25/07
- c) Oconee Memorial Hospital
10/12/07
- d) Clemson University Redfern Health Center
11/15/07, 09/04/08
- e) Clemson Sports Medicine
02/26/08, 03/31/08, 04/02/08, 04/10/08, 04/17/08
- f) Piedmont Comprehensive Pain Management Group
05/15/08, 10/26/10
- g) Associates in General Surgery, PA
07/17/08
- h) Mountainview Medical Imaging
04/01/09
- i) Lake Ridge Neurological, PA
03/26/10
- j) Krieger & Associates
04/15/10, 07/01/10, 07/15/10, 07/22/10, 07/27/10, 08/03/10, 08/17/10,
08/19/10, 08/26/10, 08/30/10, 09/07/10, 09/21/10, 09/23/10, 10/07/10,
10/14/10, 10/21/10, 11/02/11, 11/11/10, 11/16/10, 11/18/10
- k) Ameritox Report
11/10/10

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0717106

Loretta Springs,

Employee/Claimant,

-vs-

Clemson University,

Employer,

and

State Accident Fund,

Carrier/Defendant(s).

SECOND SUPPLEMENTAL
NOTICE OF WITNESSES AND
WRITTEN REPORT(S) OF
PHYSICIAN(S) OR OTHER EVIDENCE
TO BE INTRODUCED ON BEHALF OF
DEFENDANT(S)

TO: The South Carolina Workers' Compensation Commission and
Paul C. Rathke, Esquire, Attorney for Claimant:

YOU ARE HEREBY NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following medical reports of physicians or other evidence on behalf of the Defendants, to wit:

EXHIBIT NO.	NAME OF REPORT	DATE OF REPORT(S)	PAGE NOS.
27	Kriegel & Associates	11/16/10, 11/18/10	237-238

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other persons whose reports are submitted for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physician/others, are being herewith forwarded to the South

ANDERSON 055476

Carolina Workers' Compensation Commission for insertion in the file of the said Commission and inclusion into evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Denise Godwin.

Anderson, South Carolina
January 12, 2011.

McNAIR LAW FIRM, P.A.

BY:


Reginald M. Gay
132 East Benson Street, Suite 200
P.O. Box 4086
Anderson, SC 29622
(864) 226-1688
(864) 225-6456 (Fax)
Attorneys for Employer/Carrier

ANDERSON 699016

2

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BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0717106

Loretta Springs,

Employee/Claimant,

-vs-

Clemson University,

Employer,

and

State Accident Fund,

Carrier/Defendant(s).

CERTIFICATE OF SERVICE BY MAIL

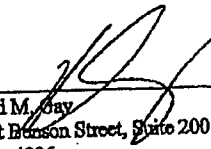
The undersigned does hereby certify that he is one of the attorneys for the Defendants in the above entitled action; that he has this date served a copy of the Second Supplemental Pre-Hearing Brief and Second Supplemental Notice of Witnesses and Written Report(s) of Physician(s) or Other Evidence To Be Introduced on Behalf of the Defendants as evidence under the Administrative Procedures Act upon the Claimant's counsel by e-mailing and depositing the said copies in the United States Mail at Anderson, South Carolina, with prepaid, first class postage affixed, and e-mail addressed as follows:

Paul C. Rathke, Esquire
The Joel Bisbar Firm
201 East North Street
Greenville, SC 29601.

Anderson, South Carolina
January 12, 2011.

McNAIR LAW FIRM, P.A.

BY:


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Attorneys for Employer/Carrier

ANDERSON 699476

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Progress Notes

Patient Name: Loretta Springs

Date: November 16, 2010

Loretta returns and states that she has had a significant flashback that has recurred over the last several days. She describes in particular a picture of her mother's face turning away. During our session today Loretta dissociates to a much younger age and relates the experience of being severely abused physically and sexually by her step father and that during portions of experience her mother saw what was happening and turned away and did nothing. Loretta is struggling greatly with the fact that her mother allowed her to be physically, sexually and emotionally abused by what appears to be at least by her step father and maybe others. Loretta is quite shaken by this and is struggling to manage her emotions today. She was able to regain control of her DID but I am concerned that she may not be able to do so much over the next few days. She agreed to call me if she has any serious setback.

Michael L. Kriegel PhD

Dictated Not Read

c: r. gay, k-atty 12.29.10

e.j.

Progress Notes

Patient Name: Loretta Springs

Date: November 18, 2010

Loretta continues to struggle with the recent memory of the fact that her mother was aware of the abuse that she was experiencing and did nothing to protect her. It is also likely that her mother was aware that Loretta's step father was abusing her older sister even more and it bothers Loretta considerably. It is now much more obvious as to why Loretta was unable to manage the emotional stress of her on the job injury. She clearly has had severe post traumatic stress disorder and dissociative identity disorder since she was a small child, and unfortunately it has made her vulnerable to the overwhelming stress of her injury and subsequent chronic pain. She is able to respond to our session today but is still tremendously fragile by the time that she leaves.

Michael L. Kriegel PhD

Diotated Not Read

Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

March 6, 2012



Paul C. Rathke, Esquire (SCB#: 6990)

The Joel Bieber Firm

201 East North Street

Greenville, SC 29601

(864) 370-9300

prathke@joelbieber.com

Attorney for Appellant

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL DECISION AND ORDER

Case No:2012205569

Loretta Springs, ...Appellant,

v.

Clemson University and State Accident Fund.....Respondent.

BRIEF OF APPELLANT

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STATEMENT OF ISSUES ON APPEAL

1. Whether the Full Commission's failure to specifically find the Claimant's mental injuries compensable was affected by other error of law; clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or arbitrary or capricious.
2. Whether the Full Commission's failure to find the Claimant totally and permanently disabled as a result of her work-related injuries and her condition as a whole was affected by other error of law; clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or arbitrary or capricious.

STATEMENT OF THE CASE

The Claimant maintains she suffered work related injuries from an accident occurring on October 12, 2007 when she fell from a golf cart hitting her head and injuring her neck, back, and hip. The Claimant contended she sustained a physical brain injury and injuries to her head, her back, her coccyx, her left lower extremity related to nerve damage, her ears, her nose, her tongue, her olfactory nerve, anxiety, depression, and psychological overlay. The Claimant sought lifetime benefits as a result of physical brain damage or, in the alternative, asks the Claimant to be found permanently and totally disabled based on a combination of her head, back, coccyx and mental injuries, with continuing medical treatment for the remainder of her life. (S.C. Code Ann. § 42-9-10, § 42-9-30). The Claimant further requested for *Utica-Mohawk* language and lump sum payment if allowable under the South Carolina Workers' Compensation Act.

The Defendants admitted injuries to the Claimant's coccyx, hip, and head. The Defendants maintained the Claimant suffered a minor closed head injury (concussion) which subsequently healed. The Defendants specifically denied physical brain damage. The Defendants contended the Claimant's current psychological condition and need for

counseling is primarily related to her past post-traumatic stress disorder as a result of childhood abuse resulting in dissociative identity disorder (multiple personalities). Finally, the Defendants denied the extent of the Claimant's injuries including those to the Claimant's back, specifically to the bulging disks, and the causal relationship between the Claimant's loss of taste and smell.

A hearing in this matter was held before Commissioner Avery B. Wilkerson, Jr. The hearing was set on the Claimant's Form 50. Commissioner Wilkerson took evidence on the claim and subsequently issued a Decision and Order filed April 11, 2011.

Both the Claimant and the Defendants subsequently and timely filed Requests for Review by the Appellate Panel of the South Carolina Workers' Compensation Commission asserting numerous errors on the part of Commissioner Wilkerson. (Form 30 of Claimant, (R. pp. 32-34).

The issues were bifurcated and heard by the Commission on August 15, 2011. (Claimant/Appellant's Brief, (R. pp. 35-46). Pursuant to S.C. Code Ann. § 42-17-50, the Appellate Panel, in its review, shall review the award, weigh the evidence as presented at the initial hearing, and if good grounds be shown therefore, make its own findings of fact and reach its own conclusions of law consistent with or inconsistent with those of the Hearing Commissioner. After a careful and thorough review of the instant case, the Commissioners, by unanimous vote, herein affirm the Decision of the Single Commissioner in its entirety. Therefore, the following findings of fact and rulings of law shall become the law of the case and the Decision and Order of the Hearing Commissioner be and hereby is affirmed. The Appellate Panel Decision and Order dated

November 16, 2011 affirmed the decision of the Hearing with the following Award:

The Claimant is entitled to 10 weeks of permanent disability to her coccyx and 15 weeks of permanent disability to her back, representing five (5%) percent disability to her back, totaling 25 weeks. Based on the Claimant's compensation rate of \$289.95, this totals \$7,248.75.

The Claimant sustained a minor closed head injury which subsequently healed and has not suffered permanent physical brain damage as contemplated under S.C. Code Ann. §42-9-10.

The Claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. The Claimant's memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury. Accordingly, the Claimant is not entitled to any permanent disability for the closed head injury.

The Claimant is entitled to additional medical care and treatment which would tend to lessen her period of disability. At the current time, this would include the counseling by Dr. Kriegel as his counseling is for both pain and her PTSD.

The Claimant is to be referred to vocational rehabilitation, and the Defendants will be responsible for the cost.

The Claimant timely filed a Notice of Appeal from this Order. (R. pp. 30, 31).

FACTS

The Claimant was injured while at work at Clemson University (R. pp. 84, 85). She was a maintenance technician and was being driven by a coworker in a golf cart used by the maintenance department when she was flung out while the cart was cornering (R. p. 85, lines 9-23). She landed on the ground on her coccyx and hit her head sustaining many injuries including injuries to her back, coccyx, head, brain and ear (R. p. 85, line 24- p. 86, line 3). These injuries also led to mental injuries (R. p. 291).

The Claimant has been married for five and one-half (5 1/2) years (R. p. 64, lines 19-23). Mr. Springs feels she does not have the strength she used to have and planting a garden, bending, squatting, and kneeling are very hard for her. (R. p. 69, line 4-p. 70, line 10). Mr. Springs testified Ms. Springs takes a prescription medication for pain, an antidepressant, and wears a patch for pain. She also uses a TENS unit to ease pain. (R. p. 73, line 170-p. 74, line 6).

Mr. Springs testified that Ms. Springs' dizziness and headaches did improve after the accident. (R. p. 74, lines 17-22). He further testified she can do some household chores, some cooking, and some housekeeping. Mr. Springs is aware his wife suffers from multiple personality disorder. Mr. Springs acknowledged he had no training in determining how to detect personality disorders and that he learned of her multiple personalities after she began seeing Dr. Kriegel. He testified that some of the Claimant's personalities have certain memories, and it is his understanding these personalities are the way she copes with her early childhood trauma. (R. p. 76., line 3-p. 77, line 11).

Prior to the work accident, the Claimants childhood trauma did not interfere with her ability to function in life. Her work history includes waitressing, landscaping, zookeeper, farming, raising cattle, and work at a dairy cow auction. (R. p. 80, line 16-p. 82, line 25). She was able to train koala bears (R. p. 81, lines 13-14) and was a handler of the Anheuser Busch Clydesdales (R. p. 81, lines 14-17). She worked as an electrical assistant installing conduit and wiring commercial buildings. (R. p. 83, lines 8-12). The Claimant went to work at Clemson University as a Maintenance Technician repairing the HVAC electrical and plumbing systems all over campus. (R. p. 84, lines 3-12).

In describing her current condition, Ms. Springs testified she has good days and bad days. She can walk down her street and has hiked on a level surface. (R. p. 100, lines 1-24). The Claimant testified she loves to cook and she paints as a hobby. (R. p. 116, lines 16-18).

During the course of her extensive treatment, the Claimant saw Sheldon Herring, Ph.D. at the Roger C. Peace Rehabilitation Center for a Neuropsychological Evaluation. Dr. Herring diagnosed her with Adjustment Disorder with anxiety and depressed mood. He recommended two main treatments:

First, although the patient's semantic (verbal and visual) memories are quite functional, she presents with forgetfulness and problems with organizing herself for daily activities. This may be a secondary symptom impacted more by depression and pain; however, it does cause the patient significant distress. For this reason I recommend brief referral to our outpatient speech therapy team to help the patient develop a more practical memory management strategy and to help her organize herself in day to day activities.

Second, I recommend that supportive counseling be provided to the patient to help her address her coping style and to provide more direct support for her depression. Since it is anticipated that the patient will be involved in outpatient speech therapy for a fairly brief period of time, I recommend that the patient find a psychotherapist closer to her home community that can help work with her over the longer term regarding adjustment to her chronic pain and to help her develop better relaxation and pain management skills.

(R. p. 260-261)

She sees Dr. Kriegel for pain and emotional counseling. While receiving counseling, it became apparent she was abused as a child. (R. pp. 101, lines 13-16). Since the accident, she has not been able to put the memories out of her mind. It now interferes with her daily life and marriage and her ability to work. (R. pp. 102, lines 7-19).

The Claimant testified that prior to the accident she took an antidepressant for about 6 months when she was in her 20's and was going through a divorce. She stated she continues to have memory problems but has learned to cope through therapy. She testified her word recall has improved, but she has more problems with anger and emotions. (R. p. 103, line 8-p. 104, line 25). The Claimant acknowledged that she has multiple personalities, and she is aware of them some of the time. She maintained she has never experienced the alter personalities prior to the injury, but she did have prior "lost time," (R. p. 105, lines 1-17). She stated the earliest alter personality is 4 years old. The Claimant testified she was not sure if Dr. Kriegel's treatment was helping her with her pain because she has only been seeing him for a year. (R. p. 105, lines 19-24). She did believe his teaching her breathing techniques have helped and she wished to continue seeing Dr. Kriegel because she was hoping to rid herself of most of her situation. (R. p. 106, lines 1-6).

The Claimant acknowledged that Dr. Kriegel has diagnosed her with at least five (5) different personalities. She stated she was unaware of her multiple personalities prior to the accident. (R. p. 115, lines 22-25). The Claimant testified that when she disassociates, Dr. Kriegel can ask an alter (an 8-year old female) to discuss a bad

occurrence. This female alter can make the Claimant smell and taste as if the occurrence were happening. (R. p. 116, lines 1-12). The Claimant further recalls losing time or blacking out in high school. She stated these could have been due to different personalities because she was being abused at the time, but she never saw anyone for these problems nor sought treatment prior to this accident. (R. p. 117, lines 1-15).

A review of Dr. Kriegel's medical records indicate that her inability to work affected her emotional stability (R. p. 280). The claimant has been diagnosed with dissociative identify disorder. She has at least five (5) personalities and has been battling depression for many years. Dr. Kriegel believes the Claimant suffers from post-traumatic stress disorder as a result of childhood abuse with the current situation overwhelming her coping skills (R. p. 287). The Claimant is still seeing Dr. Kriegel for therapy and Eric Loudermilk, M.D. for pain management. (R. pp. 90, line 4-p. 91, line 2).

ARGUMENT

The Administrative Procedures Act ("APA") provides the standard for judicial review of workers' compensation decisions. Pierre v. Seaside Farms, Inc., 386 S.C. 534, 689 S.E.2d 615 (2010); Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981). Under the APA, the Court can reverse or modify the decision of the Workers' Compensation Commission if the substantial rights of the appellant have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record or are arbitrary or capricious. Transp. Ins. Co. v. South Carolina Second Injury Fund, 389 S.C. 422, 699 S.E.2d d

687, 689-90 (2010) (citing S.C. Code Ann. § 1-23-380(5)(d), (e) (Supp. 2009)).

A. The Full Commission's failure to specifically find the Claimant's mental injuries compensable was affected by other error of law; clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or arbitrary or capricious.

The Full Commission found that Claimant's PTSD was aggravated by the work injury. That finding was not appealed and is the law of the case (See finding of Fact #5, R. p. 26). The Commissioner also found that "the evidence establishes that the five (5) different personalities associated with the personality dissociative identity disorder were suppressed and unknown prior to the accident. This disorder was diagnosed during her counseling sessions". (Finding of Fact #7, R. p. 26) Thus, the Commissioner's own findings confirm the aggravation of the pre-existing condition.

The Full Commission also found:

14. I award the Claimant such further causally related medical treatment as would tend to lessen her disability. This would currently include the counseling she receives from Dr. Kriegel as the counseling for the PTSD is hand in hand with the counseling for pain therapy.

Finding of Fact No. 14, (R. p. 26).

However, there are also findings that seem to question the compensability of the mental injuries:

7. The Claimant has had and suffers from some very serious problems, however, based on the greater weight of the evidence, I do not find the accident of October 12, 2007 caused all of the problems the Claimant is experiencing. The evidence establishes that the five (5) different personalities associated with the personality dissociative identity disorder were suppressed and unknown prior to the accident. This disorder was diagnosed during her counseling sessions.

24. The medical record of Dr. Kriegel dated February 17, 2010

states that the Claimant has found herself focusing on memories from her childhood. There is the potential that her memory problems may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during her accident. (R. p. 284).

25. The medical record of Dr. Kriegel dated March 19, 2001, states that the Claimant's symptoms relate and make it appear more and more that she suffers from post-traumatic stress disorder from childhood abuse. (R. p. 287).

29. The medical record of Dr. Kriegel dated August 19, 2010 states the Claimant has been battling depression for many years and that the reason the Claimant did not recognize it as such is primarily because it has been her constant companion. (R. p. 325).

30. The medical record of Dr. Kriegel dated August 26, 2010 states that the Claimant has had a difficult time in the last two (2) days with her memory. In addition, she has had a much greater than normal level of anxiety and agitation. As we discussed this during our session, it became clear that it was associated to her PTSD and dissociative identity disorder. She dissociated twice during our session today and was then able to relate the triggering mechanism that occurred two (2) days ago. She is beginning to understand more fully how her PTSD can play a major role in her memory issues. It does appear that she does have some level of memory dysfunction as a result of her on-the-job injury but the PTSD has an impact on her memory as well. She appeared to be much calmer and reassured by the time that she left today. (R. p. 326).

Findings of Fact Nos. 7, 24, 25, 29 and 30, (R. pp. 26, 28, 29).

The Award of the Commission states:

3. The Claimant currently suffers from at least five (5) different personalities as a result of her dissociative identity disorder stemming from post-traumatic stress disorder from childhood abuse. The Claimant's memory problems and other psychological conditions are more related to her childhood abuse than as a direct result of her work injury. Accordingly, the Claimant is not entitled to any permanent disability for the closed head injury.

4. The Claimant is entitled to additional medical care and treatment which would tend to lessen her period of disability. At the current time, this would include the counseling by Dr. Kriegel as his

counseling is for both pain and her PTSD.

The Appellate Panel Decision and Order Nos. 3 and 4, (R. pp. 30-31).

Taken together, these Findings and Awards seem ambiguous on the question of the compensability for the Claimant's mental condition.

Mental injuries are compensable if they are induced either by physical injury or by unusual or extraordinary conditions of employment. Anderson v. Baptist Med. Ctr., 343 S.C. 487, 493, 541 S.E.2d 526, 528 (2001); Getsinger v. Owens-Corning Fiberglass Corp., 335 S.C. 77, 80, 515 S.E.2d 104, 106 (Ct. App. 1999); Stokes v. First Nat'l Bank, 298 S.C. 13, 21, 377 S.E.2d 922, 926 (Ct. App. 1988). A mental condition is causally related to the original injury if the condition was induced by the physical injury. Estridge v. Joslyn Clark Controls, Inc., 325 S.C. 532, 537-38, 482 S.E.2d 577, 580 (Ct. App. 1997).

S.C. Code Ann. § 42-9-35 applies to the aggravation of a pre-existing condition and provides:

- a) The employee shall establish by a preponderance of the evidence, including medical evidence, that:
 - (1) the *subsequent injury* aggravated the preexisting condition or permanent physical impairment; or
 - (2) the preexisting condition or the permanent physical impairment aggravates the subsequent injury.
- b) The commission may award compensation benefits to an employee who has a permanent physical impairment or preexisting condition and who incurs a *subsequent disability* from an injury arising out of and in the course of his employment for the resulting disability of the permanent physical impairment or preexisting condition and the subsequent injury.

A claimant is entitled to benefits for aggravation of a pre-existing condition of depression. Bentley v. Allen Cnty. Sch. Dist., 392 S.C. 300, 310, 709 S.E.2d 619, 624 (2011) citing Anderson v. Baptist Med. Cntr., 343 S.C. 487, 541 S.E.2d 526 (2001).

Pre-existing depression does not preclude workers' compensation benefits for a mental injury. See Doe v. S.C. Dep't of Disabilities & Special Needs, 377 S.C. 346, 351, 660 S.E.2d 260, 263 (2008). However, the right of a claimant to compensation for aggravation of a pre-existing condition arises only when the claimant has a dormant condition that has produced no disability but becomes disabling because of the aggravating injury. Anderson, 343 S.C. at 493, 541 S.E.2d at 528.

The Act addressed the standard for compensability of mental injuries at S.C. Code Ann. § 42-1-160(D).

(D) Stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical injury may not be found compensable unless the aggravation is:

- (1) admitted by the employer/carrier;
- (2) noted in a medical record of an authorized physician that, in the physician's opinion, the condition is at least in part causally-related or connected to the injury or accident, whether or not the physician refers the employee for treatment of the condition;
- (3) found to be causally-related or connected to the accident or injury after evaluation by an authorized psychologist or psychiatrist; or
- (4) noted in a medical record or report of the employee's physician as causally-related or connected to the injury or accident.

Dr. Kriegel, the authorized treating physician, is clear in his records that, "[Claimant's] inability to work has affected not only her emotional level but also her

emotional stability." (R. p. 280). He also states, "[Her] physical symptoms have created tremendously powerful psychological symptoms." (R. p. 281) Dr. Kriegel then summarizes, "[Her] coping skills have been overwhelmed by her current situation." (R. p. 287).

Dr. Kriegel's opinion on these issues was made absolutely clear in the questionnaires he completed. In response to those submitted questions, he opined as follows:

1. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 has exacerbated Ms. Springs Post Traumatic Stress Disorder and caused the onset of symptoms.

☒ Yes

☐ No

2. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the need for psychological treatment is related to the work accident on October 12, 2007.

☒ Yes

☐ No

3. Is Loretta Springs at Maximum Psychological improvement from the symptoms brought forth by the work injury of October 12, 2007?

☐ Yes

☒ No

4. What further treatment is needed and at what frequency to optimize Ms. Spring's recovery from the symptoms brought forth by the work injury of October 12, 2007?

Ms. Springs needs individual cognitive behavioral psychotherapy

on a minimum of a weekly basis. Optimal treatment would be for her to receive treatment twice weekly due to the severity of her symptoms.

(R. pp. 167-168).

1. Is future treatment needed for Ms. Springs to maintain her level of functioning?

✓ Yes

 No

2. If yes to number 1, what further treatment is needed and at what frequency to optimize Ms. Spring's recovery from the symptoms brought forth by the work injury of October 12, 2007?

Ms. Springs will require continued cognitive-behavioral psychotherapy, two sessions per week in order to optimize her recovery.

3. With treatment outlined in 1 and 2 above, Is Loretta Springs at Maximum Psychological improvement from the symptoms brought forth by the work injury of October 12, 2007?

✓ Yes

 No

4. In light of the medical and psychological history and medical and psychological treatment of Mrs. Springs it is my opinion, to a reasonable degree of medical certainty that the work injury of October 12, 2007 has exacerbated Ms. Springs Post Traumatic Stress Disorder and caused the onset of symptoms. Because of the work injury Ms. Springs has an impairment rating of Class 4 Moderately Severe Impairment.

(R. pp. 293-294).

Clearly the Claimant was highly functioning prior to the work injury. She was able to perform her job at Clemson without problems. The psychological problems she now faces had never surfaced before, nor did they interfere with employment at any time

in her past. Dr. Kriegel, the authorized treating physician, is clear in his records that, "[Claimant's] inability to work has affected not only her emotional level but also her emotional stability." (R. p. 156). He also states, "[Her] physical symptoms have created tremendously powerful psychological symptoms." (R. p. 281) Dr. Kriegel then summarizes, "[Her] coping skills have been overwhelmed by her current situation." (R. p. 287).

While it may be argued that the Claimant's current condition of depression with moderately severe impairment and multiple personalities would not be present if she had never experienced the childhood trauma, it is also true that the symptom came out subsequent to and because of the work injury. The medical and psychological providers are clear on this and, as mentioned above, the Order of the Commission specifically finds her condition was exacerbated by the work accident and that her five different personalities associated with the personality identity disorder were suppressed and unknown prior to the incident.

B. The Full Commission's failure to find the Claimant totally and permanently disabled as a result of her work-related injuries and her condition as a whole was affected by other error of law; clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or arbitrary or capricious.

While an impairment rating may not rest on "surmise, speculation or conjecture . . . it is not necessary that the percentage of disability or loss of use be shown with mathematical exactness." Roper v. Kimbrell's of Greenville, 231 S.C. 453, 461, 99 S.E.2d 52, 57 (1957) (citations omitted); see also Linen v. Ruscon Constr. Co., 286 S.C. 67, 68-69, 332 S.E.2d 211, 212 (1985) (finding that although expert testimony found

claimant suffered from a 20-30% impairment to his back, testimony of vocational expert and claimant provided substantial evidence to affirm Appellate Panel's decision finding claimant's impairment exceeded 50%); Lyles v. Quantum Chem. Co., 315 S.C. 440, 445-46, 434 S.E.2d 292, 294-95 (Ct. App. 1993) (finding, pursuant to section 42-9-30, that while expert testimony suggested claimant suffered only a 35% impairment to his back, testimony of claimant and others provided substantial evidence that claimant's impairment exceeded 50%).

Looking at the treatment the Claimant is still receiving for her back pain it is clear that the injury is significant and is limiting in her daily life. She is on a narcotic pain medication called Norco, a pain patch, and she has a TENS unit. (R. p. 91, lines 12-13) These medications are prescribed by Eric P. Loudermilk, M.D..

The Claimant is also undergoing pain management therapy with Dr. Kriegel which was found compensable and is continuing. She also has the broken coccyx and the extensive mental injuries discussed in the previous argument. The only competent evidence in the case is that the Claimant's compensable mental injuries are totally disabling as supported in the discussion of the previous argument and in the Findings and Award of the Commission concerning the Claimant's multiple personalities. There is no evidence in the record to contradict the severity of her mental condition. Therefore, a finding that her mental condition is not disabling is arbitrary and not supported by substantial evidence.

CONCLUSION

The Appellant Panel of the Workers' Compensation Commission erred in affirming the decision of the Hearing Commissioner. The substantial rights of the Appellant have been compromised because the decision is contradictory and clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

The Decision should be reversed finding the claimant's severe psychological problems compensable and disabling and a finding that these mental injury, her current psychological condition, separately and combined with the injury to her back, and the injury to her coccyx together render the Claimant totally and permanently disabled.



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THE STATE OF SOUTH CAROLINA
In the Court of Appeals
In The Supreme Court

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

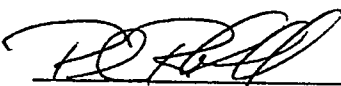
Case No:2012205569

Loretta Springs, ...Appellant,
Clemson University and State Accident Fund.....Respondent.

CERTIFICATE OF COUNSEL

The undersigned certifies that this Final Brief complies with Rule 211(b), SCACR.

March 20, 2012


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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

APPELLATE PANEL DECISION AND ORDER
WCC File No: 0717106

FULL APPELLATE PANEL

Loretta Springs,

Appellant

v.

Clemson University and
State Accident Fund,

Respondents.

FINAL BRIEF OF RESPONDENTS

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STATEMENT OF ISSUES ON APPEAL

1. IS THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S DECISION AND ORDER CONCLUDING THE CLAIMANT'S CURRENT MENTAL INJURIES ARE NOT COMPENSABLE SUPPORTED BY SUBSTANTIAL EVIDENCE ON THE RECORD AS A WHOLE AND SOUTH CAROLINA WORKERS' COMPENSATION LAW?
2. IS THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S FAILURE TO FIND THE CLAIMANT TOTALLY AND PERMANENTLY DISABLED AS A RESULT OF HER WORK RELATED INJURIES SUPPORTED BY SUBSTANTIAL EVIDENCE ON THE RECORD AS A WHOLE AND SOUTH CAROLINA WORKERS' COMPENSATION LAW?

STATEMENT OF THE CASE

This case originated when the Appellant, Loretta Springs (hereinafter "Springs"), suffered work related injuries from an accident occurring on October 12, 2007 when she fell from a golf cart hitting her head and injuring her neck, back, and hip. Springs contended she sustained a physical brain injury and injuries to her head, her back, her coccyx, her left lower extremity related to nerve damage, her ears, her nose, her tongue, her olfactory nerve, anxiety, depression, and psychological overlay. Springs asked for lifetime benefits as a result of physical brain damage or, in the alternative, asked to be determined permanently and totally disabled based on a combination of her head and back injuries, with continuing medical treatment for the remainder of her life. Springs further asked for *Utica-Mohawk* language and lump sum payment if allowable under the South Carolina Workers' Compensation Act.

The Employer, Clemson University (hereinafter "Clemson"), and Carrier, State Accident Fund (hereinafter jointly referred to as "Respondents") admitted an injury to

Springs' coccyx, hip, and head. The Respondents contended Springs had reached maximum medical improvement in regard to her work related injuries on October 11, 2010 and relied on the ratings of Dr. Jerry Sherrill and Dr. Carol Burnette. The Respondents maintained the Claimant suffered a minor closed head injury (concussion) which subsequently healed. The Respondents specifically denied physical brain damage. The Respondents contended Springs' current psychological condition and need for counseling is primarily related to her past post-traumatic stress disorder (hereinafter PTSD) as a result of childhood abuse resulting in dissociative identity disorder (multiple personalities). Further, the Respondents denied the extent of Springs' injuries including those to Springs' back, specifically the bulging disks, and the causal relationship between Springs' loss of taste and smell.

A hearing was held on Springs' Form 50 and the Respondents' Form 51 before Commissioner Avery B. Wilkerson. Commissioner Wilkerson took evidence on the claim and subsequently issued a Decision and Order dated April 11, 2011. Commissioner Wilkerson found that Springs had reached maximum medical improvement in regard to her work related injuries, had suffered a partial permanent disability to her back and coccyx, had sustained a minor closed head injury which subsequently healed, had not suffered physical brain damage, that Springs' current memory problems and psychological conditions were related to her childhood abuse and not the result of her work injury, and that Springs was in need of additional medical care and treatment which would tend to lessen her period of disability.

Both parties subsequently and timely filed Requests for Review by the Appellate Panel of the South Carolina Workers' Compensation Commission asserting numerous errors

on the part of Commissioner Wilkerson. Briefs were subsequently filed and a hearing was held before an Appellate Panel of the Commission on August 15, 2011. The Appellate Panel subsequently issued a Decision, by unanimous vote, dated November 16, 2011 affirming the Single Commissioner's Decision and Order in its entirety. Pursuant to the South Carolina Workers' Compensation Commission's Decision and Order, Springs was awarded ten (10) weeks of permanent disability to her coccyx and 15 weeks of permanent disability to her back, totaling 25 weeks of disability. Springs was found to have sustained a minor closed head injury which subsequently healed and it was determined that she had not suffered permanent physical brain damage as contemplated under S.C. CODE ANN. § 42-9-10. It was further determined Springs suffers from at least five (5) different personalities as a result of her dissociative identify disorder stemming from post-traumatic stress disorder from childhood abuse. The Commission found that Springs' memory problems and her other psychological conditions were more related to her childhood abuse than as a direct result of her injury and, accordingly, was not entitled to any permanent disability for the closed head injury. Springs was awarded additional medical care and treatment which would tend to lessen her period of disability, including counseling by Dr. Kriegel. The Commission also determined that the Respondents would be responsible for Springs' referral to vocational rehabilitation.

Springs subsequently filed a Notice of Appeal to this Court within the prescribed time limits. This Brief is in support of the Respondents' position that the Decision and Order of the South Carolina Workers' Compensation Commission is supported by substantial

evidence and in accordance with South Carolina law and, therefore, should be affirmed in its entirety.

FACTS

Springs' husband, Daniel Allen Springs (hereinafter Mr. Springs), testified at the hearing before Commissioner Wilkerson. Mr. Springs has been married to Springs for five and one-half (5½) years and is also employed with Clemson University. (R. p. 64). Mr. Springs did not witness the accident, but was notified at the end of the day when a co-worker brought his wife to the shop. (R. pp. 66-67).

Mr. Springs testified that following the accident, his wife had dizziness, lack of equilibrium, no short term memory, impaired long term memory, and was disoriented. (R. p. 68). He feels she does not have the strength she used to have and planting a garden, bending, squatting, and kneeling are hard for her. (R. pp. 69-70). Mr. Springs testified that Springs' dizziness and headaches did improve after the accident. (R. p. 74). He further testified she can do some household chores, some cooking, and some housekeeping. Mr. Springs is aware his wife suffers from multiple personality disorder. Mr. Springs acknowledged he had no training in determining how to detect personality disorders and that he learned of her multiple personalities after she began seeing Dr. Kriegel. He testified that some of Springs' personalities have certain memories, and it is his understanding these personalities are the way she copes with her early childhood trauma. (R. p. 77).

Loretta Springs also testified at the hearing stating that at the time of her injuries she was a maintenance technician at Clemson University. (R. p. 84). Springs testified the accident occurred at the end of the day. She "hopped" in a golf cart to return to the shop with

another team member. They were going pretty fast, and when the driver swerved to the left, she fell out of the cart landing on her back. (R. p. 85).

Springs testified x-rays were taken at Clemson's Redfern Clinic, and she was taken to the hospital the same day where a CAT scan was performed. She was discharged home but returned to the hospital the next day because she had nausea and had been "blacking out" all night. She was told she had a concussion. She later saw a neurologist and a neurosurgeon for treatment of these conditions. (R. pp. 87-88). Springs further testified she is currently in pain management, has seen two (2) neuropsychologists for memory issues, and has seen an ENT for loss of taste and smell. (R. p. 89). Springs currently sees Dr. Eric Loudermilk for pain management and Dr. Michael Kriegel for counseling. She takes medications for pain and depression. (R. pp. 90-93).

Springs testified that after the accident she returned to work for a period of time. She was subsequently told since she could not do her job, which included lifting 50 pounds, she would need to find a job somewhere else. (R. pp. 93-94). At that point, she began receiving temporary total compensation checks and has not worked since leaving Clemson University.

According to Springs, she initially had problems hearing following the accident, but this has resolved. She testified she began having problems with smell and taste about a week or so after the accident and continues to have problems with these. (R. pp. 94-96). Springs further testified her coccyx was broken and her neck and lower back cause her pain. (R. pp. 97-98). In describing her current condition, Springs testified she has good days and bad days. She can walk down her street and has hiked on a level surface. (R. p. 100). Springs testified she loves to cook and she paints as a hobby. (R. p. 116). She sees Dr. Kriegel for pain and

emotional counseling. While receiving counseling, it became apparent she was abused as a child. (R. pp. 101-102).

Springs testified that prior to the accident she took an antidepressant for about 6 months when she was in her 20's and was going through a divorce. She stated she continues to have memory problems but has learned to cope with this through therapy. She testified her word recall has improved, but she has more problems with anger and emotions. (R. pp. 103-104). Springs acknowledged that she has alter personalities, and she is aware of them some of the time. She maintained she had never experienced the alter personalities prior to the injury, but she did have prior "lost time." (R. p. 105). She stated the youngest alter personality is 4 years old. Springs testified she was not sure if Dr. Kriegel's treatment was helping her with her pain because she has only been seeing him for a year. (R. p. 105). She did believe his teaching her breathing techniques had helped, and she wished to continue seeing Dr. Kriegel because she was hoping to rid herself of most of her situation. (R. p. 106).

On cross-examination, Springs acknowledged she had suffered episodes of dizziness and severe headaches prior to her work injury and had previously been treated by the Mayo Clinic in Florida. At that time, she underwent an MRI of the brain for these problems. (R. p. 108). In regard to her back problems, Springs denied straining her back while lifting some household appliances when she and her husband were moving but acknowledged she had mentioned to Dr. Kriegel that her back hurt because they were moving. Springs went on to testify one of her alter personalities (a 12-year old) always wants to do things to be helpful. When the alter ego "came out," she tried to move things and her current self would have to take back over and tell the alter she could not move things. (R. p. 110). Springs

acknowledged she has been diagnosed with a mild disk bulge but nothing for which surgery was recommended. (R. p. 111). Springs further testified that her dizziness has resolved, but she stated she still sometimes loses her balance. She stated her severe headaches and the problems with her ear have also resolved. (R. p. 112).

Springs acknowledged at the hearing that Dr. Kriegel has diagnosed her with at least five (5) different personalities. She stated she was unaware of her alter personalities prior to the accident. (R. p. 115). Springs testified that when she disassociates, Dr. Kriegel can ask an alter (an 8-year old female) to discuss a bad occurrence. This female alter can make Springs smell and taste as if the occurrence were happening. (R. p. 116). Springs further recalled losing time or blacking out in high school. She stated these episodes could have been due to her different personalities because she was being abused at the time. She never saw anyone for these problems nor sought treatment prior to this accident. (R. p. 117).

The medical records establish Springs had a normal CT scan of the brain on October 12, 2007. (R. p. 138). According to the Oconee Hospital record dated October 12, 2007, Springs suffered a minor closed head injury. (R. p. 140). MRIs of Springs' back dated November 16, 2007 and April 1, 2009 indicate a mild disc bulge at L5-S1 with mild degenerative changes and a subtle right lateral disc bulge at S1-S2. The MRIs found no significant neural impingement. (R. pp. 186, 316). Dr. Sherrill's medical records indicate that Springs' back problems were completely non-surgical. (R. p. 185). On August 1, 2008, Springs was assigned a seven (7%) percent impairment to the lumbar spine, equating to a five (5%) percent rating to the whole person, by Dr. Carol Burnette. (R. p. 211). Dr. Sherrill, a neurologist, assigned a three (3%) percent medical impairment to Springs' head

and a zero (0%) percent medical impairment to Springs' low back on March 26, 2010. Dr. Sherrill returned her to work with no restrictions. (R. p. 317).

A review of Dr. Kriegel's medical records indicate that Springs has been diagnosed with dissociative identity disorder (a/k/a multiple personality disorder). She has at least five (5) alter personalities and has been battling depression for many years. Dr. Kriegel believes Springs suffers from post-traumatic stress disorder as a result of childhood abuse. (R. p. 287). Dr. Kriegel's medical record dated February 17, 2010 states that there is potential that her current memory problems may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during her work accident. (R. p. 284). Dr. Kriegel's medical record dated March 19, 2010 states that her symptoms appear more and more related to post-traumatic stress disorder from childhood abuse than to her work injury. (R. p. 287).

ARGUMENTS

- I. THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S DECISION AND ORDER CONCLUDING THE CLAIMANT'S CURRENT MENTAL INJURIES ARE NOT COMPENSABLE IS SUPPORTED BY SUBSTANTIAL EVIDENCE ON THE RECORD AS A WHOLE AND IS NOT AFFECTED BY ERROR OF LAW.
- II. THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S FAILURE TO FIND THE CLAIMANT TOTALLY AND PERMANENTLY DISABLED AS A RESULT OF HER WORK RELATED INJURIES IS SUPPORTED BY SUBSTANTIAL EVIDENCE ON THE RECORD AS A WHOLE AND IS NOT AFFECTED BY ERROR OF LAW.

The South Carolina Supreme Court has determined that the Administrative Procedures Act governs the standard of judicial review of decisions and awards issued by the

South Carolina Workers' Compensation Commission. Citing the statute, the South Carolina Supreme Court has held that it is empowered on review to reverse or modify a decision only "if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions or decision, are ... (3) made upon lawful procedures; (4) affected by other errors of law, [or] (5) clearly erroneous in view of the reliable, probative and substantial evidence on the whole record...." S.C. CODE ANN. § 1-23-380; *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 276 S.E.2d 304 (1981). Thus, in the present matter, the award by the Workers' Compensation Commission can be set aside only if there is an error of law or it is unsupported by substantial evidence. In *Lark*, the Court addressed the substantial evidence rule, stating that in its opinion, the substantial evidence rule should be applied only in those cases where a manifest or gross error of law has been committed by the administrative agency. The court then quoted the language of the statute, adding that: "the Court shall not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact." *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 276 S.E.2d. 307 (1981).

Substantial evidence has been defined by the South Carolina Supreme Court as:

"such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.... This is something less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence."

Hoxit v. Michelin Tire Corp., 304 S.C. 461, 405 S.E.2d 408 (1991).

Other South Carolina decisions have established that where there is a conflict in the evidence, the findings of fact of the Commission, as trier of the facts, is conclusive. *Greer v. Greenville County*, 245 S.C. 442, 141 S.E.2d 91 (1965); *Muir v. C.R. Bard, Inc.*, 336 S.C.

266, 519 S.E.2d 583 (S.C. Ct. App. 1999); *Holcombe v. Dan River Mills/Woodside Division*, 286 S.C. 223, 333 S.E.2d 338 (S.C. Ct. App. 1985). The Appellate Courts have cautioned the Bench and Bar on numerous occasions that the substantial evidence rule should not be used as judicial fact finding or a substitution of judicial judgment for agency judgment, and that a judgment upon which reasonable men might differ cannot set aside. *Hunter v. Patrick Construction Co.*, 289 S.C. 46, 344 S.E.2d 613 (1986); *Muir v. C.R. Bard, Inc.*, 336 S.C. 266, 519 S.E.2d 583 (S.C. Ct. App. 1999). The findings of the Commission are presumed correct and will be set aside only if unsupported by substantial evidence. *Crisp v. SouthCo, Inc.*, 390 S.C. 340, 701 S.E.2d 762 (S.C. Ct. App. 2010). Thus, absent an error of law, a reviewing Court is limited in its scope of review in Workers' Compensation cases to making a determination as to whether or not there is substantial evidence to support the factual findings of the Commission. *Hoxit v. Michelin Tire Corp.*, 304 S.C. 461, 405 S.E.2d 408 (1991).

The South Carolina Courts have long held and definitively stated that a Claimant who asserts his or her rights to compensation must establish by the preponderance of the evidence the facts which will entitle him or her to an award under the Act and such award must not be based on surmise, conjecture or speculation. *Tiller v. National Healthcare Ctr.*, 334 S.C. 333, 513 S.E.2d 843 (1999); *Polk v. E.I. DuPont deNemours Co., Inc.*, 250 S.C. 468, 158 S.E.2d 765, 767 (1968). The burden is on the Claimant to prove the facts which will render the injury compensable. *Mims v. Nehi Bottling Co.*, 218 S.C. 513, 63 S.E.2d 305 (1951). In deciding whether substantial evidence supports a finding of causation in a Workers' Compensation case, it is appropriate to consider both the lay and expert evidence. *Hall v.*

Desert Aire, Inc., 376 S.C. 338, 656 S.E.2d 753 (S.C. Ct. App. 2007).

I. THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S DECISION AND ORDER CONCLUDING THE CLAIMANT'S CURRENT MENTAL INJURIES ARE NOT COMPENSABLE IS SUPPORTED BY SUBSTANTIAL EVIDENCE ON THE RECORD AS A WHOLE AND IS NOT AFFECTED BY ERROR OF LAW.

Springs maintains that the Commission's findings and conclusions that her current psychological problems, including depression, are not compensable are based on an error of law and unsupported by the evidence in the record. The Respondents argue, to the contrary, that the evidence supports the Commission's position that Springs has reached maximum medical improvement in regard to any psychological problems causally related to the accident and that her current psychological problems are unrelated. Furthermore, the Respondents maintain there is no error of law.

A review of the evidence establishes that the Respondents initially accepted responsibility for the claim and provided treatment for Springs' depression and apparent psychological problems. Acceptance of the psychological portion of the claim was made in good faith and in the belief that Springs' physical injury resulted in depression, memory loss, and post traumatic stress disorder. While certain initial psychological testing and treatment may have been necessary and related to the accident, the Respondents dispute that Springs' current psychological problems are causally related to her work injury. The record establishes that Springs reached maximum medical improvement in regard to any psychological problems causally related to the accident and that her current problems are the result of her pre-existing undiagnosed dissociative identity disorder. Springs' medical condition is complicated, and in order to understand the findings and conclusions of the

Commission as it relates to Springs' psychological claim, it is important to understand the background of Springs' medical treatment.

Following the injury, Springs began complaining of memory loss, depression, and other psychological problems. As a result, a CT scan was conducted and a referral was made to a neurologist. The neurologist, Dr. Jerry Sherrill, treated Springs over an extended period of time. Springs also underwent a psychological evaluation by Dr. Nancy Voight in the fall of 2008 and was referred to the Roger C. Peace Rehabilitation Hospital where she underwent an extensive neuropsychological evaluation by Dr. Sheldon Herring, a Ph.D., Licensed Psychologist, Clinical Neuropsychologist, and Clinical Program Director on September 30, 2009. Despite negative CT and MRI scans, it was believed throughout this period of time that Springs' memory loss and depression were related to her head injury. During this time, several potential diagnoses were considered, but it remained unclear as to the cause of Springs' cognitive deficits. Following extensive testing, Dr. Herring issued a report dated October 26, 2009. The testing established that Springs was able to read single words and short sentences adequately and her single word recognition was in the average range. Visual spatial processing was normal. Despite Springs' objective complaints, her memory was found to be functional and essentially fell within the average range. Springs' overall profile was within normal limits. It was felt that most of her problems at the time were likely due to pain and not necessarily reflective of primary deficits related to a brain injury. This was supported by the significant disassociation between the patient's self reporting and her actual underlying cognitive strengths. (R. pp. 256-261). Thus, the record establishes Springs' subjective complaints were not corroborated through the testing and it was Dr. Herring's

opinion that there was no confirmation of a brain injury. As a result of this testing and based on the recommendations of her doctors, counseling sessions were authorized by the Respondents through Dr. Kriegel.

Dr. Kriegel first saw Springs in November 2009. At that time, he felt Springs was an excellent candidate for a treatment program focusing on improving her coping skills and assisting her in reducing all of her chronic pain symptoms and her emotional reaction to her condition. (R. pp. 277-278). Dr. Kriegel felt that Springs had good potential for improvement and began counseling Springs every two (2) weeks. Since there appeared to be improvement in her coping skills, beginning in February 2010, Dr. Kriegel started addressing her memory issues. At this time it was agreed they would begin focusing more attention on her memory problems. (R. p. 283). As Dr. Kriegel and Springs began discussing her memory issues, Springs started focusing on her memories from her childhood and it became apparent that her memory problems "may be more related to intrusive memories from her childhood rather than as a direct result of her head injury during the accident." (R. p. 284). Springs related that she had intrusive memories and nightmares most of her life but she had not been aware that they may be related to the trauma she had experienced as a child. (R. p. 285). By March 19, 2010, Dr. Kriegel determined that it appeared "more and more that she suffered from post traumatic stress disorder from childhood abuse." (R. p. 287). The first mention of dissociative identity disorder is in Dr. Kriegel's medical record dated July 27, 2010. (R. p. 322). On August 19, 2010, Springs informed Dr. Kriegel that she realized for the first time she had been battling depression for many years and that the reason she did not recognize it was because it had been her constant companion. (R. p. 325). By

September 23, 2010, Springs was found to have at least five (5) separate alter personalities and Dr. Kriegel had been in communication with at least three (3) of them. (R. p. 330).

Thus, the evidence shows that for a considerable period of time, the treating physicians were unable to connect their objective findings with Springs' subjective complaints. While several diagnoses were considered, including secondary gain, based on the physicians' recommendations, treatment was provided by the Respondents. As a result, Springs' condition improved, as evidenced by the fact that she returned to work. Although Springs subsequently left work, this was due to her back problems and not the result of any mental issues. (R. pp. 93-94). The evidence further shows that despite objective testing to the contrary, Springs continued to complain of memory problems. Accordingly, she was referred to Dr. Kriegel for counseling for her pain. Through Dr. Kriegel's counseling, Springs' coping skills improved and she was able to deal with her pain. It was at this point that Dr. Kriegel began focusing on Springs' memory issues. Springs' dissociative identity disorder was subsequently diagnosed and the true nature of Springs' memory problems were identified.

In reviewing Dr. Kriegel's medical records and Springs' testimony, it is apparent the accident did not cause her PTSD nor did it cause her memory issues. Instead, the accident brought Springs' pre-existing PTSD and dissociative identity disorder to light. This is supported by her statements to Dr. Kriegel that she had had intrusive memories and nightmares most of her life but she had not been aware that they may be related to trauma she had experienced as a child. (R. p. 285). Springs' testimony at the hearing also establishes that prior to the accident she had "lost time," and she recalled losing time or blacking out

while in high school. Springs acknowledged that these incidents could have been due to different personalities because she was being abused at the time. (R. pp. 105, 117). In actuality, Springs had been suffering from memory loss and depression since childhood, she just did not know why or associate it with PTSD or dissociative identity disorder.

Following the diagnosis of her dissociative identity disorder, Springs' counseling sessions focused more and more on treatment for memory loss and other problems caused by her PTSD and alter personalities. The record establishes that Springs deals with her PTSD through her various personalities and that these personalities result in memory loss. As stated above, although Springs had not been diagnosed with this disorder until after the accident, she had, in fact, apparently suffered from the disorder and had constant depression and memory loss throughout her life. Thus, the accident did not cause her disorder or problems. She had been suffering from these problems for years but simply did not know why.

Springs contends that the completed questionnaires of Dr. Kriegel support her contention that the Commission's Decision and Order should be reversed. The first medical questionnaire cited by Springs was signed on May 25, 2010. This was before Springs' diagnosis of dissociative identity disorder and, accordingly, the opinions of Dr. Kriegel in this questionnaire are overshadowed and overruled by his subsequent diagnosis. In Dr. Kriegel's second questionnaire dated October 11, 2010, which was completed after his diagnosis of dissociative identity disorder, Dr. Kriegel indicates that future treatment is needed for Springs to maintain her level of functioning. (R. p. 293-294). The questionnaire also states, however, that Springs is at maximum psychological improvement for the

symptoms brought forth by the work injury of October 12, 2007. Accordingly, the medical questionnaire supports the Commission's determination that Springs has reached maximum medical improvement in regard to her psychological problems causally related to the accident. A review of Dr. Kriegel's medical records establish that the majority of Springs' current treatment is related to her pre-existing PTSD associated with her early childhood abuse and dissociative identity disorder. This condition had been in existence for a considerable period of time and, while it was previously unknown to Springs, it had been creating problems for her throughout her life. Notwithstanding, a small portion of her counseling remains related to her back pain. As a result, the Commission ordered the Respondents to continue paying for treatment. While Springs argues to the contrary, ordering continued treatment is not inconsistent with the facts or South Carolina law, and does not establish compensability of her PTSD and dissociative identity disorder.

As set forth above, the Respondents do not dispute that Springs sustained a minor closed head injury at the time of her accident. The evidence establishes, however, that this injury healed and Springs suffered no permanent physical brain damage. Springs had a CT scan on October 12, 2007 which was read as normal. (R. p. 138). There are no MRIs or CT scans showing any physical brain damage and the medical records from Oconee Hospital dated October 12, 2007 state Springs sustained a minor closed head injury. (R. p. 140). In addition, the testing by Dr. Herring did not support her subjective complaints of memory loss or a cognitive brain injury. Accordingly, there is substantial evidence to support the Commission's Decision and Order that Springs' current mental issues are not related to a brain injury.

As set forth above, Dr. Sheldon Herrings' neuropsychological evaluation dated October 26, 2009 states "most of her problems at the present time are most likely secondary to pain and not necessarily reflective of primary deficits related to brain injury. This inference is supported by the significant disassociation between the patient's self report and her actual underlying cognitive strengths." Dr. Herring further noted that the evidence shows improvement in some areas compared to 2008 testing which was conducted by Dr. Voight. (R. p. 260). Again, the evidence shows that Springs' mental status following the accident improved and that her current problems are unrelated. Further, the most recent medical records, those following her diagnosis of dissociative identity disorder, support the findings and conclusions of the Commission.

As Springs contends, the South Carolina Workers' Compensation Act addresses the standard for compensability for mental injuries in S.C. CODE ANN. § 42-1-160(D). Springs argues that Dr. Kriegel's opinions, as an authorized treating physician, establish compensability under this statute. Springs also argues that Finding of Fact No. 5 in the Commission's Decision and Order and Finding of Fact No. 7 confirm that an aggravation of a pre-existing condition occurred, and as a result, the Commission erred in not finding compensability. A review of the Decision and Order as a whole, however, establishes that this is not the case. Instead, it is clear there is conflicting medical evidence. The Commission concluded that while the accident may have initially aggravated Springs' pre-existing depression and PTSD, that at a certain point Springs reached maximum medical improvement for the work injury. Further, once Springs was diagnosed with dissociative identity disorder, the nature of her problems, purpose for her counseling, and the overall

treatment plan changed. This helps explain why the subjective complaints did not corroborate the objective findings. Lastly, simply because the disorder was diagnosed during her counseling sessions, does not mean that the accident aggravated this condition. As stated above, Springs had suffered from this condition all of her life but was simply unaware of the cause or basis of her psychological problems.

The record is replete with evidence that Springs had significant issues before the accident. Springs had prior episodes of dizziness and severe headaches to the extent that she was previously treated and evaluated by the Mayo Clinic in Florida. During this time, Springs also had an MRI of the brain to determine the source of her problems. (R. p. 108). This establishes that Springs suffered similar symptoms prior to the Workers' Compensation accident and that the symptoms were severe enough for to seek significant medical care and treatment. The record also reflects that while she suffered from depression, PTSD, and dissociative identity disorder, she was not diagnosed with this disorder until 2010 when Dr. Kriegel identified her alter personalities. As Dr. Kriegel's records state, Springs had been battling depression for many years and she was suffering from post traumatic stress disorder as a result of childhood abuse. Although the treating physicians and Dr. Kriegel initially believed that Springs' memory issues and depression were related to her accident, as Dr. Kriegel's counseling progressed, he opined that it was difficult to determine whether her memory issues and ability to concentrate were related to PTSD or her Workers' Compensation injury. (R. p. 332). He ultimately concluded that it appeared to be more related to childhood abuse than as a direct result of her head injury during the Workers' Compensation accident. (R. pp. 284, 287).

In regard to Springs' contention that her mental problems are compensable as a result of an aggravation of a pre-existing condition, the Respondents contend that the record supports the Commission's Decision and Order that any aggravation of her pre-existing condition was temporary. The record establishes that through testing and treatment she was able to return to work. Moreover, according to Dr. Kriegel's records, she was able to control her pain. As the Respondents argued and the Commission determined, her current problems are unrelated to the accident.

While portions of Dr. Kriegel's medical records and his questionnaires in isolation do seem to support an aggravation of a pre-existing condition, other records of Dr. Kriegel support the Commission's findings and conclusions that Springs reached MMI in regard to the mental problems associated with her work injury and that her current problems are primarily the result of her unrelated and pre-existing undiagnosed post traumatic stress disorder and multiple personalities. Thus, there is a conflict in his records. When this conflict is considered along with Springs' testimony, the objective testing, and the opinions of Dr. Herring, Dr. Burnette, and Dr. Sherrill, there is sufficient evidence in the record to support the Commission's findings and conclusions.

In a recent decision by the South Carolina Court of Appeals addressing allegations of a physical brain injury and psychological issues, the Court concluded that the Circuit Court erred in reversing the decision of the Workers' Compensation Commission which was replete with substantial evidence to support the Commission's findings. The Court determined that while there was conflicting evidence on the issue, there was evidence to support the Commission's findings and, where there are conflicts in the evidence over a

factual issue, the findings of the Commission are conclusive. *Crisp v. SouthCo, Inc.*, 390 S.C. 340, 701 S.E.2d 762 (S.C. Ct. App. 2010). As set forth above, this case, like *Crisp*, has conflicting medical evidence. There is substantial evidence in the record establishing that Springs' objective testing does not support a permanent physical brain injury; that her undiagnosed PTSD, multiple personality disorder, and depression existed prior to the accident; that she had a long history of problems from this disorder; that her mental state improved after the accident; and that her current memory and mental problems are associated with early childhood abuse as opposed to the work accident. The evidence presented establishes that Springs sustained a minor closed head injury which subsequently healed. Neither this nor her back pain is the cause of her current problems. Accordingly, Springs has failed to meet her burden of proof in establishing that her current mental problems are causally related to or aggravated by the workers' compensation accident. Accordingly, there is substantial evidence in the record as a whole to support the Commission's findings and there is no error of law.

II. THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S FAILURE TO FIND THE CLAIMANT TOTALLY AND PERMANENTLY DISABLED AS A RESULT OF HER WORK RELATED INJURIES IS SUPPORTED BY SUBSTANTIAL EVIDENCE ON THE RECORD AS A WHOLE AND IS NOT AFFECTED BY ERROR OF LAW.

Springs contends that the evidence establishes that she is permanently and totally disabled. At the Workers' Compensation hearing, Springs argued she had sustained a greater than 50% disability to her back and was continuing pain therapy through Dr. Loudermilk and counseling through Dr. Kriegel for her mental problems. Accordingly, she maintained she was entitled to permanent and total disability. The Respondents contend the evidence does

not support Springs' contentions.

An MRI of Springs' lumbar spine dated November 16, 2007, showed mild disc bulging at L5-S1 with no impingement of the left L5 nerve root visualized. No other HNP or significant extradural defect was detected. An MRI to the pelvis identified a sacral injury at S2 with marrow edema extending to the right. No traumatic injury to the distal sacrum or the coccyx was visualized. (R. pp. 186-187). A subsequent MRI of the lumbar spine dated April 1, 2009 identified a mild disc bulge at L5-S1 with minimal facet degenerative change, a subtle disc bulge suspected at S1-S2, and no significant neural impairment. (R. p. 316). Dr. Sherrill read the April 1, 2009 MRI as being completely non-surgical. (R. p. 185). Further, there is no suggestion of surgery by any physician.

The only impairment ratings introduced in the evidence for the back were those of Dr. Burnette and Dr. Sherrill. Dr. Burnette provided an impairment rating on August 1, 2008 assigning a seven (7%) percent impairment to the lumbar spine which equates to a five (5%) percent impairment to the whole person based on the DRE lumbosacral category II/minor impairment. (R. p. 211). Dr. Sherrill believed that the EMG finding was due to a strain and did not see any significant neurological disease. (R. p. 182). Dr. Sherrill assigned a zero (0%) percent impairment rating to Springs' back and a three (3%) percent impairment to her head on March 26, 2010. Dr. Sherrill returned her to work with no restrictions. (R. p. 317).

Although Springs testified that she was in considerable pain, continues to take pain medication, receives treatment from Dr. Loudermilk, and receives counseling from Dr. Kriegel, Springs' subjective complaints do not correspond with the objective findings. In fact, Dr. Sherrill strongly suspected secondary gain as an important factor. (R. pp. 172, 181).

Springs' complaints are contradictory and raise doubt as to their legitimacy. For example, while Springs may have difficulties doing certain activities, she is obviously able to hike on level surfaces, do some household chores, do some cooking, and can engage in other activities. (R. pp. 75, 100). This case is also complicated by her diagnosis of alter personalities which seem to be able to perform at different levels of activity. Although Springs maintains that she was in an alter personality when she was attempting to lift an appliance, Springs apparently strained her back while lifting appliances during a move. (R. pp. 110, 328). While she claims she cannot taste or smell, one alter can make her taste and smell as if she was there. (R. p. 116). Accordingly, this calls into question the legitimacy of her problems and any causal connection. Therefore, the impairment ratings and evidence introduced at the hearing do not support a finding of greater than 50% impairment to Springs' spine or that she is permanently and totally disabled as a result of a combination of her problems. Moreover, no vocational assessment was introduced by Springs. Thus, there is no expert opinion that Springs is unable to work or permanently and totally disabled.

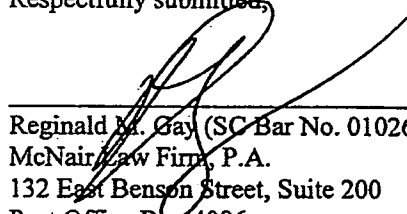
In regard to her mental condition, as argued above, the objective findings do not support Springs' subjective complaints, and the evidence establishes that her current mental and memory problems are unrelated. Furthermore, there is no medical opinion by Dr. Kriegel or any other physician that Springs is permanently and totally disabled as a result of her mental problems nor is there any vocational expert opinion providing such an opinion. The testing of Dr. Herring shows Springs' memory and intellectual skills are in the average range. It would, therefore, be speculation and conjecture to find Springs permanently and totally disabled and the Commission's Decision and Order should be affirmed.

CONCLUSION

For the reasons above stated, the Respondents respectfully contend that there is substantial evidence on the record as a whole to support the South Carolina Worker's Compensation Commission's findings of fact and conclusions of law, that there is no error of law, and that, as a result, the Commission's Decision and Order should be affirmed in its entirety.

March 15, 2012

Respectfully submitted,



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**THIS OPINION HAS NO PRECEDENTIAL VALUE. IT SHOULD NOT BE
CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING
EXCEPT AS PROVIDED BY RULE 268(d)(2), SCACR.**

**THE STATE OF SOUTH CAROLINA
In The Court of Appeals**

Loretta Springs, Appellant,

v.

Clemson University and State Accident Fund,
Respondents.

Appellate Case No. 2012-205569

Appeal From The Workers' Compensation Commission

Unpublished Opinion No. 2013-UP-070
Heard February 4, 2013 – Filed February 13, 2013

AFFIRMED

Paul Carlton Rathke, of The Joel Bieber Firm, of
Greenville, for Appellant.

Reginald M. Gay, of McNair Law Firm, PA, of
Anderson, for Respondents.

PER CURIAM: Loretta Springs appeals the South Carolina Workers' Compensation Commission Appellate Panel's order, arguing the Appellate Panel erred in finding (1) Springs's mental injury was not compensable and (2) Springs was not totally and permanently disabled as a result of her work-related injury. We

affirm pursuant to Rule 220(b), SCACR, and the following authority: *Bartley v. Allendale Cnty. Sch. Dist.*, 392 S.C. 300, 306, 709 S.E.2d 619; 622 (2011) ("[T]his Court must affirm the findings of fact made by the [Appellate Panel] if they are supported by substantial evidence. . . . Substantial evidence is that evidence which, in considering the record as a whole, would allow reasonable minds to reach the conclusion the [Appellate Panel] reached." (citations and quotation marks omitted)).

AFFIRMED.

FEW, C.J., and GEATHERS and LOCKEMY, JJ., concur.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Case No: 2012-205569

Loretta Springs, ...Appellant,
Clemson University and State Accident Fund.....Respondent.

PETITION FOR REHEARING

This Court filed its decision in Springs v. Clemson University on February 13, 2013.
This petition for rehearing is therefore timely under Rule 221(a) of the South Carolina Appellate
Court Rules.

The appellant respectfully submits that the Court may have over looked or
misapprehended the following points in its decision.

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SC Court of Appeals

The Workers' Compensation Commission misapplied South Carolina law when it found the claimant's mental injury was exacerbated by the work injury but still found it not compensable because it was "more related" to the childhood abuse.

The Primary Opinion found only that "[T]his Court must affirm the findings of fact made by the [Appellate Panel] if they are supported by substantial evidence. . . . Substantial evidence is that evidence which, in considering the record as a whole, would allow reasonable minds to reach the conclusion the [Appellate Panel] reached".

The Appellant concedes that there is substantial evidence for the made finding of fact of the Commission except where they are in complete contradiction with another finding. There is substantial evidence that the PTSD suffered by the Claimant stems from childhood abuse. There is substantial evidence for the finding that the work injury aggravated that condition. The Full Commission found that Claimant's PTSD was aggravated by the work injury. That finding was not appealed and is the law of the case (See finding of Fact #5, R. p. 26). There is substantial evidence that the Claimant's condition has deteriorated to the point that she suffers from five separate personalities. The Commissioner accordingly found that "the evidence establishes that the five (5) different personalities associated with the personality dissociative identity disorder were suppressed and unknown prior to the accident. This disorder was diagnosed during her counseling sessions". (Finding of Fact #7, R. p. 26) There is also substantial evidence that the PTSD is more related to the childhood abuse than to the work injury.

However, finding the aggravation of the Claimant's PTSD is not compensable was an error in the application of South Carolina law and is not a question of the sufficiency of evidence. A claimant is entitled to benefits for aggravation of a pre-existing condition of depression.

Bentley v. Allen Cnty. Sch. Dist., 392 S.C. 300, 310, 709 S.E.2d 619, 624 (2011) *citing* Anderson v. Baptist Med. Cntr., 343 S.C. 487, 541 S.E.2d 526 (2001). Pre-existing depression does not preclude workers' compensation benefits for a mental injury. *See* "Doe v. S.C. Dep't of Disabilities & Special Needs, 377 S.C. 346, 351, 660 S.E.2d 260, 263 (2008). However, the right of a claimant to compensation for aggravation of a pre-existing condition arises only when the claimant has a dormant condition that has produced no disability but becomes disabling because of the aggravating injury. Anderson, 343 S.C. at 493, 541 S.E.2d at 528.

The Anderson decision is directly analogous to Mrs. Springs' claim. In Anderson the Court held in reversing the workers compensation commission, that the psychological treatment compensable after a work injury aggravated a pre-existing psychological problem even where the Claimant was already treating. The Court did so and found that the only substantial evidence was that the work injury made her condition worse.

Here we certainly have the same situation with all the evidence showing Mrs. Springs' condition is much worse after the work accident. But in this case we also have the Commission finding the aggravation occurred. The question of compensability should have been resolved there except for the legally unsupported balancing of to which contributing factor, the childhood abuse or the work injury, the current psychological condition is more related.

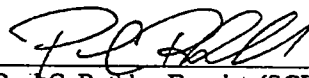
The aggravation occurred, as found by the Commission and there is no evidence, no medical or psychological opinion and no testimony that Mrs. Springs' mental condition ever returned to its pre-work accident state. All of the opinions and testimony state exactly the opposite, that the Claimants mental condition deteriorated because of the exacerbation from the work injury and became even worse until reaching the point of the severe condition noted in the

records and in the Commission's Order of dissociative identity disorder. Under the South Carolina Workers' Compensation Act as interpreted by the Court in Anderson, 343 S.C. 487, 541 S.E.2d 526 (2008), The Claimants condition is compensable.

CONCLUSION

For the reasons stated the Court should grant this Petition, permit rehearing, withdraw its prior decision, and enter a new opinion reversing the Order of the Commission and remanding the matter such for the proceeding as may be necessary.

Respectfully submitted,



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Attorney for Appellant

THE STATE OF SOUTH CAROLINA
In the Court of Appeals
In The Supreme Court

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Case No:2012-205569

Loretta Springs, ...Appellant,
Clemson University and State Accident Fund.....Respondent.

AFFIDAVIT OF SERVICE

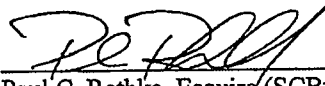
I certify that I have served the Petition for Rehearing on Clemson University and State Accident Fund by depositing a copy of it in the United States Mail, postage prepaid, on February 26, 2013 , addressed to their attorney of record, Reginald M. Gay, McNair Law Firm, P.O. Box 4086, Anderson, SC 29622.

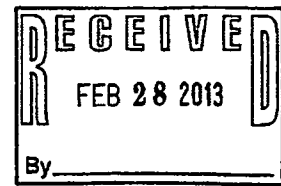
February 26, 2013

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SC Court of Appeals


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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

APPELLATE PANEL DECISION AND ORDER
APPELLATE CASE NO: 2012-205569

Loretta Springs,

Appellant

v.

Clemson University and
State Accident Fund,

Respondents.

RETURN TO PETITION FOR REHEARING

The Respondents hereby reply to the Appellant's Petition for Rehearing received by Respondents on February 28, 2013.

The Appellant contends that not finding the aggravation of the Appellant's post traumatic stress disorder (PTSD) compensable was an error in the application of South Carolina law and not a question of the sufficiency of the evidence. The Appellant requests this Court to grant its Petition, permit a rehearing, withdraw its prior decision, and enter a new opinion reversing the Order of the South Carolina Workers' Compensation Commission (Commission) remanding the matter for further proceeding. A review of this Court's

Opinion and the record establishes that the Court's opinion filed February 13, 2013 is consistent with South Carolina law and the Commission's Decision and Order is supported by the substantial evidence in the record. Accordingly, the Appellant's Petition for Rehearing should be denied.

Pursuant to Rule 221(a) of the SCACR, a Petition for Rehearing is to be granted in situations in which the Court overlooked or misapprehended a particular point. In the present situation, the Appellant's Petition for Rehearing simply restates the prior arguments raised in the Appellant's Brief and oral arguments before this Court. As the Respondents previously argued, and this Court concluded, there is substantial evidence in the record to support the findings and conclusions of the Commission and there is no error of law. The burden is on the Claimant to prove the facts which will render an injury compensable and an award should not be based on surmise, conjecture, or speculations. *Mims v. Nehi Bottling Co.*, 218 S.C. 513, 63 S.E.2d 305 (1951); *Tiller v. National Health Care Ctr. of Sumter*, 334 S.C. 333, 513 S.E.2d 843 (1999). Further, the Court must affirm the findings of fact made by the Commission if they are supported by substantial evidence, which is such evidence that when, in considering the record as a whole, allow reasonable minds to reach the conclusion the Commission reached. *Bartley v. Allendale Cty. School Dist.*, 392 S.C. 300, 306, 709 S.E.2d 619, 622 (2011).

In the Petition the Appellant cites several findings of fact which according to the Appellant, establish compensability by way of an aggravation of a pre-existing condition. The Appellant, however, fails to cite the conflicting evidence supporting the Commission's denial of compensability. For instance, the Appellant received extensive medical treatment

from a neurologist and two (2) neuropsychologists for approximately two and one-half (2½) years following the accident with no mention of PTSD. Dr. Jerry Sherrill, the treating neurologist, treated the Appellant for both her back and memory issues. Dr. Sherrill concluded on March 26, 2010 that the Appellant was able to return to work with no restrictions and would not need further medical treatment for her work injury. (R., p. 317). Dr. Sheldon Herring, a licensed psychologist, clinical neuropsychologist, and Clinical Director of the Roger C. Peace Rehabilitation Hospital conducted an extensive neuropsychological evaluation in September 2009 finding the Appellant to have an overall normal cognitive profile with improvement from prior 2008 testing. (R., pp. 256-261). Dr. Herring found the Appellant to have normal cognitive capacities and did not find her cognitive capacities to be disabling. (R., pp. 256-261). These conclusions by the healthcare providers found no cognitive impairment or increase in the amount of disability related to her mental status. Thus, there is expert medical evidence in the record supporting the Commission's determination that the Appellant's current cognitive and/or mental issues, including her PTSD, which allegedly render her disabled are not compensable.

Also not cited by the Appellant in her argument are certain findings of fact which support the Commission's Decision and Order. The Commission found that the Appellant has had and suffers from some very serious problems, however, based on the greater weight of the evidence, the October 12, 2007 accident did not cause all of the problems the Appellant is experiencing. (Finding of Fact No. 7, R., p. 26). This sentence, when read with the remainder of Finding of Fact No. 7 cited by the Appellant in the Petition, is consistent with the Commission's determination that the accident was not the cause of, nor did it result

in or contribute to, her current disabling mental issues, including her PTSD. In other words, the PTSD and multiple personalities were always there, but had simply not been diagnosed. Further, the Appellant references only part of Finding of Fact No. 5 in the Petition (R., p. 26). This finding of fact, when read in its entirety along with the remainder of the Commission's Decision and Order is consistent with the Commission's determination that although the Appellant's PTSD may have been aggravated by the accident, the aggravation is not disabling nor the cause of her current mental issues.

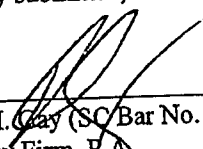
In summary, a review of the record establishes that there was conflicting testimony and evidence as to the cause, nature, and other issues surrounding the Appellant's PTSD and current mental state. The record establishes that following the Appellant's injury, she showed significant improvement and returned to work for a period of time. It was not until approximately two and one-half (2½) years following the accident that she was first diagnosed with PTSD as a result of early childhood abuse. Pursuant to the Appellant's own words, she had battled depression for many years and the reason she did not recognize it was because it had been her constant companion (R., p. 325), she had intrusive memories and nightmares most of her life (R., p. 285), and had periods of lost time and blackouts going back to high school (R., p. 105 & 117). Therefore, there is sufficient evidence in the record to establish the Appellant suffered from multiple personality disorder and PTSD prior to the accident, but because it had never been diagnosed, she simply did not know why she was having these problems. Thus, there is substantial evidence in the record to support the Commission's findings and conclusions that the Appellant's current mental condition, including her PTSD, is unrelated to the Workers' Compensation accident and that any

aggravation failed to increase the degree of disability. Accordingly, her current mental condition is not compensable and there is no error of law.

CONCLUSION

For the reasons stated hereinabove, the Court should respectfully deny the Appellants' Petition for Rehearing.

Respectfully submitted,



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March 7, 2013.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

APPELLATE PANEL DECISION AND ORDER
APPELLATE CASE NO: 2012-205569

Loretta Springs,

Appellant

v.

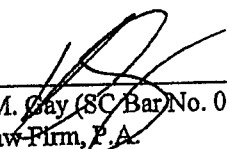
Clemson University and
State Accident Fund,

Respondents.

PROOF OF SERVICE

I certify that I have served the Return to the Petition for on Loretta Springs and Counsel requesting appearance by depositing a copy of it in the United States Mail, postage prepaid, on March 7, 2013, addressed to Loretta Springs' attorney of record, Paul C. Rathke, The Joel Bieber Firm, 201 East North Street, Greenville, South Carolina 29601 and Counsel requesting appearance, Matthew C. Robertson, Esquire, South Carolina State Accident Fund, PO Box 102100, Columbia, South Carolina 29221.

March 7, 2013



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The South Carolina Court of Appeals

Loretta Springs, Appellant,

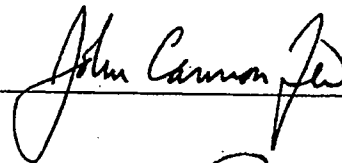
v.

Clemson University and State Accident Fund,
Respondents.

Appellate Case No. 2012-205569

ORDER

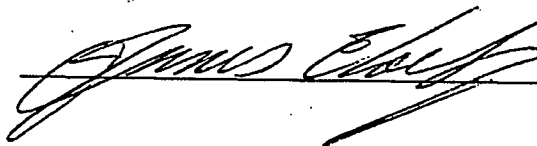
After careful consideration of the petition for rehearing, the Court is unable to discover that any material fact or principle of law has been either overlooked or disregarded, and hence, there is no basis for granting a rehearing. Accordingly, the petition for rehearing is denied.



J.



J.



J.

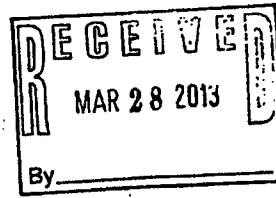
Columbia, South Carolina

cc:

Reginald M. Gay
Paul Carlton Rathke
Virginia L. Crocker.

FILED

27 Mar 2013



THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM THE SOUTH CAROLINA COURT OF APPEALS

Appellate Case No: 2012-205569

Loretta Springs, ...Petitioner,
Clemson University and State Accident Fund.....Respondent.

CERTIFICATE OF COUNSEL

The undersigned certifies that this Appendix complies with Rule 242 and 267, SCACR.

April 24, 2013



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