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S.C. SUPREME COURT

Notice Of Appeal from  
South Carolina Court of Appeals

The State of South Carolina

Appeal from: South Carolina Court of Appeals

Commissioners: A. Taylor, A. Wilkerson, T. Scott Beck

Case No: 2021-000696

S.C. Department of Mental Health, Respondents  
Employer, State Accident Fund, Carrier

Dana L. Dixon

v.  
Appellant

Notice Of Appeal

I Dana L. Dixon, appeal the decision of  
South Carolina Court of Appeals. filed  
March 23, 2023. South Carolina Court of Appeals  
and Attorney of Record both received a copy of  
Notice of Appeal, on April 12<sup>th</sup>, 2023

Dana L. Dixon  
698 Stabler Farm Rd  
St. Matthews, S.C. 29135  
(470) 422-0591  
Appellant

M. Stephen Stukley  
1130 Lady St. Suite 1000  
Columbia, S.C. 29201  
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APR 12 2023  
S.C. SUPREME COURT

The State Of South Carolina  
In the Court

Appeal from Richland County  
S.C. Court of Appeals

Commissioner(s) A. Taylor, A. Wilkerson, T Scott Beck

Case NO. 2021-0001094

S.C. Department of Mental Health, Respondents  
Employer, State Accident Fund, Carrier

Dana L. Dixon - Appellant

I Certify that I have served the Notice of Appeal on S.C. Court of Appeals and Attorney of record M. Stephen Stubley, by depositing copies of it in the United States Mail. To 1220 Senate St. Columbia, S.C. 29201 and 1130 Lady St. Suite 1000 Columbia, S.C. 29201. On April 12<sup>th</sup>, 2023.

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# Petition for Writ of Certiorari

S.C. SUPREME COURT

APR 12 2023

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My name is Dana L. Dixon, I am the Appellant for Case No. 2021-000696. I am petitioning this Court for Writ of Certiorari, Not because I am upset due to the lower Courts decisions I am praying that this Court Will take the time (no disrespect) to review the Same documents that were before the lower Courts.

I am Wanting Medical Authorized treatment for my back, due to a Work injury on December 22, 2016 at C.M. Tucker Center located at 2200 Harden St. I was physically assaulted by a male resident (R.P. 36 ) which caused me to fall after being punched, and I hit my spine on the metal heater in residents room. I got up, limped to the nurses station and told the nurse. The nurse then called the night Supervisor, the nurse continued to pass out his medicine to residents. The nurse came back to Nurses station to check on me, called Supervisor again, by that time I was in tears. The nurse never gave me any information about the resident until after I was injured. (I was shocked that the resident I was told by my unit. I had to float to this unit due to them being short staffed, I was working overtime) the nurse on the unit informed me that this resident had killed his father. After that was said and Supervisor never coming to the unit I left C.M.

Tucker Center and went to Palmetto Health Richland. I was admitted at 2:53 AM. While there the doctor came and asked me questions touched my back (R.p. 84 ) and (R.p. 99) Ordered a shot of 30mg of Toradol and that gave me (R.p. 99) instant relief of pain. I did not receive any x-Rays, 1. Cat Scan, MRI of my back He did however gave me (wrote)

(Rp 88, 89) 2 prescriptions, gave a physician's Discharge Summary (Rp 83) and told me to follow-up with my doctor verbally & (Rp 8, 85, 86) instructions (Rp 8, 85, 86) I had to sign a Guaranty Agreement of Payment. (Rp. 10) \* I filed Palmetto (Rp. 172) Health Richland Medical records at S.E. W.C.C. Since it was 43 pages and not 67\* (Rp. 66) I was given a Cab Voucher due to me not being able to drive due to the Toradol (Narcotic) (Rp. 99) later that morning I went to CVS on N. Main to have prescriptions filled, I paid \$ (Rp. 100). I had a Medical excuse that had me out of work for 1 day (Rp. 161).

I did not want to go due to the Toradol wore off and the muscle relaxers did nothing and I was still in ample amount of pain and I did not want to be terminated due to me having just started on December 02, 2016 (Rp. 34) I get to work, spoke to Supervisor about contacting someone so that I can go to the doctor. I begged and pleaded. But no one never contacted me... Until January 13, 2019, Twenty Two days after my work injury when my Supervisor called me (I was home 5 days when she called) to tell me that I needed to report to her office to write my statement (Rp. 36) I told her I was medicated, she (Rp. 80) told me I needed to come because OSHA was coming to C.M. Tucker Center. 5 days after I wrote my State I received a letter from State Accident fund, (Rp. 35) And still no answer for me about medical treatment. I continued to work. I was in pain, moved slower (working, walking) but I needed my job. I could not go to my doctor because what the letter (Rp. 35) stated about State Accident fund will not pay unauthorized medical bills.

On 01/31/2017, I had another work injury (R.P. 42)  
At 6:00AM. I reported it at 6:05AM. At 6:40AM  
I was in Supervisors office filling out (first report)  
S.C.S.C.D.M.H. Workers Compensation packet (R.p. 21-25)  
At 10AM I was at the doctor's office. Still no  
word about me receiving treatment for my back.

I went to all my doctor appointments for  
my 2017 work injury, Respondents gave authorization  
for me to go. Still my pleading did not do any  
good, I never received a phone call. My question  
is this: If I had received authorization why  
wasn't I given the forms (R.p. 36) that Respondents  
used before the lower court to show what I had  
written the morning of 01/31/2017? And (R.p. 21-25, 36

R.p. 42, 102, 103) Shows the date I was injured, so why are the documents  
from Respondents for this injury are after 2016? And  
Whom and how did Respondents give authorization  
since no one ever spoke with me? Where are the  
authorization numbers for this claim like there are (R.p. 42-46)  
for 2017 work injury at every doctor appointment?  
And if authorization was given on December 23,  
2017 why then was I given the Guaranty agreement  
to sign on December 23, 2017? (R.p. 10)

73 days after my work injury, my 5 day old car  
(new) was hit (motor vehicle accident) causing damage  
to passenger side tail light and a dent over passenger  
side rear tire hub (R.p. 87-89)\* the pictures are of

passenger side\* Respondents have stated that on March  
07, 2017 I went to providence for back pain. But if  
you were to look at the subpoenaed medical records  
obtained by the Respondents (R.p. 90-100) you would see (R.p. 95)  
3. that the "Chief Complaint is neck pain" And also where

R.P. 146-149, L1-25  
R.P. 157, L. 10-25  
R.P. 159, L. 1-25  
R.P. 164-167, L1-25  
R.P. 168, L. 1-15  
(R.p. 90-95)

it states: On March 07, 2017 you were seen (R.p.95) in the E.R. for back pain. The insurance wrote a check in the amount of \$2,400.00 and I gave it to the FORD Company on Greystone for repairs.

also On March 06, 2017, I was at work (modified (R.p.28) light duty assignment, and I had a doctor (R.p.102) appointment (R.p.103) and physical therapy and the doctor's note nor the physical therapy did not notate anything about "my back." (R.p.102; R.p.103) basically everyday I called my supervisor telling her I need a doctor. Respondents moved me from Harden St. to Bryan Center on Farrow Rd. (R.p. 26-28) and I never got a reply for medical treatment for my back. I only got treated for my hand (2017) Once I was released. Respondents closed Both Claims (R.p. 81) I re-opened them.

02/22/2019, Respondents subpoenaed me for a deposition of S.C.W.C.C file NO. 1712879. (R.p.104 105) where I was asked about my December 22, 2016 work injury (R.p.18.L.14-25, R.p.19.L.1-25, R.p.20.L.1-25) Then On March 07, 2019 had hearing for claim NO. 1712879, before Commissioner Wikerson.

April 02, 2019, Respondents file their first form 51 (R.p. 111-112) that states I was denied because I was released and last seen on December 23, 2016. And I have not received authorized medical treatment, since that date. (R.p.112.L.13)

Q: How was the claim denied <sup>in 2018</sup> if Respondents filed their very first form 51 dated April 02, 2019? (R.p. 50. L.32) bottom

Respondents told the Commissioner (A. Wilkerson) that they had not received the medical records, which was untrue (R.p. 62-63) since they had my medical records since 01/2017 (R.p. 64) and filed pages from both claims of 2016 and 2017 and a form 19 which was to have been filed on the grounds that claim was denied (R.p. 50). But my question is this: If the Respondents filed their first form 51 (R.p. 111-112) on April 02, 2019 for this claim, when and how was the case denied? And for what reason was the claim denied?

If you were to look at the subpoena(s) it has the date of February 27, 2019, and states "you may mail the requested information to us on or before March 13, 2019." So if the hearing was scheduled for March 07, 2019, was the medical records needed for that hearing? And if the claim was a worker's compensation claim then why use subpoenas when Rule 42-15-90 would have applied?

Would that be correct? With Respondents using the subpoenas to obtain medical records from the hospitals here in Columbia, why wasn't one used to obtain my medical records from C.W. Williams in Charlotte, N.C.? Respondents made a point to come to North Carolina for the subpoenaed deposition on Friday February 22, 2019. (R.p. 104-105) And on the enclosed envelopes (R.p. 78, 79) it has the same date as the subpoenas (R.p. 65-66) and the pre-hearing brief (R.p. 74-77) that was certified mailed to me. After Respondents received the requested medical records for December 23, 2016 (R.p. 64) that states "for payment purposes", and (R.p. 67-1301) paid the hospital bill in the amount of \$ 299.40 (R.p. 160.L-17-25) (R.p. 60) So my question is: IF I signed my name on

5. the Guaranty Agreement on December 23, 2016 @ 4:02 AM. (R.p. 10)

Agreeing to pay Palmetto Health Richard how  
Was this Emergency Room Visit on 12/23/2016 @ 2:53 am  
an authorized visit? Also if I had authorization  
the morning of 01/31/2017, why didn't I receive an (R.p. 21-25)  
Guaranty agreement as well? And the Respondents  
have stated through out the life of THIS claim that  
"I fail to understand the procedures and law." it's  
written in the full Commission Appellate panel Order. (R.p. 204.

L.19 ) Respondents have continue to state that I  
had authorization to receive medical treatment on  
12/23/2016. But has not listed any evidence to (R.p. 10)  
show an authorization number (R.p. 42-46 ) like  
there was for my 2016 work injury, not even the first  
Report of injury (that I semi completed the day of work  
injury 01/31/2017 and was signed by supervisor) (R.p. 23).

Respondents filed their first report 9 months (67-412)  
after my work injury (R.p. 48) after S.C. Workers (R. 67-416)  
Compensation Commission wrote Respondents a letter  
to inform them. (R.p. 47) Respondents have stated  
in their briefs, in the single Commissioner and full panel  
Order, that "The claimant was discharged with no (R.p. 199.L. 2425)  
R.p. 160.L. 1-4) recommendation of further care. But the physician's  
Discharge Summary that is dated 12/23/2016, instructs  
me to contact my doctor immediately. (R.p. 8 ) and  
I read it into the record on 06/12/2020. (R.p. 146.L. 21-25),  
147.L. 1-4 ) And even with the doctor's instructions (R.p. 8)  
Respondents reason(s) for denial are: claimant was  
released from care on 12/23/2016. And has not receive (R. 67-1601)  
authorized medical treatment since that date. (R.p. 11-  
16 ) Respondents did not apply S.C. Code  
6. 42-15-60(A) when it came to purchasing my medication

R.p. 100 ). The Respondents filed form(s) 18(s) (periodic Report) dated 12/22/2017, has a dollar amount of 618.90. Same as 03/04/2019, 06/24/2019, 12/23/2019. The form 18, dated 06/22/2020, has the dollar amount of 4,323.90 And the form 18, dated 09/30/2020, has the dollar amount of 6,701.40.

(R.p. 54-59)

. My question is

this: If I only went to Palmetto Health Richland on 12/23/2016, and I never received compensation. And the itemized bill (R.p. 60) shows that the Respondents paid only \$299.40. And I paid for (R.p. 100) my prescriptions and there was no reimbursement.

Why the increase in the amounts when the form 18 states "Form 18 must be filed whether or not

compensation is ongoing and must be filed every 6 months after alleged injury date and each 6 months until the Commission's file is closed?" (R. 67-413) I feel that

due to Respondents not knowing about my work injury is the reason(s) why their first report of injury is incorrect and

the reason why this claim was handled after my deposition on 02/22/2019. (R.p. 18-20). I was injured when I was 49

years of age in 2016, I am now 56. And for the Respondents to state in the Decision and Order that "Defendants take

the position that the claimant's request is past the statutory period for treatment and lapse for an injury and claimant has provided no evidence which would allow for any of the exceptions to the rule, SC Code 42-15-60 (2012)

My question is: If I was admitted at 2:53 AM and was discharged at 4:40 AM with no X-rays, MRI or CAT scan of my back, but only a touch (R.p. 84) how much medical

7. treatment did I receive in 1 hour 47 minutes?

Why could't I receive the recommended treatment that the doctor had recommended on 12/23/2016?

(R.p. 8, R.p. 85, 86)

How was I to receive a degree of reasonable medical certainty as required by Section 42-15-60, if Respondents denied me the same day I went to the Emergency room?

How was 42-15-60(A) Applied? if 42-15-60(A) states:

The Employer shall provide medical, surgical, hospital and other treatment, including medical and surgical supplies as reasonably may be required, for a period not exceeding ten weeks from the date of an injury. So if I could have had 10 weeks of medical treatment, why was I denied the first day? Question: Why does me being released from the Emergency room grounds or reason for me to be denied treatment? (R.p. 11-16), (R.p. 111-112)

I have been requesting medical treatment since 12/2016 the entire time I was employed with (South Carolina Department of Mental Health) the Respondents, and never received any authorization for medical treatment, I (R.p. 11-16)

(R.p. 38)

Worked as long as I could in pain, but with the strain of me getting residents out of bed, turning, repositioning, making beds, dressing, lifting residents out of wheel chairs to put them in their beds to change, redress and lift them out of bed to put them back in wheel chair then push them to day room

was severely painful when I had 10-14 residents on my list that was in my care during my shift. I resigned on 07/24/17.

(R.p. 38) Due to severe back pain. And my supervisor stated I cannot be re-hired due to me not putting in a 2 week notice. And I have resigned several times since 1988 and

I was always re-hireable, until my reported work injury

8. of 12/22/2016. (R.p. 119)

I AM Wanting to Know how is it that the Respondents Say I had authorization for medical treatment on 12/23/2014, then take it away the Same Morning? (Rp. 100)

Question: Is that a Common practice?

Again I am petitioning this Court for Writ of Certiorari for help to understand what incidents has taken place with this claim. I am not trying to nitpick or find fault. But due to me not being a lawyer, I may not know the legal Jargon or the Cites or even the rules. But I thought if I could provide the evidence to refute what Respondents said and did at the lower court all because I have been requesting authorized medical treatment for my back since 2016? So I will list the questionable actions of Respondents

1. Respondents claiming they gave authorization for medical treatment on 12/23/2014, but not on date of actual date of 12/22/2014.

2. Respondents has NOT provided any documents from 2016 as part of their APALS) not even an authorization number.

3. Respondents Did NOT file a first Report of Injury for this claim <sup>th</sup> 9 Months After my work injury. (Rp 49)

4. Respondents Did NOT file a form 20, for this claim until 2020, when Commissioner Barden instructed them to do so. (Rp. 120-123)

5. Respondents gave Commissioner James, the form 20, for my 2017 work injury, and continued to list it in Both Decision and Orders. (Rp. 199 L. 12-15), (Rp. 171 L. 17-18)

6. Commissioner James, never made a determination on the form 20, but Respondents listed the wage amount of the 2017 form 20 in the Order instructions. (Rp. 132 L. 13-25, Rp. 133 L. 1-25) If I submitted the correct form 20. And Commissioner

9. James had made a determination, it would have been based on the 2017 Form 20.

Is it a routine to give (unneeded) Authorization for Medical treatment, but when Injured Worker is released from the E.R. the authorization (42-15-60) is taken away? (R.p. 11-16) (R.p. 101)

Which is it? I received Authorization (42-15-60) for 1 (R.p. 8.L. 1 hour and 47 mins, on 12/23/2016, But Could NOT go for recommended treatment after being released due to me being released! Or am I now asking for additional treatment? (R.p. 11-16, R.p. 8, 85, 86; R.p. 10)

Why did Respondents wait 2 yrs 3 months and 3 days to answer the form 50, filed 09/20/17? (R.p. 39-41, R.p. 112-115)

Was it due to Closure of the Claim by Respondents? (R.p. 81)

If I never completed any paperwork (S.C.D.M.H Workers Compensation package, or first Report like I did on 01/31/2017, then how was Authorization given? (R.p. 21-25) And to whom?

Were my Submitted documents actually reviewed if no one bothered to check to see that my documents were filed by Respondents, and stamped by the Commission, if a Motion to Strike is granted? And then my Motion (requiring me to pay yet again) to Supplement EXACT pages back into Record on Appeal all because the Respondent stated my documents were NOT before the lower Court. I think not. (R.p. 236-239, R.p. 240)

Where is the report (S.C. Code 67-1301(B))  
of final rating of permanent impairment?

Was S.C. Code 67-412(B) Violated by  
Respondents by NOT filing the First Report  
of injury 9 months later instead of the  
10 days in accordance with S.C. Code 67-412(B)?  
(R.p. 48)

If I went to Palmetto Health Richland  
only once and the amount Respondents  
paid on 03/14/2017, (R.p. 60) was \$ 299.40  
and I never received any compensation  
why is (S.C. Code 67-413) the dollar  
amount increased? (R.p. 54-59) S.C. Code 67-1304(B)

S.C. Code 67-603(A) The employer's representative  
shall respond to a form 50 by preparing a form  
51. So if my then attorney filed a form 50, on  
09/07/2017, why didn't Respondents complete  
a form 51 then instead of 04/02/2019?  
(R.p. 39-41), (R.p. 112-113) (R.p. 81)

S.C. Code 67-606(A)(B) Employee's Wage  
Determination, States (b) The employer's representative  
shall prepare, file, and serve a form 20 according  
to R. 67-1603. Why did it take Commissioner  
S. Barden to sign a Consent Order on 01/2020  
for a form 20, that should have already  
been filed in 2016? (R.p. 121-124)

Why did I have to pay for my medicine on 12/23/2016, if Respondents gave authorization for me to receive medical treatment? (R.P. 10, P.P. 10)

Why wasn't I ever reimbursed? 67-1601 (100)

Why on the form 51, dated 04/02/2019, was the S.C. Codes of laws of S.C. Attached? (R.P. 111-112)

Section 42-9-60- Intoxication

Section 42-9-150: Injury from Service.

Section 42-9-160: Injuries on or after 07/01/2007

Section 42-9-170: Permanent injury after sustaining another permanent injury in same employment.

Section 42-17-90: Review of award on change of condition.

Section 42-9-210: Deduction from Compensation of Payments Made.

Was the reason medical record of 12/23/2016, not submitted in its entirety was due to the Guaranty Agreement form? (R.P. 10)

If I had received authorization from Respondents, why is my signature on the Guaranty Agreement form? (R.P. 10)

If I had authorization on 12/23/2016 for medical treatment, why didn't I have it when I paid for my medicine on the same day? (R.P. 100)

The Respondent have stated several times that I do NOT know the procedures of the legal aspects when it come to Courts, the filing, rules and the legal terminology, Codes and much more. And he is correct.

I always felt that if I had PROOF that what I am saying is true then I might stand a chance that the Court(s) will review ALL my documents I used as my APAs. For instance physician Discharge Summary, that states for me to contact my doctor immediately (R.p. 8) The form 51(s) and 58(s) (R.p. 11-16) that Respondents filed with the Commission states reason(s) for denial is because I was released from the Emergency room, and has not received authorized medical treatment since 12/23/2016. Respondents have continued to say in their brief, decisions that there was no recommendation for medical treatment.

And I read the summary into the record during the hearing of Commissioner James. (R.p. 146.L.21-25, R.p. 147.L.1-4) the Respondent stated on record that I said I never filed a Workers (R.p. 293-296) (R.p. 161.L.9-16) Compensation Claim (R.p. 161.L.9-16) I stated I (R.p. 157.L.9-11) had never file a claim with Respondents. And why say that when I listed the claims at the subpoenaed deposition on 02/22/2019, for work injury of 01/31/2017. (R.p. 293-296) or to say that I had made allegations that was "wholly untrue" or the allegations that Respondents stated I alleged. I was assaulted by a male resident at C.M. Tucker Center. I reported 13 it to the nurse, the nurse called the supervisor who never came.

Respondents was Untruthful about my Record on Appeal was NOT before the lower Court, in Order to file a Motion to Strike. When Majority of the documents that I used at lower Court, I received from Respondents or were filed with the Commission (R.p. 235, + 238, R.p. 239) And is Stamped "Received March 13, 2020" w .c

Respondents filed Motions for: Extensions, Quash, Dismiss, Supplement, Consolidate. One after another. for more time.

Respondents stated to Court they had not received the Amended Record on Appeal. I included the receipt that showed when Court of Appeals, attorney of record would receive the documents.

Respondents sent me an itemized list by E-mail, I could not retrieve the documents, I called the attorney of record to inform him I could not open the Email at that time. I requested for them to be mailed. Long Story short. . . I tried again to open the E-mail and to my surprise it opened and the documents that was sent were E-mails between the carrier and attorney calling me crazy. Which I still have

Even at S.C. Worker's Compensation Commission, there were issues pertaining to my submitted documents that I hand delivered to be used as my APAL(s) then to see submitted documents filed that has 5-6 copies of the same form, or to see that documents I know I submitted were not filed. Then when I call Ms. Bracy or Ms. Holloman, to be

14 told "I don't know what to tell you"

- When did treatment start for there to be a lack of? R.P. 230. L. 17-21)

R.P. 230. L. 9-12 Respondents states my appeal and brief are riddled with accusations that they did not provide medical treatment regarding my work accident. Respondents have stated these accusations are false, meritless and wholly untrue as clearly demonstrated by the evidence in the record.

R.P. 231. L. 16-20, Respondents states S.C. Code of laws should not allow me Cart Blanche to continue to file frivolous motions and appeals that continue to interfere with the Commission's judicial economy and require the "Defendants" to continually exert unnecessary time in providing responses to Claimant's meritless, baseless claims. R.P. 220. L. 18-28.

\* Respondents listed my APT documents as they chose.\*

for me to <sup>now</sup> be a Disabled person by Social Security, due to an injury I sustained in 2016, while working for Respondents who did not allow me to receive the recommended medical treatment (R.P. 8) due to me being released from the Emergency room on (R.P. 11-16)

12/23/2016.

Respondents have stated that I am requesting additional treatment for my back. And by no means it's additional treatment, I have been begging supervisor and respondents to send me to a doctor for my back injury and it apparently fell on deaf ears. I thought if an employee is injured on the job they (employee) would be allowed to go to the doctor. And the job would do what is medically necessary for the injured employee to heal with the sound advice of the doctor. So I thought. From my experience with both work injuries I have learned that 1. The carrier is the group that supersede the doctors orders, instructions (R.p. 26, 27) just to make sure (R.p. 8) the company saves money (R.p. 324). And takes the diagnosis from a doctor in which I saw only once, who gave me a NEW injury. But the primary doctor never diagnosed me with the new injury. But the primary doctor changed his assessment to R. Should sprain and wrote and order for an MRI (R.p. 324) which was denied due to me having a prior Rotator Cuff Surgery in 2003. The respondents stated that the R. Shoulder was a NEW injury, but accepted the new injury, I've never mentioned, wrote or complained about. I was to return to the doctor after having the MRI, (R.p. 324) I went back just to be released. The primary doctor notated in medical record, PT released due to MRI not authorized by WC. There has never been an impairment rating from the doctor ever.

NOW here I am trying to prove the fact that J.C. Code 42-15-60(A) was not provided to me in any form in 2016 or any other time And for the handling of my 2016 Claim by Respondents by Same person for both is totally different to the 2017 Claim. I beg this Courts indulgence, due to repeating myself, no disrespect intended. But for me to go over the actual events of something (injury) that has changed my life forever, all due to me not receiving the recommended (R.p. 8 ) medical treatment.

1. I reported the assault on 12/22/2016, I never received paperwork to fill-out. (R.p. 21-25) Supervisor never came to the unit.

2. I left C.M. Tucker Center of my own free Will, to go up the street to Palmetto Health Richland E.R. 3. I arrived at 2:53 AM. Nurse asked questions and completed a page for Palmetto Richland Worker's Compensation. (R.p. 82 ) E.R. doctor asked me questions and for me to rate the pain. (R.p. 324)<sup>3</sup> He touched my back and ordered for me to receive 30 mg of Toradol. No tests of any kind were performed, I was evaluated (R.p. 84 84)<sup>4</sup> I received 2 prescriptions (R.p. 99)<sup>5</sup> I received in hand a Physician's Discharge Summary (R.p. 8 ) \* Before the shot of Toradol, I signed a Consent form and a Guaranty (R.p. 9, 10, R.p. 98-99) Agreement, time is listed \* <sup>6</sup> I received a medical excuse (R.p. 101) that excused me for 1 day. <sup>7</sup> I received a Cab Voucher so I could go home (R.p. , R.p. 101 )<sup>8</sup> On the same day I went to get prescriptions filled and I had to pay out of pocket. (R.p. 100 ) (R.p. 99)

I Submit my documents for my Record on Appeal, Write the table of Content and file them so when I reference them in my brief(s) they can be located. But due to my Record on Appeal or my Briefs are not reviewed, in order for the motion to strike be granted. Then I file my Return to motion to strike, was received 10/04/2021. And on 02/16/2022, and Order was granted to Supplement the record on Appeal. Of the same records used at lower Court. (R.p. 235-238 R.p. 239 ).

Q: If the documents has S.C. W.C.C. Symbol and the Respondents Signature, wouldn't that indicate they (forms) came from Respondents?

Q: So Why strike them?

... I had mentioned the Employee/Supervisor Notification form to show how I was treated with me having to report to a new work site when (R.p. 304. L 22-25, R.p. 305. L 1-7) Respondents knew I was to be out of work from 01/31/2017 (date of injury) til 02/08/2017. (R.p. 26 ) On 03/07/2019, the Respondents used as their Exhibit the Employee/Supervisor notification form that does NOT have my Signature. That's dated 02/01/2017, as well as the light duty agreement (R.p. 28) a day after my work injury. Due to me not reporting on the 1st (after calling me on 11/31/17 to tell me where to report) I received another phone telling me I was to have reported at 7:30 am on 02/02/2017. I was told if I did not report I could be terminated, I reported @ 10:30 am 18 (R.p. 29) I was given the light duty agreement and the notification

On 02/03/2017. (R.p. 27-28) And with this injury I am denied the medical treatment that was recommended by doctor at Palmetto Health Richland, where Respondents alleges I had authorization to go. But due to me being released from the E.R. I am denied. (R.p. 8, 85, 85, R.p. 11-16.)

(R.p. 255-323) On 02/22/2019, I answered Respondents questions to the best of my ability, I now look at the transcript and realize that all of my personal information is in black and white. But I answered. I have nothing to hide then or now. And after years (6) of trying to get medical treatment for a job related injury after submitting the Respondents documents (R.p. 11-16) where they had stated "The reason for denial are: "Claimant was released from care on 12/23/2016. Claimant has not received authorized medical treatment since that date."

And even with the physician Discharge Summary that instructs me to contact my doctor immediately, (R.p. 8) I still did not receive medical treatment.

(R.p. 83, L. 12) states that I verbally stated under standing of the Discharge instructions (R.p. 8, 85, 86)

And R.p. 83 was Respondents APT 2. (R.p. 124) And I have filed documents after documents, tried to work different jobs even though it was brief, I even sold plasma to make money for copies, copies and more copies, mailing fees, motions, transportation all to make sure I did the best I could to file paperwork on all parties and attended every hearing.

The Respondents has made offers: the first through my attorney (Previous) (R.p. 116) for a Clincher of Both Cases, and then again on 03/14/2020, by email in the amount of \$ 7,500.00 "for a full resolution of both Claims. This is tax free money".  
Sent 12:52pm.

All I have every requested was Medical treatment for my back, then and now and I feel that because I am pro-se, my Briefs, APA(s) Record on Appeal has not been reviewed, due to the Respondent can say and write and lists what he deems fitting to make me out to be a liar, or when I've stated what the APA document says that refutes what Respondent has said or written I am still denied. This coming December 22, 2023, will be 7 years since my work injury (Assault). And on April 02, 2023, will be three years with the start of this claim of Respondents Reply to a form 50, that was filed on 09/07/2017.

I waited and endured the pain as long as I could before resigning in 07/2017. I did not work for a while afterwards due to the pain in my back, I sat home for over a month using my savings to pay bills, on 08/29/2017, I signed the documents for Shelly Leeks law firm to represent me for both claims. I never met Mr. Benjamin Cruse, in person still haven't. In the process I was evicted, lost car. So for me to go through <sup>this</sup> long process just to ASK for additional medical treatment IS NOT the case

When there are places somewhere that could help send me to a doctor, but it's not (Agencies) willing to pay for M&E, pain meds, yes. I have filed appeals due to me never receiving any type of treatment from Respondents in 2016 for my work injury/Assault. Q: Why wasn't this claim handled first?

(R.P. 111-112)

Q: What Company files a First Injury Report 9 months AFTER the injury?

(R.P. 48)

Q: Since when is there NOT one authorization number for a claim in 2016, but 40 days later at same employer and carrier there are ample authorization codes for work injury of 01/31/2017?

(R.P. 42-46)

Q: Since when has the injured employee having to sign a Guaranty agreement if it's a workers compensation claim at the medical facility with alleged consent? (R.P. 10)

Q: When is it no longer necessary for the form 20, not completed until 4 years, after work injury? (R.P. 120-123)

Q: And why did the Commission need to inform Respondents that they had not filed a First Report of injury? (R.P. 47)

Q: Why haven't the Respondents acknowledged (R.P. 8, 85, 86) the Physician Discharge Summary, even after it was read on record at hearing with Commissioner James?

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Respondent Continues to mention the x-rays from providence hospital, of the Cervical and thoracic spine (upper, lower) but fails to mention the Stated Chief Complaint being neck pain (R.p. 90-94) or the Statement "you were seen in the E.R. on 03/07/2017 For NECK PAIN." (R.p. 95)

Q: Why Wasn't the entire medical record submitted instead of the 2 pages APA 34, 53? (R.p. 124)

R.p. 206. L. 9. Respondent states I filed a form 50 on 02/26/2019, and before that, after Mr. Crase was no longer my attorney (when he mailed me a copy of (Certified) the motion) to 2002 Weylan Ave I called the Commission. And I received paperwork form 50(E)

delivered to same address. Respondents I've learn does  
1. Close file. 2. Do not reply to a form 50. 3. Just ignore the claim. 4. Intentionally gives wrong or misleading information. file motions

R.p. 206. L. 11-17. Respondent makes reference to letter from Dr. Saunders (R.p. 113) and continues to put the wrong date intentionally, to make it seem as though Dr. Saunders was the doctor (R.p. 206. L. 11-12) to make reference to date of work injury or car accident since respondent wrote "2017"

R.p. 206. L. 19-20. Respondents stated the period for which back pain could be claimed has lapsed due to lack of treatment and no objective medical evidence has been submitted. (R.p. 8, R.p. 11-16, R.p. 111-112)

Q: If I was injured on 12/22/2016, went to E.R. on 12/23/16 was denied medical consent, due to being discharged on 12/23/16.

I am pleading with this Court to review all the documents that I've submitted, and find that all that I've stated would be reasons to grant me a petition for Writ of Certiorari with what this Court deems proper.

Respectfully,  
Dana L. Dixon