

THE STATE OF SOUTH CAROLINA
In The SUPREME COURT

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S.C. SUPREME COURT

APPEAL FROM THE
SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

Gene McCaskill, Commissioner
R. Michael Campbell, II, Commissioner
T. Scott Beck, Commissioner

SCWCC File No. 1508995

Appellate Case No. 2022-001095

Samuel Paulino, Claimant

Petitioner,

v.

Diversified Coatings, Inc.,
Employer, and AmGuard Ins.
Co., Carrier

Respondent.

APPENDIX

VOLUME I of II

Stephen N. Garcia
Bar No. 76191
Garcia Law, LLC
604 Pettigru Street
Greenville, South Carolina 29601
(864) 271-7335
Stephen@scgarcialaw.com
Attorney for Petitioner

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STATE OF SOUTH CAROLINA
In the Court of Appeal

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Gene McCaskill, Commissioner
R. Michael Campbell, II, Commissioner

SCWCC File No. 1508995

Appellate Case No. 2018-001964

RECEIVED
MAR 18 2019
SC Court of Appeals

Samuel Paulino, Claimant, Respondent,

v.

Diversified Coatings, Inc., Employer, and Amguard Ins. Co., Carrier, Appellants.

RECORD ON APPEAL

George D. Gallagher, Esquire
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211
(803) 748-2919
Attorney for Appellants

Stephen N. Garcia, Esquire
Garcia Law Firm, LLC
604 Pettigru Street
Greenville, SC 29601
(864) 271-7335
Attorney for Respondent

Kevin Desmond Maroney, Esquire
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211
(803) 748-2919
Attorney for Appellants

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1508995

SAMUEL PAULINO,

Claimant,

Respondent,

vs.

DIVERSIFIED COATINGS, INC.,

Employer,

and

AMGUARD INS. CO.,

Carrier,

Appellants,

**DECISION AND ORDER
ON APPEAL TO FULL
COMMISSION**

Appellant Panel Review held in Columbia,
South Carolina, on July 16, 2018 per
notices timely and properly served upon all
parties of interest.

Appellant Panel Decision and Order filed
October 3, 2018

APPEARANCES:

Claimant appeared and represented by Stephen N. Garcia, Esquire of Garcia Law, LLC, Greenville, South Carolina.

Defendants Diversified Coating Systems, Inc. and Amguard Ins. Co. appeared and represented by George Gallagher, Esquire of Speed, Seta, Martin, Trivett & Stubbley, LLC, Columbia, SC.

STATEMENT OF CASE

This case was heard by the undersigned Commissioner on March 5, 2018 in Spartanburg, South Carolina. Notices were timely and properly served upon all parties of interest at which time all parties were present for the hearing: The Claimant, Samuel Paulino, the Claimant's attorney, Stephen N. Garcia; the Defendants, Diversified Coating System and AmGuard Ins. represented by their attorney, George Gallagher.

The Claimant presents to determine Claimant's entitlement to permanent total or partial disability, future medical care, compensability as to a denied psychological claim, continuing medical treatment, and whether Claimant is entitled to a lump sum award. Claimant argues that he is permanently and totally disabled under § 42-9-30(21) as he has allegedly sustained a 50% or greater disability to the spine. The Defendants argue that Claimant has not sustained a 50% or greater disability to the spine. Defendants admit that the psychological condition is related to the work incident, however, Defendants deny liability for the cost of medical treatment as the psychological treatment was not performed by a physician of the Defendants' choosing.

APA SUBMISSIONS

Pursuant to the Administrative Procedures Act, the Hearing Commissioner received the following records into evidence.

Defendants' APA Submissions:

APA No. 1. Dr. Timothy McHenry medical note dated 4/22/16 consisting of four (4) pages;

APA No. 2. FCE, Elite Physical Therapy dated 11/20/17 and consisting of nine (9) pages;

Claimant's APA Submissions:

APA No. 3. Southeastern Neuro & Spine, Dr. Timothy McHenry, medical notes dated 7/1/15 through 4/1/17 and consisting of thirty-six (36) pages;

APA No. 4. Surgery Ortho Clinic medical notes dated 9/3/15 through 11/19/15 and consisting of sixty-one (61) pages;

APA No. 5. Ortho-Neuro Patwood/Physiatry Crosscreek 111, Dr. Joyti K. Math medical notes dated 11/13/15 through 12/6/17 and consisting of ninety-one (91) pages;

APA No. 6. PMH Injection Clinic medical notes dated 8/2/16 and consisting of six (6) pages;

APA No. 7. New Horizon Behavioral Health medical notes dated 2/1/17 through 6/23/17 and consisting of twenty-two (22) pages;

and

APA No. 8. Independent Medical Evaluation of Dr. Glenn Scott dated 12/27/17 and consisting of two (2) pages.

STIPULATIONS

The Claimant's Counsel and Counsel for the Defendants stipulated at the hearing to the following issues:

1. The purpose of the Hearing was to determine issues set forth on the Forms 21 and 50.
2. The Claimant seeks benefits under the South Carolina Workers' Compensation Act for injuries allegedly sustained on or about February 6, 2015 while employed by the Defendant, Diversified Coating Systems, Inc. and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over this case.
3. All parties received timely and proper notice of the scheduled hearing.
4. Venue for the hearing was properly set in Greenville County, but was later transferred to Spartanburg County by consent of parties.
5. The Commission file is made part of the record with the exception of self-serving declarations and unstipulated medical records.
6. The claimant has an average weekly wage of \$468.32 with a corresponding compensation rate of \$312.22.
7. The APA submissions of both parties are admitted without objection.

EVIDENCE OF CASE

Testimony

Testimony of Samuel Paulino – direct examination by Stephen N. Garcia

The Claimant prefaced his testimony with personal and background information. His date of birth is [REDACTED] He was born in the Dominican Republic. He moved to the United

States in May of 2014. Claimant testified that he does not speak English. He is married and resides with his wife, six-year-old child and seven-year-old child. Claimant testified that he moved to the United States primarily to find work. Claimant further testified that while he normally takes medications, he did not take his medications prior to hearing because the medications make him sleepy and groggy. The Claimant did not drive to work, but instead received a ride from his cousin. Claimant further testified that he would drive *before* this injury, however, he does not drive now. (Tr. p. 18, line 21 through p. 20, line 10.)

Attention was then turned to Claimant's educational background and work history. Claimant graduated from high school in the Dominican Republic. He attended a 4-year college in the Dominican Republic in Computer Information Systems. However, Claimant has not attended any college or university classes in the United States nor does he have any degrees or certifications from any institutions in the United States. Claimant has not attended English classes of any sort, although Claimant did testify that he had intended to enroll in classes prior to his work-related injury. Since moving to the United States, Claimant has held two jobs: one as an ice-cream truck driver for approximately four and a half months and the other for the Defendant Employer as a custodian/janitor for approximately five months. The position as an ice-cream truck driver required loading and unloading of the truck and consisted of lifting greater than 10 pounds and driving all day. Claimant's subsequent position at Defendant Employer required 40-plus-hour work weeks. When asked whether Claimant believed he could perform the same work for Defendant Employer in his current condition, Claimant testified he could not, citing excessive exertion of force. Defendant did not believe he could last two hours in the same position he held with Defendant Employer. (Tr. p. 20, line 11 through p. 23, line 20.)

Claimant was then questioned regarding his Functional Capacity Evaluation conducted on November 20, 2017. Claimant testified that the FCE was the only physical exertion he has taken part in since the work injury. Claimant testified that physical exertion required of him in completion of the FCE was easier than the work he would do for the Defendant Employer. Claimant stated that the work he would do for the Defendant Employer required lifting of greater than 10 pounds and required crouching (Tr. p. 23, line 21 through p. 24, line 16.)

Claimant was then questioned regarding his vocational history while in the Dominican Republic. Claimant testified that he worked as a bank teller following graduation and that he performed basic computer repairs on the side. Claimant never maintained any kind of meaningful employment as a computer repair technician within the Dominican Republic. Claimant was questioned as to why he cannot repair computers in the United States, and he responded that although he has sought work as a computer repair technician in the United States, he has been turned down repeatedly for failing to have any formal training or education in the United States and because of his language barrier. Claimant testified that he graduated from his computer-related education in Dominican Republic approximately ten years ago and that the last time he worked on a computer in any capacity was nearly five years ago. Claimant also testified that computers change over time. (Tr. p. 24, line 17 through p. 26, line 10.)

Claimant was questioned regarding whether he has looked for work following his work injury. Claimant indicated he *has* sought work, specifically in the computer field and in the construction/factory field. However, because of his inability to speak English, he could not find computer work and because of his restrictions and limitations, he could not perform construction/factory work. (Tr. p. 26, line 11 through p. 26, line 20.)

Attention was again directed towards the Claimant's Functional Capacity Evaluation performed in November of 2017. Claimant was questioned regarding some of the documented difficulties he experienced during and after the evaluation. Claimant testified that he approached the exam with maximum effort as a reference point for his resultant physical capacity following the work injury. Claimant testified that as a result of the effort exerted, he experienced a lot of pain and needed help for the next three days just to get out of bed. Claimant indicated that the FCE lasted only two hours and twenty minutes or so, but that he did not believe he could perform a repeat FCE at the same level the very next day. Claimant also stated that it would be impossible for him to perform the activities that comprised the FCE for eight hours per day and forty hours per week. (Tr. p. 26, line 21 through p. 27, line 19.)

Claimant was asked whether he would submit to the spinal cord stimulator trial that Dr. Math had recommended for him. Claimant indicated that he would. (Tr. p. 27, line 20 through p. 27, line 19.)

Attention was then turned towards Claimant's alleged psychological injury. Claimant was asked why he sought psychological treatment, and Claimant responded that he sought help for his depression and anxiety as it related to the work accident. Claimant testified that the psychological visits helped him "a little". However, Claimant also testified that he was referred to Mental Health of Greenville but was not able to continue that treatment because of lack of funds. (Tr. p. 28, line 20 through p. 29, line 18.)

Testimony of Samuel Paulino – Cross-Examination by George Gallagher

Cross-examination commenced with questions regarding whether Claimant had ever worked as a computer programmer in the Dominican Republic. Claimant stated that he did do some jobs as a sort of informal, independent contractor. Claimant testified that he did some

repair work and sometimes would install computer operating systems. However, Claimant testified that he did *not* program computers or write code. Claimant testified that he performed computer repair work for approximately three or four years following his stint as a bank teller in the Dominican Republic. He did not perform computer repair work for his employer bank. Claimant further testified that most of his computer education coursework involved mathematics. (Tr. p. 30, line 6 through p. 31, line 16.)

Claimant was then questioned as to whether his wife is employed. Claimant testified that his wife is employed and works at a supermarket. However, Claimant testified that she does not have group health insurance. (Tr. p. 31, line 17 through p. 31, line 16.)

No further testimony was presented at the Single-Commissioner Hearing.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. *Order instructions were sent to the Parties on March 14, 2018.*
2. *This Claim was initially denied at the Single Commissioner Hearing held on September 13, 2016. This Claim was subsequently reversed and found compensable by the Full Commission at the Appeal Hearing held on April 18, 2017.*
3. *The Full Commission Order dated July 19, 2017 found that Claimant carried his burden of showing a work-related injury by accident occurring on or about February 6, 2015, awarded the cost of all causally related medical treatment, found the Claimant to be at MMI as to the spine on April 22, 2016, and awarded temporary total disability benefits for the period of July 15, 2015 to April 22, 2016. All other issues were held in abeyance. The Claimant having been previously deemed to have achieved MMI as to the spine on*

April 22, 2016, the primary issues before this Commissioner is permanency, Dodge medicals, the denied injury to the psyche, and a request for lump sum payment.

- 4. Claimant was honest and clear in his testimony.*
- 5. Claimant was a teller in a bank and repaired computers while living in the Dominican Republic.*
- 6. Claimant has computer training; however, he also has a major language barrier as he is unable to speak much or any English.*
- 7. Claimant was deemed to have sustained a 13% impairment to the whole person by Dr. McHenry, the inherited, authorized physician, on or about May 3, 2016. However, opinion regarding Claimant's permanent restrictions and future medical care were deferred to Dr. Joyti Math, the inherited, authorized pain management specialist.*
- 8. Claimant's work restrictions are extensive. Although Claimant was found to have completed his functional capacity evaluation dated November 20, 2017 at a medium demand level, various issues in completing the evaluation were noted. Following review of the Functional Capacity Evaluation, Dr. Joyti Math opined that Claimant had sustained a 12% impairment to the spine and further assigned work restrictions of light work duty with no lifting of greater than 10 pounds.*
- 9. I find that Claimant's impairment ratings are very low based on the poor surgical result.*
- 10. I find that based on the medication list alone, Claimant has suffered a major disability.*
- 11. I find that Claimant has met his burden of proving an injury to his psyche and that he is entitled to a psychological visit with a physician of Defendants' choosing.*
- 12. I find that Claimant has sustained a greater than 50% disability to the spine.*

13. *Because of the Claimant's transient resident status, I find that Claimant is entitled to a lump sum award.*

CONCLUSIONS OF LAW

Accordingly, as provided under the South Carolina Code of Laws, § 42-17-40, and § 1-23-320, it is the determination of this Commissioner that:

1. *Pursuant to S.C. Code § 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.*
2. *Pursuant to S.C. Code § 42-17-20, venue in Spartanburg, South Carolina was proper and agreed to by the parties.*
3. *Pursuant to S.C. Code § 1-23-320(b), and Reg. 67-607, notice of the hearing was timely and properly served upon all parties of interest.*
4. *Pursuant to S.C. Code § 42-1-160 and based on a preponderance of the evidence, including the medical records, exhibits, and testimony presented at the hearing, the Claimant satisfied his burden of proof that he suffered an injury to his psyche by accident and arising out of and in the course and scope of his employment.*
5. *Pursuant to S.C. Code § 42-15-60, Claimant is entitled to psychological/psychiatric treatment under the control and direction of Defendants.*
6. *Pursuant to § 42-9-30(21), Claimant has sustained a greater than 50% disability to the spine, and therefore is permanently and totally disabled, and Defendants having failed to rebut that presumption, Claimant is thereby entitled to compensation under § 42-9-10(B).*
7. *Pursuant to § 42-15-60, Claimant is entitled to payment of all causally-related, authorized medicals as well as lifetime, causally-related medical benefits;*
8. *Pursuant to § 42-9-301, Claimant is entitled to lump sum payment of benefits.*

ORDER

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant is permanently and totally disabled and Defendant is entitled to credit for any temporary benefits paid to Claimant;

IT IS HEREBY ORDERED that Claimant is entitled to payment of all causally-related medicals as well as continued payment of lifetime, causally-related medical benefits;

IT IS HEREBY ORDERED that Claimant is entitled to lump sum payment of award.

AND IT IS SO ORDERED.

After considering all the evidence contained in the record, we **AFFIRM WITH AMENDMENTS** the Single Commissioner's Findings of Fact, Conclusions of law, and Order and therefore make the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Order instructions for the Single Commissioner Hearing were sent to the Parties on March 14, 2018.
2. This Claim was initially denied at the Single Commissioner Hearing held on September 13, 2016. This Claim was subsequently reversed and found compensable by the Full Commission at the Appeal Hearing held on April 18, 2017.
3. The Full Commission Order dated July 19, 2017 found that Claimant carried his burden of showing a work-related injury by accident occurring on or about February 6, 2015, awarded the cost of all causally related medical treatment, found the Claimant to be at

the spine on April 22, 2016, and awarded temporary total disability benefits for the period of July 15, 2015 to April 22, 2016. All other issues were held in abeyance. The Claimant having been previously deemed to have achieved MMI as to the spine on April 22, 2016, the primary issues before the Full Commission was permanency, *Dodge* medicals, the denied injury to the psyche, and a request for lump sum payment.

4. The Single Commissioner found that the Claimant was honest and clear in his testimony.
5. Claimant was a teller in a bank and repaired computers while living in the Dominican Republic.
6. Claimant has computer training; however, he also has a major language barrier as he is unable to speak much or any English.
7. Claimant was deemed to have sustained a 13% impairment to the whole person by Dr. McHenry, the inherited, authorized physician, on or about May 3, 2016. However, opinion regarding Claimant's permanent restrictions and future medical care were deferred to Dr. Joyti Math, the inherited, authorized pain management specialist.
8. Claimant's work restrictions are extensive. Although Claimant was found to have completed his functional capacity evaluation dated November 20, 2017 at a medium demand level, various issues in completing the evaluation were noted. Following review of the Functional Capacity Evaluation, Dr. Joyti Math opined that Claimant had sustained a 12% impairment to the spine and further assigned work restrictions of light work duty with no lifting of greater than 10 pounds.
9. We find that Claimant's impairment ratings are very low based on the poor surgical result.
10. We find that based on the medication list alone, Claimant has suffered a major disability.

11. We find that Claimant has met his burden of proving an injury to his psyche, that he has achieved MMI, that no further psychological treatment is indicated, and that he is entitled to payment of causally related, completed psychological treatment.
12. We find that Claimant has sustained a greater than 50% disability to the spine.
13. Because of the Claimant's transient resident status, we find that Claimant is entitled to a lump sum award.

CONCLUSIONS OF LAW

Accordingly, as provided under the South Carolina Code of Laws, § 42-17-40, and § 42-23-320, it is the determination of the Full Commission that:

1. Pursuant to S.C. Code § 42-1-160 and based on a preponderance of the evidence, including the medical records, exhibits, and testimony presented at the hearing, the Claimant satisfied his burden of proof that he suffered an injury to his psyche by accident and arising out of and in the course and scope of his employment.
2. Pursuant to S.C. Code § 42-15-60, Claimant is entitled to payment of all causally related psychological/psychiatric.
3. Pursuant to § 42-9-30(21); Claimant has sustained a greater than 50% disability to the spine, and therefore is permanently and totally disabled, and Defendants having failed to rebut that presumption, Claimant is thereby entitled to compensation under § 42-9-10(B);
4. Pursuant to § 42-15-60, Claimant is entitled to payment of all causally-related, authorized medicals as well as lifetime, causally-related medical benefits;
5. Pursuant to § 42-9-301, Claimant is entitled to lump sum payment of benefits.

ORDER

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant is permanently and totally disabled and Defendant is entitled to credit for any temporary benefits paid to Claimant;

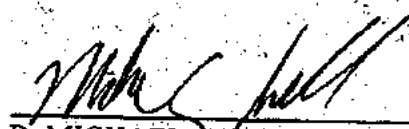
IT IS HEREBY ORDERED that Claimant is entitled to payment of all causally-related medicals as well as continued payment of lifetime, causally-related medical benefits;

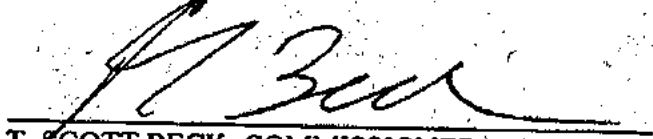
IT IS HEREBY ORDERED that Claimant is entitled to lump sum payment of award.

IN AFFIRMATION WITH AMENDMENTS OF THE SINGLE COMMISSIONER'S DECISION & ORDER, IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


GENE McCASKILL, COMMISSIONER


R. MICHAEL CAMPBELL II, COMMISSIONER


T. SCOTT BECK, COMMISSIONER

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on October 3, 2018

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

COUNTY OF GREENVILLE

Samuel Paulino,

WCC FILE NO. 1422914 and 1508995

Claimant,

vs.

Diversified Coating Systems, Inc.,

AMENDED
APPELLANT'S BRIEF

Employer,

and

AmGuard Insurance Company,

Carrier,

Defendants.

STATEMENT OF THE CASE

Samuel Paulino ("Claimant") was admittedly involved in successive accidents arising out of and in the course of his employment with Diversified Coating Systems ("Diversified") on or about November 22, 2014 and/or February 7, 2015. Claimant alleged he sustained injuries to his lower back in these accidents. Defendants initially denied his claim for benefits under the South Carolina Workers Compensation Act ("Act") on grounds that he did not sustain "injury" in either accident per S.C. Code § 42-1-60, as evidenced by inconsistent histories in the medical records and equivocal witness testimonies. In the alternative, Defendants assert Claimant failed to timely report his alleged work injuries to Diversified, thereby barring his entitlement to benefits under the Notice statute- S.C. Code § 42-15-20.

By Order dated January 13, 2017, Commissioner Mike Campbell found, *inter alia*, the evidence establishes that Claimant was involved in incidents at work, but failed to meet his burden of proving that he sustained "injury" due to either accident. In addition, he found that Claimant failed to timely provide notice to Diversified that he had sustained injury in either incident. Claimant thereafter appealed to the Full Commission Appellate Panel, which REVERSED via Order dated July 19, 2017. The Full Commission specifically found that Claimant met his burden of proving injuries to his lower back in either or both of the accidents in question, ordered Defendants to pay all outstanding causally related medical bills, found Claimant had reached maximum medical improvement ("MMI") as of April 22, 2016 per the record from Dr. McHenry, ordered payment of TTD for a finite period between July 15, 2015 (stipulated date disability began) and April 22, 2016 (date of MMI), and essentially remanded the case for a determination of his entitlement to permanent disability compensation. Defendant's thereafter filed their Form 21 to have permanency adjudicated.

The permanency issues were originally set for Hearing before Commissioner Wilkerson on October 6, 2017. Claimant initially took the position he was not at MMI, was entitled to further medical evaluation and treatment, and additional TTD benefits. In the alternative, Claimant alleges he is permanently and totally disabled under S.C. Code §42-9-10; therefore, the case is subject to mandatory mediation per WCC Regulation 67-1802. In reply, Defendants countered that the Full Commission's unappealed Order is the law of the case and is therefore binding on the issue of MMI in all further proceedings before the Commission. Since the date of MMI caps entitlement to further TTD benefits, the only issue properly before the Commissioner was a determination of Claimant's entitlement to permanent disability benefits. Further, Defendants argued that WCC R-67-1802 only requires mandatory mediation of a claim in cases where MMI is stipulated, which Claimant disputes. Therefore, a hearing to determine the threshold issue of MMI must ensue. Citing the interests of judicial economy, Commissioner Wilkerson ordered discretionary Mediation under WCC Regulation 67-1801 (B). The Mediation took place on December 1, 2017 and resulted in impasse. The case was then reset for Hearing before Commissioner Wilkerson on March 5, 2018.

At the Hearing that is the subject of the current Appeal, Claimant essentially stipulated he has reached MMI; therefore, a determination of permanency is ripe adjudication. Claimant contends he is permanently and totally disabled based on a greater than 50% loss of use of his back pursuant to S.C. Code § 42-9-30 (21). Claimant relies heavily on the fact that he has permanent 10-pound lifting restrictions per his pain management provider, even though an FCE reflects he can perform medium duty work. He also seeks a finding of compensability for a psychological overlay injury that he treated for during the pendency of the claim, including payment of any outstanding bills for psychological treatment. Claimant did not specifically request additional psychological evaluation/treatment, nor has any such treatment been recommended by any medical provider.

Defendants admit Claimant is entitled to PPD compensation for loss of use of the back based on the 13% whole person impairment rating assigned by the treating neurosurgeon (Dr. McHenry) and/or the 12% whole person impairment rating assigned by the treating pain management provider (Dr. Math). Defendants submit these impairment ratings for a single level microdiscectomy with residual radiculopathy do not support a finding of greater than 50% loss of use of the back, even when coupled with permanent restrictions. Moreover, all of Claimant's vocational and biographical factors, to whatever extent they are even relevant for a determination of loss of use under the "medical model" of the Act, mitigate against a finding of total disability based on greater than 50% loss of use of the back, including: Claimant's relatively young age (38 years old), college degree in Information Technology, and relatively sophisticated vocational history of light to sedentary duty employment as a computer technician and bank teller.

By Order dated April 13, 2018, Commissioner Wilkerson found, *inter alia*, that Claimant sustained a greater than 50% loss of use of his back and awarded permanent and total disability benefits under § 42-9-30 (21). He found there was no evidence in the Record to rebut this statutory presumption of total disability. Finally, he found Claimant sustained a compensable psychological overlay injury and ordered Defendants to provide further psychological evaluation/treatment with a provider of their choosing. Thereafter, Defendants timely appealed to the Full Commission on numerous grounds.

QUESTIONS PRESENTED

- I. DID THE HEARING COMMISSIONER ERR IN FINDING CLAIMANT SUSTAINED A GREATER THAN 50% LOSS OF USE OF HIS BACK?
- II. DID THE HEARING COMMISSIONER ERR IN FINDING THAT DEFENDANTS FAILED TO REBUT THE PRESUMPTION OF TOTAL DISABILITY BASED ON 50% OR GREATER LOSS OF USE OF THE BACK?
- III. DID THE HEARING COMMISSIONER ERR IN AWARDING PSYCHOLOGICAL OVERLAY?

STANDARD OF REVIEW

It is undisputed that the Full Commission Appellate Panel is the ultimate finder of fact in worker's compensation matters. *DeBruhl v. Kershaw County Sheriff's Dept.*, 303 S.C. 20, 397 S.E.2d 782 (Ct. App. 1990). Upon a petition for review of a Hearing Commissioner's award/order, the Full Commission shall weigh the evidence presented at the Hearing and, if good grounds be shown, makes its own findings of fact and reach its own conclusions of law consistent or inconsistent with those of the Single Commissioner. *Pack V. State Dept. of Transportation*, 381, SC 526, 673 S.E.2d 461 (Ct. App. 2009).

EVIDENCE OF THE CASE

Claimant underwent an L3-4 microdiscectomy performed by Dr. Timothy McHenry on July 30, 2015 [APA p. 21-23]. Claimant reported subjective improvement of his symptoms following surgery. Claimant had a post-surgical MRI, which was negative for recurrent disc herniation at any levels. [APA p. 34]. Following a relatively unremarkable post-surgical rehabilitation and recovery, Dr. McHenry ultimately released Claimant at MMI on April 22, 2016 and assigned a 13% impairment rating to the whole person [APA. p. 2]. Dr. McHenry based his rating on the AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT 5TH EDITION ("AMA Guides"), specifically, a diagnosis based estimate per DRE Category III- Table 15-3 p. 384. This provision provides for a maximum 13% rating for residual radiculopathy due to a disc herniation with or without surgical repair. The *AMA Guides* also provide for a

factor of .75 for the conversion of a whole person impairment rating to a lumbar regional spine impairment rating. Although S.C. Code § 42-9-30 does not distinguish between regions of the spine for permanent disability compensation purposes due to loss of use of the "back," a 13% whole person impairment rating converts to a 17% regional impairment to the lumbar spine [AMA Guides Section 15.13 p. 427].¹

Thereafter, Dr. McHenry referred the Claimant to Dr. Math for pain medication management and possible injections on November 13, 2015. [APA p. 112-125]. Dr. Math noted on her initial physical examination that Claimant's gait and strength in the lower extremities are "NORMAL." [APA p. 125]. She noted restricted range of motion of the lumbar spine due to subjective complaints of pain, but his straight leg test was negative. [APA p. 125]. Dr. Math adjusted Claimant's Tramadol and other medications. After failing to achieve optimal pain control with medications, Dr. Math recommended an L4 transforaminal injection. [APA p. 154]. She again noted that Claimant's gait and lower extremity strength were "normal." [APA p. 155]. Claimant only reported a 10% improvement following the injection. On September 28, 2016 Dr. Math indicated she was discontinuing Tramadol due to Claimant's failure to submit to a urine drug screen (UDS). [APA p. 162]. She continued his Gabapentin and Flexeril.

In March 2017, Dr. Math referred Claimant back to Dr. McHenry for an updated assessment on further surgery. Dr. McHenry ordered another MRI to assess his post-surgical status. On April 12, 2017, Dr. McHenry stated the following: "I reviewed images from the most recent MRI lumbar scan, and compared with his previous post-op and the pre-op MRI. The disc herniation at L3-4 is no longer present. He has persistent degenerative changes but no focal impingement that correlates with his persistent radicular leg symptoms. I do not think he would benefit from further surgical intervention." Claimant returned to Dr. Math in June 2017. Dr. Math noted that his clinical progression remains unchanged with

¹ The South Carolina Workers Compensation Act endorses the AMA GUIDES as the expert basis for determination of scheduled disability impairment/loss of use- See WCC Regulation 67-1101 (B) (providing for impairment to body parts not specified under the schedule to be determined by the Guides; See also Therrell v. Jerry's, 370 S.C. 22, 633 S.E.2d 893 (SC 2006) ("the proper course in these cases is to proceed pursuant to § 42-9-30(20) and use the AMA Guides or "any other accepted medical treatise or authority" to convert the injury to the rotator cuff into a percentage of impairment to the whole person.").

estimated pain level 5 out of 10. [APA p. 180]. She continued Gabapentin and Flexeril and ordered a functional capacity exam (FCE).

Claimant performed the FCE with Elite Physical Therapy on November 20, 2017. [APA p. 5]. Significant findings from the FCE include the following: 1) Consistent effort without high pain focus; 2) overall MEDIUM duty lifting capacity with OCCASIONAL maximum lift of 50 pounds and FREQUENT lift capacity of 15 pounds; 3) CONSTANT level (greater than 40 minutes/hour) for sitting, walking, and standing; 4) FREQUENT level (20-40 minutes/hour) for lumbar flexion and rotation; and OCCASIONAL level (less than 20 minutes per hour) for kneeling, squatting, and overhead lifting. [APA p. 12]. Claimant returned to Dr. Math on December 6, 2016. [APA p. 193]. She assigned him a 12% whole person impairment under the 6th Edition of the AMA Guides. She noted that he "will" require chronic pain medication management and interventions like epidural steroid injections. She stated Claimant "may" also be a candidate for a trial spinal cord stimulator. She restarted Tramadol. Regarding work restrictions, Dr. Math indicated on the WCC Form 14 B "light work duty no lifting > 10 pounds." [APA p. 201].

Claimant was referred by a primary care provider for psychological evaluation/treatment with New Horizon Behavioral Health in February 2017. [APA. 208-229]. He was diagnosed with a single moderate depressive disorder and general anxiety disorder. He was prescribed an anti-depressant/anxiolytic but discontinued it after a short while. He underwent some group therapy and couples counseling with his wife. On June 23, 2017, it was noted that Claimant "feels therapy has been very helpful- sees things differently now. Not irritable anymore." [APA p. 210]. The provider further states she will reassess treatment goals on next visit but there is no additional follow up visit after June 23, 2017.

ARGUMENTS

I. THE UNDISPUTED EVIDENCE IN THE RECORD DOES NOT SUPPORT THE COMMISSIONER'S FINDING THAT CLAIMANT SUSTAINED GREATER THAN 50% LOSS OF USE OF HIS BACK.

In Clemmons v. Lowes, Inc., 420 S.C. 282, 803 S.E.2d 268 (SC 2017) the Supreme Court turned on its head the traditional deference given to the Commission's institutional expertise on application of a medical impairment rating to determine "loss of use" of a scheduled member. It was previously well-established that a permanent disability award pursuant to S.C. Code § 42-9-30 "need not be shown with mathematical exactness;" it must only be founded on evidence of sufficient substance to afford a reasonably determinable basis for it. See Bundrick v. Powell's Garage and Wrecker Service, 248 S.C. 496, 151 S.E.2d 437 (SC 1966); See also Linen v. Ruscon Construction, 286 S.C. 67, 332 S.E.2d 211 (1985) (although expert evidence found claimant suffered 20%-30% impairment to his back, testimony of vocational expert and lay testimony supported finding that claimant suffered greater impairment for compensation purposes).

However, Clemmons essentially holds that evidence of the medical impairment rating is virtually synonymous with "loss of use," and thus, is outcome determinative of entitlement to PPD compensation under § 42-9-30 (21). In that case, claimant had a multi-level cervical fusion and was assigned a 25% whole person impairment rating by the authorized treating physician. That rating converted to a 71% regional impairment per the *AMA Guides*. The Commission awarded claimant PPD benefits based on 48% loss of use of the back. The Court of Appeals affirmed, citing a line of cases holding that determination of impairment is "more of an art than science" that gives the Commission discretion to consider lay testimony and other evidence. See also Burnette v. City of Greenville, 410 S.C. 417, 737 S.E.2d 200 (Ct. App. 2012). The Supreme Court reversed, finding "there is no evidence in the record that Clemmons suffered anything less than a fifty percent impairment to his back. Every doctor and medical professional who assigned an *AMA Guides* impairment rating indicated Clemmons lost more than seventy percent of the use of his back." Clemmons at 803 S.E.2d 268 p. 271. Further, the Court remanded to the Commission "for a new hearing to determine his percentage of impairment..." (emphasis added).

In the instant case, Claimant has a 13% whole person impairment rating, which converts to a 17% lumbar impairment under the *AMA Guides*. Per the Court's reasoning in Clemmons, Claimant's impairment/loss of use to the back in this case is *per se* 17%, which under S.C. Code § 42-9-30 would yield an award of fifty-one (51) weeks. For this reason, the Hearing Commissioner's award of Permanent and Total Disability based on a greater than 50% loss of use of the back must be REVERSED. The Full Commission Appellate Panel should then enter an award of 17% loss of use of the back or \$16,844.79 (51 weeks x Claimant's compensation rate of \$330.29). This award is in keeping with a strict adherence to the Supreme Court's mandate in Clemmons.

Claimant will counter that Clemmons does not create a *per se* rule equating loss of use and medical impairment for purposes of awarding compensation under § 42-9-30 (21). Rather, the Court's holding merely establishes the medical impairment rating as the baseline for a loss of use award, and that additional evidence may indicate greater loss of use than the rating alone. First, this reasoning is dubious because the Court in Clemmons never referenced other evidence in that record of loss of use or disability beyond the ratings alone. The claimant in that case returned to work as a cashier performing tasks indicative of *less than* fifty-percent loss of use of his back. However, the Court focused entirely on the medical evidence, specifically held there is no evidence in the record that Clemmons suffered anything *less than* a 70% impairment to his back, and remanded the case to the Commission to "determine his percentage of impairment" in accord with the medical evidence. As such, the Court's remand instruction was not necessarily an invitation for the Commission to rely on evidence other than the impairment ratings for determining the "percentage of impairment." The Court specifically referenced the additional *higher* impairment ratings in the record.² The Court's remand instructions then ostensibly require the Commission to find an impairment/loss of use based on solely on those competing ratings in the record with 71% being the minimum rating supported by the evidence. There can be little doubt from the Court's strong language

² The Court in Clemmons prominently cited evidence that other providers of record Tracy Hill, PT and Dr. Leonard Forrest, M.D. assigned claimant impairment ratings of 91% and 99%, respectively.

that it intended for one of the competing ratings to be outcome-determinative of the Claimant's "loss of use."

Assuming *arguendo* Claimant's position on the role of the impairment rating in light of Clemmons is correct, which again the Defendants do not concede, a finding of "greater than 50% loss of use of the back" is simply not supported by any additional evidence in the Record of this case. Even if the medical impairment rating is not outcome determinative of "loss of use" under § 42-9-30 (21), there can be no doubt it is the paramount factor for the Commission's consideration, as evidenced by the Supreme Court's preoccupation with the impairment ratings in Clemmons. The question becomes what other evidence, if any, justifies an award higher than the rating denotes?

As discussed earlier, the impairment ratings presented here are 17% to the lumbar spine from Dr. McHenry and 16% from Dr. Math (12% whole person rating divided by the .75 conversion factor per the *AMA Guides*). Yet, the Hearing Commissioner here found loss of use to the back three times greater than the medical experts' determinations. The award is also three times greater than the preeminent factor Clemmons unequivocally suggests must be the foundation of a loss of use determination under the "medical model" for compensation. Although the Hearing Commissioner found that the impairment ratings are "very low based on a poor surgical result" (Finding of Fact # 9), this was error.

First, and with all due respect to the Commissioner, he is not a medical doctor with expertise to draw such conclusions. See Burnette v. City of Greenville *supra* (Court chastised a Commission finding regarding the significance of an MRI scan when there was no evidence indicating the opinion originated from a medical provider). Second, the impairment ratings from Dr. McHenry and Dr. Math are in perfect accord with the *AMA GUIDES* DRE Category III.³ Claimant had a single-level microdiscectomy at L3-4, the least invasive spine procedure possible. The nature of this pathology itself is not indicative on its face of a severe injury. Under the "medical model" of compensation per § 42-9-30, the nature and character of

³ The *AMA GUIDES* DRE Category III for determination of lumbar spine impairment provides, in pertinent part, for 10%-13% whole person rating for "significant signs of radiculopathy... OR history of a herniated disc at the level and on the side that would be expected from objective clinical findings associated with radiculopathy."

the injury controls. See Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (SC 1996) (with scheduled disability injuries the compensation depends on the character of the injury rather than loss of earnings). In contrast, the claimant in Clemmons had multi-level pathology requiring fusion, which invariably results in significant loss of motion and other functional impairment. The character of claimant's back injury in Clemmons was much more severe and presumptively disabling under the scheduled disability statute than Claimant's single level microdiscectomy, as reflected by the disparity in the impairment ratings prescribed by the *AMA GUIDES*- 71% versus 17%.

Claimant will inevitably point to other evidence of "loss of use" in the Record, particularly the 10-pound lifting restrictions imposed by Dr. Math on the Form 14B to justify the Commissioner's award. In reply, Defendants initially point out that restriction must be viewed critically and not in a vacuum. First, Dr. Math, not Defendants, referred Claimant to the specific PT facility in question, which certainly implies Dr. Math trusted that facility's reputation and evaluation methods. As noted earlier, the FCE determined Claimant was overall fit for MEDIUM duty work. If Dr. Math was simply inclined to impose an arbitrary 10-pound lifting restriction for prophylactic purposes, then why did she make the FCE referral in the first place?

Second, Dr. Math's Form 14B only addresses lifting restrictions. It does not address other capabilities impacted by a back injury that may be indicative of loss of use, such as walking, sitting, standing, bending, twisting, etc. Therefore, the FCE results are still a relevant objective indication of Claimant's functional loss of use of the back. In that regard, the FCE determines Claimant can perform CONSTANT sitting, walking, and standing, and FREQUENT lumbar flexion (i.e. bending) and rotation (i.e. twisting). These functional capabilities via use of his back simply do not support the conclusion Claimant has a greater than 50% loss of use of his back, even when considered in conjunction with the 17% medical impairment and the purported 10-pound lifting restriction.

Finally, if the medical provider's impairment rating must form the substantial basis of a loss of use finding as the Supreme Court has clearly mandates in Clemmons, then secondary evidence of additional loss of use cannot logically supersede the proportion the rating bears to the total loss of use award. Simply

put, the 10-pound lifting restriction from Dr. Math, and/or any other evidence of loss of use in the Record, absolutely cannot justify an award of three times the impairment rating. At most, Defendants would concede that additional loss of use evidence, such as the 10-pound lifting restriction, FCE restrictions, and any subjective complaints of dysfunction per Claimant's testimony, could arguably support an additional award up to the value of the medical impairment rating alone. In this case, the rating was 17% to the lumbar spine, so a maximum award of 34% loss of use of the back may be warranted based on additional evidence in this Record. Again, other loss of use evidence cannot collectively supersede the rating itself considering the Supreme Court's reasoning in Clemmons.

Any loss of use award contrary to this general framework must necessarily be based on surmise and conjecture, which obviously cannot stand. See Bundrick supra (the award may not rest on surmise, conjecture or speculation; it must be founded on evidence of sufficient substance to afford a reasonable basis for it) (emphasis added). The speculative nature of the Hearing Commissioner's finding here that Claimant sustained a "greater than 50% loss of use of the back" is self-evident. The Commissioner never even determined what Claimant's impairment/loss of use of his back is. He essentially found the loss of use of Claimant's back was some unknown factor at least three times greater than the impairment ratings. This is clearly erroneous because there is no evidence of "sufficient substance" to support it. Although the Court in Clemmons found there was no evidence of impairment/loss of use less than 50%, thus implicitly holding claimant was presumed to be totally disabled, it nevertheless remanded the case to the Commission with instructions to determine the actual impairment. Therefore, a finding of the impairment/loss of use is clearly required; a generic finding that the loss of use is simply greater than the threshold for a presumption of total disability renders the award nothing but surmise and conjecture.

For these reasons, the Hearing Commissioner's finding that Claimant sustained a "a greater than 50% loss of use of his back" must be REVERSED. The Appellate Panel, as the ultimate fact finder and arbiter in worker's compensation cases, should then enter an award of PPD benefits per S.C. Code § 42-9-30 (21) based solely on the 17% or 16% impairment ratings assigned by medical providers as mandated by Clemmons. In the alternative, the Appellate Panel may award PPD benefits for loss of use of the back per

§ 42-9-30 (21) greater than the impairment ratings based on additional competent evidence of loss of use in the Record, but not to exceed the value of the ratings themselves, in accordance with Clemmons and other applicable law.

II. IF THE APPELLATE PANEL FINDS CLAIMANT HAS SUSTAINED GREATER THAN 50% LOSS OF USE OF HIS BACK, THEN EVIDENCE IN THE RECORD SUCCESSFULLY REBUTS THE STATUTORY PRESUMPTION THAT HE IS PERMANENTLY AND TOTALLY DISABLED.

S.C. Code § 42-1-120 defines "disability" as the "incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment." This is the foundational standard under the "economic model" of compensation provided by the Act. Stephenson v. Rice Services *supra* (the definition of disability in South Carolina's workers' compensation statute clearly stems from the earning impairment model of workers' compensation whereas compensation for loss of a member or the loss of the use of a member under [schedule section] is not dependent on actual wage loss, and the fact that the claimant after his injury is regularly employed at greater earnings than before is immaterial). In Wynn v. Peoples Natural Gas Co. of S. C., 238 S.C. 1, 11-12, 118 S.E.2d 812, 817-18 (1961), our supreme court stated: "Disability in compensation cases is to be measured by loss of earning capacity. Total disability does not require complete helplessness.... The generally accepted test of total disability is inability to perform services other than those that are "so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist." Compensation for presumed total disability based on a 50% or greater loss of use of the back under S.C. Code § 42-9-30 (21) combines the "economic" and "medical" compensation models. As previously discussed, the initial inquiry of whether a claimant has sustained 50% or greater loss of use of the back involves a "medical model" analysis. If 50% or greater loss of use of the back is established, then defendants may rebut the statutory presumption of total disability under the "economic model." See Clemmons *supra*

In the instant case, evidence in the Record categorically rebuts the presumption. Claimant is permanently and totally disabled under an economic or wage impairment theory, including, but not limited

to the following: 1) Claimant is extremely young at only 38 years old so there is no natural presumption that he could not adjust to new work as a result of his injury; 2) he has a four-year Bachelor's degree in Information Technology with heavy concentration in mathematics coursework (Hr. Tr. p. 31); 3) he has worked in the Dominican Republic installing computer operating systems and repairing computers/systems (Hr. Tr. p. 30); 4) he has also worked as a teller in a bank (Hr. Tr. p. 31); 5) he has worked in these capacities within the last five (5) years (Hr. Tr. p. 26), the significance of which is that he has a recent vocational history of sophisticated skilled light duty employment; and 7) As noted previously, Claimant's injury itself (single level disc herniation necessitating decompression via microdiscectomy) does not connote a presumption of severe disability. This latter point is particularly important because Claimant acknowledged improvement in his pain and function following surgery. Overall, Claimant's situation does not objectively support the profile of a totally disabled individual.

Although the Hearing Commissioner specifically found that Claimant's use of medications due to his injury causes "major disability" (Finding of Fact # 10), this finding is not supported by sufficient evidence in the Record. Claimant's current medication list consists of relatively low dosages of Tramadol (50 mg), Gabapentin (400 mg), and Flexeril (5 mg) (APA p. 177). There is no evidence in the Record that Claimant is not using these medications appropriately. Thus, no inference can be drawn that Claimant's proper use of these non-opiate based medications are disabling. This may be a different story if Claimant was taking multiple narcotics.

Claimant testified under direct examination that he did not take these medications before his appearance at the Hearing because they make him sleepy (Hr. Tr. p. 19-20). However, normal side effects from medications are a far cry from jumping to the conclusion that such effects are a "major disability." The fact that Dr. Math did not impose medical restrictions on driving, climbing, or operating machinery illustrates the point that Claimant's medication use must not be a substantial impediment to work, especially when Dr. Math- a pain management provider- envisioned Claimant returning to work! Defendants submit the Hearing Commissioner overreached in making his own medical judgment without expert support. See

Burnette v. City of Greenville *supra*. Therefore, Hearing Commissioner's Finding of Fact # 10 is patently erroneous, and any reliance on that finding for the proposition that Defendants have not successfully rebutted the presumption of total disability is misplaced.

For these reasons, the Appellate Panel must REVERSE and find that vocational evidence in the Record successfully rebuts the presumption that Claimant is permanently and totally disabled due to his back injury. The Full Commission can then, as the ultimate fact finder, enter a finding of Claimant's impairment/loss of use of the back, either less than 50% or 50% or greater, and award permanent partial disability (PPD) benefits accordingly under S.C. Code § 42-9-30 (21).

III. THE HEARING COMMISSIONER'S AWARD OF ONGOING AND/OR FUTURE PSYCHOLOGICAL EVALUATION AND TREATMENT WAS NOT RELIEF REQUESTED BY CLAIMANT AT THE HEARING AND IS NOT SUPPORTED BY EVIDENCE IN THE RECORD.

The Record confirms Claimant sought psychological evaluation and treatment on his own initiative with New Horizon Behavioral Health for a finite between February 2017 and June 2017 [APA p. 199-220]. He sought this treatment during the interim between Commissioner Campbell's original denial of the claim and the Full Commission's subsequent reversal. Claimant was not referred for this treatment or evaluation by Dr. McHenry or Dr. Math. At the Hearing that is the subject of the current Appeal, Claimant's counsel merely sought payment of any bills for Claimant's treatment with New Horizon; he did not request ongoing treatment or further psychological evaluation/treatment. Specifically, Claimant's counsel stated, "So, all we're looking for here is the payment of the psych treatment itself; that the carrier remains responsible for that psych treatment." [Hr. Tr. p. 14 ll. 12-17]. Later, defense counsel stated the issue of psychological treatment thusly, "it's the payment of that capped period for psych treatment, which was about six months." [Hr. Tr. p. 16 ll. 6-9]. In response, Claimant's attorney replied, "That's correct." *Id.* Moreover, Claimant's Pre-Hearing Brief phrases the issue as "whether Claimant is entitled to payment of psychological treatment." Yet, the Hearing Commissioner awarded further psychological treatment/evaluation in his Order. Defendants submit this was error because Claimant never requested that relief.

At the Hearing, Defendants opposed Claimant's demand for payment of psychological treatment bills incurred with New Horizon, so that issue remains outstanding. Defendants base their denial on the following grounds: 1) such evaluation/treatment was non-emergency treatment that Claimant sought on his own initiative when the claim was still denied by Commissioner Campbell's Order; and 2) Claimant was not referred by a subsequently designated authorized medical provider- Dr. McHenry or Dr. Math. Defendants submit they are not responsible for medical bills under this scenario per § 42-15-60. The statute only requires payment of emergency medical expenses when the employer fails to provide treatment under the Act. In other words, the statute does not impose liability on Defendants for psychological treatment Claimant sought on his own because it clearly was not emergency treatment.

This scenario is fundamentally different than the medical treatment rendered by Dr. McHenry and Dr. Math for Claimant's primary back injury. The law does not require interruption of medical treatment already underway for an admittedly serious back injury until the threshold issue of compensability under the Act is finally determined. In that case, Defendants concede such treatment may be considered an "emergency" for purposes of the statute; therefore, the Commission can order payment of those medical benefits after the fact. On the other hand, Claimant should have secured an Order from the Commission requiring Defendants to provide psychological treatment if he wanted such treatment to be covered by them. As such, Defendants should not be responsible for psychological bills from New Horizon.

Otherwise, there is no evidentiary basis for the Hearing Commissioner's award of additional psychological treatment. The last record from New Horizon dated June 2, 2017 notes in pertinent part the following: "talked to wife- she feels client much better and couples counseling not needed. feels therapy has been very helpful- sees things differently now. Not irritable anymore... wants to focus on moving forward. Would like to find work he can do." [APA p. 210]. The record goes on to state, "further tx goals unclear as client has improved and at this point just wants to find work he can do." *Id.* Claimant never returned to New Horizon. In sum, there is no recommendation for further psychological evaluation/treatment from an expert medical or psychological provider. As such, the Hearing Commissioner

erred by ordering same. Hartzell v. Palmetto Collision, 419 S.C. 87, 796 S.E.2d 145 (Ct. App. 2016), *rev'd on other grounds* 415 S.C. 617, 785 S.E.2d 194 (SC 2016). Hartzell interprets S.C. Code § 42-15-60 (A) to require expert medical evidence for an award of further medical evaluation or treatment beyond 10 weeks from the date of accident. Again, it is undisputed there is no such evidence here.

For these reasons, the Hearing Commissioner's order for further psychological evaluation and treatment must be REVERSED. Likewise, to whatever extent the Commissioner's Order can be construed to require Defendants to pay bills incurred for psychological treatments with New Horizon Behavioral Health must also be REVERSED.

CONCLUSION

In sum, the Hearing Commissioner made three reversible errors in his April 13, 2018 Order: 1) Finding Claimant sustained a "greater than 50% loss of use of the back," when such award is at least THREE TIMES GREATER than the medical impairment rating, is otherwise unsupported by other competent evidence in the Record, and most importantly, is contrary to the South Carolina Supreme Court's holding in Clemmons v. Lowes, Inc., 420 S.C. 282, 803 S.E.2d 268 (SC 2017); 2) Finding that evidence in the Record failed to rebut the statutory presumption of permanent and total disability under § 42-9-30 (21) due to his back injury, when Claimant is 38 years old, has a four-year college degree in Information Technology, and has a relatively sophisticated vocational history of skilled light duty work; and 3) Ordering further psychological evaluation and treatment when there is no expert recommendation for same in contravention of § 42-15-60 (A). For these reasons, the Appellate Panel must REVERSE the Hearing Commissioner's erroneous findings and enter an appropriate award of PPD benefits under S.C. Code § 42-9-30.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Samuel Paulino - Bautista Employer's Name: _____
Physician's Name: Moti K. Math, MD Insurance Carrier: _____
Practice/Clinic: Upstate Medical Rehabilitation SCWCC File No: _____
Preparer's Name: _____ Phone: _____

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of Injury: 11/24/14 Date of first office visit: 11/13/15 Date of last office visit: 12/6/17

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: Lumbar HNP with RLE Radiculopathy

Body part(s) injured: lumbar spine Body part(s) affected: _____

Date of maximum medical improvement: 12/6/17

Has the Claimant sustained permanent physical impairment as a result of the work injury? ☒ Yes ☐ No

If so, the permanent physical impairment is: 12 % medical impairment to the L spine (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
_____ % medical impairment to the _____ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

☒ The AMA's Guides to the Evaluation of Permanent Impairment, 6th Edition; or
Other medical treatise: _____ or
Other: _____

Does the Claimant have permanent physical limitations as a result of the injury? ☒ Yes ☐ No

If so, the permanent physical limitations are: light work duty no lifting > 10lb
needs work conditioning

Does the Claimant possess retained hardware as a result of the injury? ☐ Yes ☒ No

If so, the retained hardware is: _____

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function? ☒ Yes ☐ No

If so, the medical care and treatment that is needed is/are: chronic pain management, injection R
follow up office visits, a 4 week pain medications, spinal cord stimulator trial

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Treating or Evaluating Physician

Date

WCC Form #14B
12/2016

14B

Physician's Statement

STATE OF SOUTH CAROLINA
In the Court of Appeal

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Gene McCaskill, Commissioner
R. Michael Campbell, II, Commissioner

SCWCC File No. 1508995

Appellate Case No. 2018-001964

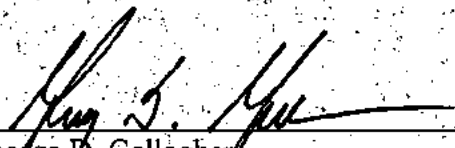
Samuel Paulino, Claimant, Respondent

v.

Diversified Coatings, Inc., Employer, and Amguard Ins. Co., Carrier, Appellants

CERTIFICATION

Per Rule 210(g), SCACR, I certify that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



George D. Gallagher

Bar No. 12149

Speed, Seta, Martin, Trivett & Stubley

Post Office Box 11669

Columbia, SC 29211

803.748.2259

ggallagher@speed-seta.com

Kevin Desmond Maroney

Bar No. 102545

Speed, Seta, Martin, Trivett & Stubley

Post Office Box 11669

Columbia, SC 29211

803.748.2309

kmaroney@speed-seta.com

March 12, 2019
Columbia, SC

STATE OF SOUTH CAROLINA
In the Court of Appeal

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Gene McCaskill, Commissioner
R. Michael Campbell, II, Commissioner

SCWCC File No. 1508995

Appellate Case No. 2018-001964

RECEIVED
MAR 14 2019
SC Court of Appeals

Samuel Paulino, Claimant, Respondent,

v.

Diversified Coatings, Inc., Employer, and Amguard Ins. Co., Carrier, Appellants.

APPENDEIX
TO THE RECORD ON APPEAL

George D. Gallagher, Esquire
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211
(803) 748-2919
Attorney for Appellants

Stephen N. Garcia, Esquire
Garcia Law Firm, LLC
604 Pettigru Street
Greenville, SC 29601
(864) 271-7335
Attorney for Respondent

Kevin Desmond Maroney, Esquire
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211
(803) 748-2919
Attorney for Appellants

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DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1508995

Samuel Paulino, Employee..... Claimant

vs:

Diversified Coating Systems, Inc., Employer and
Amguard Insurance Co., Carrier..... Defendants

HEARING:

Held in Spartanburg, South Carolina
on March 5, 2018

APPEARANCES:

Claimant represented by:
Stephen N. Garcia
Garcia Law, LLC
604 Pettigru Street
Greenville, SC 29601

Defendants represented by:
George Gallagher
Speed, Seta, Martin, Trivett & Stubley, LLC
P.O. Box 11669
Columbia, SC 29211

Interpreter: Jaime Lara

PURPOSE OF HEARING:

To determine issues raised on Forms 21 and 50.

DECISION AND ORDER:

Commissioner Avery B. Wilkerson, Jr.

FILED:

April 13, 2018

* * * * *

STIPULATIONS

The Claimant's Counsel and Counsel for the Defendants stipulated at the hearing to the following issues:

1. The purpose of the Hearing was to determine issues set forth on the Forms 21 and 50.
2. The Claimant seeks benefits under the South Carolina Workers' Compensation Act for injuries allegedly sustained on or about February 6, 2015 while employed by the Defendant, Diversified Coating Systems, Inc. and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over this case.
3. All parties received timely and proper notice of the scheduled hearing.
4. Venue for the hearing was properly set in Greenville County, but was later transferred to Spartanburg County by consent of parties.
5. The Commission file is made part of the record with the exception of self-serving declarations and unstipulated medical records.
6. The claimant has an average weekly wage of \$468.32 with a corresponding compensation rate of \$312.22.
7. The APA submissions of both parties are admitted without objection.

APA SUBMISSIONS

Pursuant to the Administrative Procedures Act, the Hearing Commissioner received the following records into evidence.

Defendants' APA Submissions:

- APA No. 1. Dr. Timothy McHenry medical note dated 4/22/16 consisting of four (4) pages;
- APA No. 2. FCE, Elite Physical Therapy dated 11/20/17 and consisting of nine (9) pages;

Claimant's APA Submissions:

APA No. 3. Southeastern Neuro & Spine, Dr. Timothy McHenry, medical notes dated 7/1/15 through 4/1/17 and consisting of thirty-six (36) pages;

APA No. 4. Surgery Ortho Clinic medical notes dated 9/3/15 through 11/19/15 and consisting of sixty-one (61) pages;

APA No. 5. Ortho-Neuro Patewood/Physiatry Crosscreek 111, Dr. Joyti K. Math medical notes dated 11/13/15 through 12/6/17 and consisting of ninety-one (91) pages;

APA No. 6. PMH Injection Clinic medical notes dated 8/2/16 and consisting of six (6) pages;

APA No. 7. New Horizon Behavioral Health medical notes dated 2/1/17 through 6/23/17 and consisting of twenty-two (22) pages;

and

APA No. 8. Independent Medical Evaluation of Dr. Glenn Scott dated 12/27/17 and consisting of two (2) pages.

STATEMENT OF CASE

This case was heard by the undersigned Commissioner on March 5, 2018 in Spartanburg, South Carolina. Notices were timely and properly served upon all parties of interest at which time all parties were present for the hearing: The Claimant, Samuel Paulino, the Claimant's attorney, Stephen N. Garcia; the Defendants, Diversified Coating System and AmGuard Ins. represented by their attorney, George Gallagher.

The Claimant presents to determine Claimant's entitlement to permanent total or partial disability, future medical care, compensability as to a denied psychological claim, continuing medical treatment, and whether Claimant is entitled to a lump sum award. Claimant argues that he is permanently and totally disabled under § 42-9-30(21) as he has allegedly sustained a 50% or greater disability to the

spine. The Defendants argue that Claimant has not sustained a 50% or greater disability to the spine. Defendants admit that the psychological condition is related to the work incident, however, Defendants deny liability for the cost of medical treatment as the psychological treatment was not performed by a physician of the Defendants' choosing.

EVIDENCE OF CASE

Testimony

Testimony of Samuel Paulino – direct examination by Stephen N. Garcia

The Claimant prefaced his testimony with personal and background information. His date of birth is [REDACTED]. He was born in the Dominican Republic. He moved to the United States in May of 2014. Claimant testified that he does not speak English. He is married and resides with his wife, six-year-old child and seven-year-old child. Claimant testified that he moved to the United States primarily to find work. Claimant further testified that while he normally takes medications, he did not take his medications prior to hearing because the medications make him sleepy and groggy. The Claimant did not drive to work, but instead received a ride from his cousin. Claimant further testified that he would drive *before* this injury, however, he does not drive now. (Tr. p. 18, line 21 through p. 20, line 10.)

Attention was then turned to Claimant's educational background and work history. Claimant graduated from high school in the Dominican Republic. He attended a 4-year college in the Dominican Republic in Computer Information Systems. However, Claimant has not attended any college or university classes in the United States nor does he have any degrees or certifications from any institutions in the United States. Claimant has not attended English classes of any sort, although Claimant did testify that he had intended to enroll in classes prior to his work-related injury. Since moving to the United States, Claimant has held two jobs: one as an ice-cream truck driver for approximately four and a half months and the other for the Defendant Employer as a custodian/janitor for approximately five months. The position as an ice-cream truck driver required loading and unloading of the truck and consisted of

lifting greater than 10 pounds and driving all day. Claimant's subsequent position at Defendant Employer required 40-plus-hour work weeks. When asked whether Claimant believed he could perform the same work for Defendant Employer in his current condition, Claimant testified he could not, citing excessive exertion of force. Defendant did not believe he could last two hours in the same position he held with Defendant Employer. (Tr. p. 20, line 11 through p. 23, line 20.)

Claimant was then questioned regarding his Functional Capacity Evaluation conducted on November 20, 2017. Claimant testified that the FCE was the only physical exertion he has taken part in since the work injury. Claimant testified that physical exertion required of him in completion of the FCE was easier than the work he would do for the Defendant Employer. Claimant stated that the work he would do for the Defendant Employer required lifting of greater than 10 pounds and required crouching (Tr. p. 23, line 21 through p. 24, line 16.)

Claimant was then questioned regarding his vocational history while in the Dominican Republic. Claimant testified that he worked as a bank teller following graduation and that he performed basic computer repairs on the side. Claimant never maintained any kind of meaningful employment as a computer repair technician within the Dominican Republic. Claimant was questioned as to why he cannot repair computers in the United States, and he responded that although he has sought work as a computer repair technician in the United States, he has been turned down repeatedly for failing to have any formal training or education in the United States and because of his language barrier. Claimant testified that he graduated from his computer-related education in Dominican Republic approximately ten years ago and that the last time he worked on a computer in any capacity was nearly five years ago. Claimant also testified that computers change over time. (Tr. p. 24, line 17 through p. 26, line 10.)

Claimant was questioned regarding whether he has looked for work following his work injury. Claimant indicated he *has* sought work, specifically in the computer field and in the construction/factory field. However, because of his inability to speak English, he could not find computer work and because

of his restrictions and limitations, he could not perform construction/factory work. (Tr. p. 26, line 11 through p. 26, line 20.)

Attention was again directed towards the Claimant's Functional Capacity Evaluation performed in November of 2017. Claimant was questioned regarding some of the documented difficulties he experienced during and after the evaluation. Claimant testified that he approached the exam with maximum effort as a reference point for his resultant physical capacity following the work injury. Claimant testified that as a result of the effort exerted, he experienced a lot of pain and needed help for the next three days just to get out of bed. Claimant indicated that the FCE lasted only two hours and twenty minutes or so, but that he did not believe he could perform a repeat FCE at the same level the very next day. Claimant also stated that it would be impossible for him to perform the activities that comprised the FCE for eight hours per day and forty hours per week. (Tr. p. 26, line 21 through p. 27, line 19.)

Claimant was asked whether he would submit to the spinal cord stimulator trial that Dr. Math had recommended for him. Claimant indicated that he would. (Tr. p. 27, line 20 through p. 27, line 19.)

Attention was then turned towards Claimant's alleged psychological injury. Claimant was asked why he sought psychological treatment, and Claimant responded that he sought help for his depression and anxiety as it related to the work accident. Claimant testified that the psychological visits helped him "a little". However, Claimant also testified that he was referred to Mental Health of Greenville but was not able to continue that treatment because of lack of funds. (Tr. p. 28, line 20 through p. 29, line 18.)

Testimony of Samuel Paulino – Cross-Examination by George Gallagher

Cross-examination commenced with questions regarding whether Claimant had ever worked as a computer programmer in the Dominican Republic. Claimant stated that he did do some jobs as a sort of informal, independent contractor. Claimant testified that he did some repair work and sometimes would install computer operating systems. However, Claimant testified that he did *not* program

computers or write code. Claimant testified that he performed computer repair work for approximately three or four years following his stint as a bank teller in the Dominican Republic. He did not perform computer repair work for his employer bank. Claimant further testified that most of his computer education coursework involved mathematics. (Tr. p. 30, line 6 through p. 31, line 16.)

Claimant was then questioned as to whether his wife is employed. Claimant testified that his wife is employed and works at a supermarket. However, Claimant testified that she does not have group health insurance. (Tr. p. 31, line 17 through p. 31, line 16.)

This concluded live hearing testimony.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Order instructions were sent to the Parties on March 14, 2018.
2. This Claim was initially denied at the Single Commissioner Hearing held on September 13, 2016. This Claim was subsequently reversed and found compensable by the Full Commission at the Appeal Hearing held on April 18, 2017.
3. The Full Commission Order dated July 19, 2017 found that Claimant carried his burden of showing a work-related injury by accident occurring on or about February 6, 2015, awarded the cost of all causally related medical treatment, found the Claimant to be at MMI as to the spine on April 22, 2016, and awarded temporary total disability benefits for the period of July 15, 2015 to April 22, 2016. All other issues were held in abeyance. The Claimant having been previously deemed to have achieved MMI as to the spine on April 22, 2016, the primary issues before this Commissioner is permanency, *Dodge* medicals, the denied injury to the psyche, and a request for lump sum payment.

4. Claimant was honest and clear in his testimony.
5. Claimant was a teller in a bank and repaired computers while living in the Dominican Republic.
6. Claimant has computer training; however, he also has a major language barrier as he is unable to speak much or any English.
7. Claimant was deemed to have sustained a 13% impairment to the whole person by Dr. McHenry, the inherited, authorized physician, on or about May 3, 2016. However, opinion regarding Claimant's permanent restrictions and future medical care were deferred to Dr. Joyti Math, the inherited, authorized pain management specialist.
8. Claimant's work restrictions are extensive. Although Claimant was found to have completed his functional capacity evaluation dated November 20, 2017 at a medium demand level, various issues in completing the evaluation were noted. Following review of the Functional Capacity Evaluation, Dr. Joyti Math opined that Claimant had sustained a 12% impairment to the spine and further assigned work restrictions of light work duty with no lifting of greater than 10 pounds.
9. I find that Claimant's impairment ratings are very low based on the poor surgical result.
10. I find that based on the medication list alone, Claimant has suffered a major disability.
11. I find that Claimant has met his burden of proving an injury to his psyche and that he is entitled to a psychological visit with a physician of Defendants' choosing.
12. I find that Claimant has sustained a greater than 50% disability to the spine.
13. Because of the Claimant's transient resident status, I find that Claimant is entitled to a lump sum award.

CONCLUSIONS OF LAW

Accordingly, as provided under the South Carolina Code of Laws, § 42-17-40, and § 1-23-320, it is the determination of this Commissioner that:

1. Pursuant to S.C. Code § 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.
2. Pursuant to S.C. Code § 42-17-20, venue in Spartanburg, South Carolina was proper and agreed to by the parties.
3. Pursuant to S.C. Code § 1-23-320(b), and Reg. 67-607, notice of the hearing was timely and properly served upon all parties of interest.
4. Pursuant to S.C. Code § 42-1-160 and based on a preponderance of the evidence, including the medical records, exhibits, and testimony presented at the hearing, the Claimant satisfied his burden of proof that he suffered an injury to his psyche by accident and arising out of and in the course and scope of his employment.
5. Pursuant to S.C. Code § 42-15-60, Claimant is entitled to psychological/psychiatric treatment under the control and direction of Defendants.
6. Pursuant to § 42-9-30(21), Claimant has sustained a greater than 50% disability to the spine, and therefore is permanently and totally disabled, and Defendants having failed to rebut that presumption, Claimant is thereby entitled to compensation under § 42-9-10(B);
7. Pursuant to § 42-15-60, Claimant is entitled to payment of all causally-related, authorized medicals as well as lifetime, causally-related medical benefits;
8. Pursuant to § 42-9-301, Claimant is entitled to lump sum payment of benefits;

ORDER

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant is permanently and totally disabled and Defendant is entitled to credit for any temporary benefits paid to Claimant;

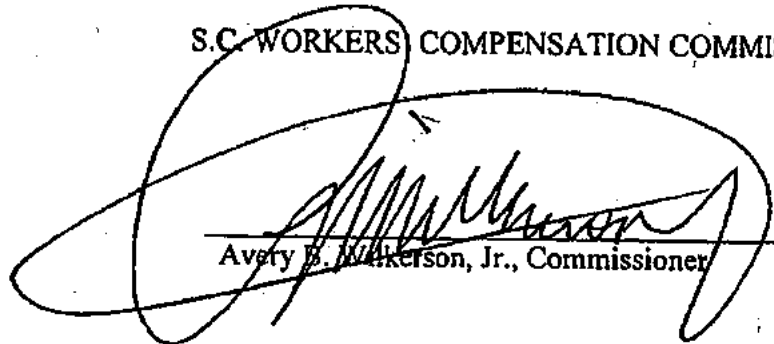
IT IS HEREBY ORDERED that Claimant is entitled to payment of all causally-related medicals as well as continued payment of lifetime, causally-related medical benefits;

IT IS HEREBY ORDERED that Claimant is entitled to lump sum payment of award.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

4-12, 2018


Avery B. Wilkerson, Jr., Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Deborah Hutto on April 13, 2018

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1508995

SAMUEL PAULINO,

Employee,

Claimant/Respondent,

vs.

DIVERSIFIED COATING SYSTEMS,

Employer,

AND

AMGUARD INSURANCE,

Carrier,

Defendants/Appellants.

RESPONDENT'S BRIEF

The Claimant/Respondent, by and through his undersigned counsel, hereby submits his Respondent's Brief.

STATEMENT OF CASE

Claimant/Respondent adopts the Statement of the Case offered by Defendants/Appellants in Defendants'/Appellant's Brief. However, Claimant/Respondent would add that although the Honorable Commissioner R. Michael Campbell II, the presiding Commissioner at the Single Commissioner Hearing, indeed found that the Claimant/Respondent failed to carry his burden of demonstrating a compensable claim, the Full Commission unanimously found the claim to be compensable and such is now the law of the case. Defendants/Appellants failed to appeal the Decision and Order of the Full Commission, and it is reasonable to infer that the failure of the

Defendants/Appellants to file an appeal from the Full Commission Decision and Order is an admission that the record as a whole supported the Full Commission's Findings, Conclusions of Law, Decision, and Order.

ISSUES ON APPEAL

- I. DID THE HEARING COMMISSIONER ERR IN FINDING CLAIMANT SUSTAINED A GREATER THAN 50% LOSS OF USE OF HIS BACK?
- II. DID THE HEARING COMMISSIONER ERR IN FINDING THAT THE DEFENDANTS FAILED TO REBUT THE PRESUMPTION OF TOTAL DISABILITY BASED ON 50% OR GREATER LOSS OF USE OF BACK?
- III. DID THE HEARING COMMISSIONER ERR IN AWARDING PSYCHOLOGICAL OVERLAY?

ARGUMENTS/ANALYSIS

- I. DID THE HEARING COMMISSIONER ERR IN FINDING CLAIMANT SUSTAINED A GREATER THAN 50% LOSS OF USE OF HIS BACK?

Defendants/Appellants first argue that the Single Commissioner erred in finding that Claimant/Respondent has sustained a disability of greater than 50% to the back pursuant to S.C. Code § 42-9-30 (21). As grounds, Defendants/Appellants contend that, pursuant to *Clemmons v. Lowe's Home Centers, Inc.-Harbison*, 420 S.C. 282, 803 S.E.2d 268 (2017), "evidence of the medical impairment rating is virtually synonymous with 'loss of use,' and thus, is outcome determinative of entitlement to PPD compensation under § 42-9-30 (21)." Claimant/Respondent disagrees.

Stated plainly, Defendants/Appellants assert that the *Clemmons* holding requires that the medical evidence regarding an impairment percentage alone, without consideration of any other factors, is the only consideration when determining the extent of a claimant's disability. Claimant/Respondent admits Defendants/Appellants may be correct in asserting that "impairment" and "loss of use" are synonymous terms, however, Claimant/Respondent denies

such a broad reading of *Clemmons*, and instead, offers that *Clemmons* stands for the narrow reading that medical evidence of a *regional impairment* of 50% or more to any region of the back is conclusive evidence so as to trigger the presumption of permanent and total disability under § 42-9-30 (21), and further, that evidence of subsequent employment may be insufficient by itself to rebut the presumption of permanent and total disability under § 42-9-30 (21). In fact, the *Clemmons* Court held quite the opposite to what the Defendants/Appellants initially propose, to wit:

“Although a claimant's degree of impairment is usually a question of fact for the Commission, if all the evidence points to one conclusion or the Commission's findings ‘are based on surmise, speculation or conjecture, then the issue becomes one of law for the court....’ *Polk v. E.I. duPont de Nemours Co.*, 250 S.C. 468, 475, 158 S.E.2d 765, 768 (1968) (citing *Hines v. Pacific Mills*, 214 S.C. 125, 131, 51 S.E.2d 383, 385 (1949)); see also *Randolph v. Fiske-Carter Constr. Co.*, 240 S.C. 182, 189, 125 S.E.2d 267, 270 (1962) (holding where there is absolutely no evidence to support the Commission's findings, the question becomes a question of law).” (*Id.* at 287, 270). (Emphasis added.)

Under *Clemmons*, where the regional impairment (or “loss of use”) to the back does *not* equal or exceed 50%, the degree to which the claimant has suffered impairment (or “loss of use”) to the back remains a question of fact for the Commission, and other factors bearing upon the claimant's impairment (or “loss of use”) to the back, such as restrictions and the degree of impact on the claimant's vocational capacity, may be relied upon. A claimant's degree of impairment (or “loss of use”) is still a question of fact for the Commission where the regional impairment rating alone is not *conclusive* of a disability of 50% or more. *Clemmons* does not limit the Commission's inquiry regarding impairment (or “loss of use”) to the back to the regional impairment rating alone as suggested by Defendants/Appellants.

Along those same lines, Claimant/Respondent also notes that Defendants'/Appellants' Form 30 states, in pertinent part, “...impairment ratings issued by the treating providers in this case are mandated without discretion by the AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT 5TH EDITION, which is the medical treatise upon which the Commission by law must rely...” Although I do not believe the Commission is so severely limited that it must throw discretion by the wayside, it's worth noting that the very same guide to which Defendant/Appellant points also states:

"Impairment percentages derived from the *Guides* criteria should not be used as direct estimates of disability. Impairment percentages estimate the extent of the impairment on whole person functioning and account for basic activities of daily living, not including work. The complexity of work activities requires individual analyses. Impairment assessment is a necessary *first step* for determining disability." *Id* at 13.

The extent of loss of use of the back is undoubtedly discretionary and requires more than just a consideration of the impairment rating where the rating is not 50% or greater. In the instant matter, there is strong support in the record for the Single Commissioner's finding that the Claimant has sustained a loss of use of greater than 50% to the back, to wit:

Southeastern Neuro and Spine, Dr. Timothy McHenry, Neurosurgeon

- 8/19/15—First appointment following surgery; patient states stabbing, burning and pins/needles radiating from right side low back and down leg; initially better after surgery but has gradually worsened over the last couple of weeks. (APA p. 23-24)
- 9/28/15—Continues with right leg pain; now ambulating with walker; R Lower leg pain described as burning and aching along with numbness; patient thinks he is slightly better but continues to be plagued by persistent right leg pain and back pain (APA p. 28-29)
- 10/21/15—Continues to not do well overall; continued back pain; continues right radicular leg pain; decreased sensation on the right L3 and L4 distributions worse on the L4 distribution; straight leg raise on the right side reproduces radicular leg pain to his foot and ankle; it would be beneficial to get him to pain management to consider other treatment options including possible spine injection. (APA p. 33-34)
- Returns—with persistent low back pain and right leg pain; improved from before surgery, but he is having persistent symptoms that are limiting his activities; he is unable to work; positive for back pain and gait problems; positive for dysphoric mood; he has persistent radiculopathy. (APA p. 38)
- 4/12/17—He returns today with persistent right radicular leg pain, unchanged from previously; positive for back pain and gait problem; positive for sleep disturbance and dysphoric mood; I do not think he will benefit from further surgical intervention; he would like to consider other treatment options through pain management, We'll place the referral. (APA p. 43-44)

Functional Capacity Evaluation, Elite Physical Therapy (11/20/17)

- Claimant demonstrated various compensations throughout testing including, but not limited to: decreased stances time on R LE, decreased R hip/knee flexion in swing phase, overall antalgic gait pattern, increased trunk flexion, knees do not flex beyond 90 deg, requires use of hands to steady self, facial grimace, favors LEFT side, decreased weight bearing in R LE for all repetitions, mild slouched posture, R LE extended out in front, pt reported slow increase in low back pain throughout sit, decreased lumbar curve reversal, only able to rotate 75% lumbar ROM, required use of UEs on chair to return to standing, multiple attempts made without use of furniture that results in short drop back to ground. (APA p. 9-10)
- Walking (20 min): Patient demonstrated the ability to walk 20 minutes indicating a constant level. Aerobic capacity was unable to be determined because of intense pain and antalgic gait on treadmill. Pt. was unable to tolerate 5% grade and the minimum walking speed to complete the test. Pt. was able to walk the 20 min. at 1.5mph with significant compensations. Heart rate response was appropriate with HR of 147 bpm. The following compensations were observed: decreased stance time on R LE creating asymmetrical stride length, decreased R hip/knee flexion in swing phase, labored breathing and mild sweating, forward flexed hip/trunk, B midfoot strike instead of heel strike, overall antalgic gait pattern, 8/10 low back pain reported after. (APA p. 9)
- Static standing (30 min): Patient demonstrated the ability to stand for 30 minutes indicating a constant level. The following compensations were noted: Frequent weight shift onto LEFT side, slow increase in pain reported in low back and numbness down R LE to foot as stand progressed. (APA p. 9)
- High pain focus noted according to Million Visual Analog Scale scoring 114.5. (APA p. 12)
- Observed body mechanics and material handling ability: Samuel was noted to have decreased range of motion with lumbar/trunk rotational and flexion movements, and when lifting floor to waist with decreased body mechanics to decrease weight bearing on R LE. (APA p. 12)
- Are Observed Efforts consistent from task to task? Yes. The Coefficient of Variation for ¼ static tests were found to be below the accepted cutoff of 155 indicating consistent effort. The coefficient of variation was below the accepted cutoff for grip testing on 10/10 trials indicating consistent effort. The curve formed by the grip testing did approximate the expected bell shaped curve for 2/2 trials indicating consistent effort. Heart rate response was appropriate for 7/8 trials. (APA p. 12)
- Self-limiting behavior was not demonstrated. Patient also had max lift/to modified PILE floor to waist of 33% and waist to overhead of 43%. Consistent effort for this shows the ratio to be within 50%-70%. (APA p. 12)

- Consistency of effort was good. (APA p. 13)
- Aerobic capacity was unable to be determined due to inability to complete test due to safety concerns associated with an antalgic gait pattern while walking at the required speed and incline. (APA p. 13)

Ortho-Neuro Patewood / Physiatry Crosscreek 111, Dr. Jyoti K. Math, Pain Management

- 8/2/17—Clinical progression has not changed, worse with prolonged sitting and walking, relieves with a medication, he has been taking Flexeril and Gabapentin, which helps; He has not received the functional capacity evaluation yet; He ambulates with a cane with antalgic gait; Lumbar range of motion causes pain; Lumbar radiculopathy, chronic; We will refill Gabapentin and Flexeril; We will order a functional capacity evaluation; He will stay out of work until he gets the functional capacity evaluation. (APA p. 183-186)
- 12/6/17—Patient had FCE on 11/20/17; Patient reports he tried his best during FCE, but the pain aggravated after FCE was completed for next couple of days; Patient reports persistent pain in right lower extremity L5 distribution; He reports his pain is activity limiting; He feels his pain is not adequately controlled; **Considering duration of pain, most likely will have chronic pain issues; He and his wife became very tearful and emotional; He exhibits tenderness; He has decreased stance and right lower extremity.** (APA p. 190-191)
- 12/6/17—I reviewed the functional capacity evaluation [and he] is capable of medium duty work restriction, but as patient reports that his pain got aggravated after the FCE and he has not worked since 2015, we are going to start work conditioning program. I do not recommend returning to work without proper conditioning. I do believe that his symptoms are due to work-related injury. Today, I am going to place him at MMI with impairment rating 12% as per AMA Guidelines 6th edition. He will require chronic pain management in the form of pain medication, neuropathic medication, muscle relaxants, interventions like steroid injection. He may also be a candidate for spinal cord stimulator for his chronic R radiculopathy. (APA p. 193)
- 12/6/17—Form 14B Permanent limitations are: light work duty, no lifting greater than 10 lbs., Future Medical: Medical Care or Treatment needed; **Chronic pain management requiring pain medications, injections and spinal cord stimulator trial.** (APA p. 201)

IME, Dr. Glenn L. Scott

- 12/27/17—After reviewing the FCE, it is my opinion, within a reasonable degree of medical certainty, that Mr. Paulino would not be able to sustain the workplace activities indicated by the FCE for a full eight-hour day, particularly not on a day-after-day basis. His alteration of back and gait mechanics along with his lumbar spasm and nerve root irritation, in my opinion, preclude this on a sustained basis with resultant progressively increasing pain as he attempted to sustain these activities. (APA p. 231)
- At this point, it would be my recommendation that the EMG-NCV studies be provided for him to assist in recommendation regarding a spinal cord stimulator versus continued pain management. (APA p. 231)

The evidence in the record demonstrates a significant impact on the Claimant's use of his back in the vocational setting. Although the Defendants/Appellants point to Claimant's/Respondent's Functional Capacity Evaluation as indicative of a loss of use of the back that amounts to less than 50%, ultimately, the results of the Functional Capacity Evaluation have been interpreted by the medical experts as indicative of significant restrictions on the Claimant's/Respondent's vocational capacity. Based on the above, the Single Commissioner's finding that Claimant/Respondent has sustained a greater than 50% loss of use to the back is supported by the greater weight of evidence and should not be disturbed on appeal.

II. DID THE HEARING COMMISSIONER ERR IN FINDING THAT THE DEFENDANTS FAILED TO REBUT THE PRESUMPTION OF TOTAL DISABILITY BASED ON 50% OR GREATER LOSS OF USE OF BACK?

Alternatively, the Defendants/Appellants argue that even if the Single Commissioner did not err in finding that Claimant/Respondent sustained a loss of use of greater than 50% to the back, the Single Commissioner erred in finding that Defendants/Appellants failed to rebut the presumption of permanent and total disability. Claimant/Respondent disagrees.

Claimant testified that he was born in the Dominican Republic and moved to the United States in May of 2014. Attention was then turned to Claimant's educational background and work history. Claimant testified he graduated from high school in the Dominican Republic. He attended a 4-year college in the Dominican Republic in Computer Information Systems. However, Claimant has not attended any college or university classes in the United States nor does he have any degrees or certifications from any institutions in the United States. Claimant

has not attended English classes of any sort, although Claimant did testify that he had intended to enroll in classes prior to his work-related injury. Since moving to the United States, Claimant has held two jobs: one as an ice-cream truck driver for approximately four and a half months and the other for the Defendant Employer as a custodian/janitor for approximately five months. The position as an ice-cream truck driver required loading and unloading of the truck and consisted of lifting greater than 10 pounds and driving all day. Claimant's subsequent position at Defendant Employer required 40-plus-hour work weeks. When asked whether Claimant believed he could perform the same work for Defendant Employer in his current condition, Claimant testified he could not, citing excessive exertion of force. Defendant did not believe he could last two hours in the same position he held with Defendant Employer. (Tr. p. 20, line 11 through p. 23, line 20.)

At the Single Commissioner Hearing, Claimant was questioned regarding his vocational history while in the Dominican Republic. Claimant testified that he worked as a bank teller following graduation and that he performed basic computer repairs on the side. Claimant never maintained any kind of meaningful employment as a computer repair technician within the Dominican Republic. Claimant was questioned as to why he cannot repair computers in the United States, and he responded that although he has sought work as a computer repair technician in the United States, he has been turned down repeatedly for failing to have any formal training or education in the United States and because of his language barrier. Claimant testified that he graduated from his computer-related education in Dominican Republic approximately ten years ago and that the last time he worked on a computer in any capacity was nearly five years ago. Claimant also testified that computers change over time. (Tr. p. 24, line 17 through p. 26, line 10.)

Claimant/Respondent presented substantial evidence of a limited vocational profile that, when combined with his loss of use of back, permanent work restrictions, and pain medications list, supports a finding of permanent and total disability under S.C. Code Ann. § 42-9-10. However, because Claimant/Respondent was found to have sustained a loss of use of greater than 50% to the back by the Single Commissioner, the burden of demonstrating that Claimant/Respondent is *not* permanently and totally disabled shifts to the Defendants/Appellants pursuant to S.C. Code Ann. § 42-9-30 (21). Defendants/Appellants have failed to offer even a

scintilla of evidence in the form of documentary, medical, expert, vocational, or any other form of evidence to rebut the presumption. Based on the above, although Single Commissioner *may have* erred in failing to find that Claimant was permanent and totally disabled pursuant to S.C. Code Ann. § 42-9-10, the Single Commissioner's finding that Defendants/Appellants failed to rebut the presumption of permanent and total disability pursuant to S.C. Code Ann. § 42-9-30 (21) is supported by the greater weight of evidence and should not be disturbed on appeal.

IV. DID THE HEARING COMMISSIONER ERR IN AWARDING PSYCHOLOGICAL OVERLAY?

Defendants/Appellants present the narrow argument that Claimant/Respondent is not entitled to payment of admittedly causally related psychological treatment because the physician/facility, New Horizon Behavioral Health, was not an authorized medical provider. It is worth noting that the psychological treatment at issue began *after* the first Single Commissioner Hearing in which the Claim was denied but *before* the Full Commission Hearing that reversed and found the Claim compensable. The first time the psychological treatment at issue was put before the Commission at any level was at the Single Commissioner Hearing held on March 5, 2018, the same Hearing from which this Appeal arises. At that hearing, Defendants/Appellants admitted a causal relationship between the psych condition and work accident, however, they denied the Claimant's/Respondent's entitlement to payment thereof. As such, it is the Claimant's/Respondent's position that the only issue properly before the Commission is (1) whether Defendants/Appellants are responsible for payment of causally related psychological (and completed) treatment by an unauthorized physician/facility, and (2) whether Claimant/Respondent was already at maximum medical improvement on the issue of psychological injury at the time of the Single Commissioner Hearing from which this appeal arises, which obviates the need for future psych treatment. As to the second point, Claimant/Respondent concedes that at the time of the Single Commissioner Hearing from which this appeal arises, Claimant/Respondent was indeed at maximum medical improvement as to the alleged psychological condition and that no further medical treatment is necessary at this time. As to the first point, Claimant/Respondent asserts that the causally related psychological treatment should be paid by the Defendants/Appellants and that there was no error on that issue at the Single Commissioner Hearing from which this appeal arises.

Defendants'/Appellants' reliance on S.C. Code Ann. § 42-15-60 is misplaced and has no bearing on the issue of payment of causally related psychological treatment. Claimant/Respondent, by keeping his psychological condition under control throughout the period of pendency on appeal from the first Single Commissioner Hearing, in essence, mitigated Defendants'/Appellants' exposure for additional psychological treatment. Claimant/Respondent did not malingering. The Single Commissioner's finding of entitlement to payment of causally related psychological treatment was supported by the greater weight of evidence.

CONCLUSION

The Single Commissioner's Finding and Conclusion of Law that Claimant/Respondent has sustained a loss of use to the back of greater than 50% pursuant to § 42-9-30 (21) is supported by the greater weight of evidence. Further, the Single Commissioner's Finding and Conclusion of Law that Defendants/Appellants failed to rebut the presumption of permanent and total disability is supported by the greater weight of evidence. Finally, the Single Commissioner's Finding and Conclusion of Law that Claimant/Respondent is entitled to payment of causally related and *completed* psychological treatment is supported by the greater weight of evidence. With the exception of the Finding that the Claimant/Respondent is entitled to continuing psychological treatment, the Single Commissioner's Findings and Conclusions of Law should remain undisturbed on Appeal.

Respectfully submitted,

July 3, 2018

By: /s/ Stephen N. Garcia
Stephen N. Garcia, SC Bar. 76191
Garcia Law Firm, LLC
604 Pettigru Street
Greenville, SC 29601
Phone: (864) 271-7335
Fax: (864) 271-7336
FOR APPELLANT

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1508995

SAMUEL PAULINO,	)	
CLAIMANT,	)	
VS.	)	SC WORKERS' COMPENSATION COMMISSION
DIVERSIFIED COATING,	)	HEARING OF
SYSTEMS, INC.	)	SAMUEL PAULINO
EMPLOYER,	)	VS
AND	)	
AMGUARD,	)	DIVERSIFIED COATING SYSTEMS, INC.
<u>CARRIER.</u>	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Samuel Paulino versus Diversified Coating Systems, Incorporated, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 12:08 P.M., Monday, March 5, 2018, at Spartanburg County Administration Building, 366 N. Church Street, Spartanburg, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

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APPEARANCES

FOR THE CLAIMANT:
 Stephen N. Garcia, Esquire
 Garcia Law, LLC
 604 Pettigru Street
 Greenville, SC 29601

FOR THE EMPLOYER/CARRIER:
 George D. Gallagher, Esquire
 Speed, Seta, Martin, Trivett & Stublely, LLC
 1122 Lady Street, Suite 620
 P.O. Box 11669
 Columbia, SC 29211

ALSO PRESENT:

Mr. Jaimie Lara, Interpreter

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

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Mr. Paulino for Claimant	
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STIPULATIONS

Commissioner Wilkerson: Today's date is the 5th day of March, 2018. We're here in reference to Workers' Comp file number 1508995. The Claimant is Samuel Paulino, represented by Stephen Garcia. The Employer is Diversified Coating Systems, Incorporated; the Carrier is AmGuard Insurance Company represented by George Gallagher. The date of accident is 2 -- excuse me -- 2/7/2015. I think the previous order established average weekly and comp rate; did it not?

Mr. Gallagher: Yes, sir.

Mr. Garcia: Yes, sir.

Commissioner Wilkerson: Okay.

Mr. Gallagher: That's four ninety-five, forty-four (\$495.44) and three thirty, twenty-nine (\$330.29).

Commissioner Wilkerson: Okay. That's fine.

Mr. Gallagher: Average weekly wage and comp rate respectively.

Commissioner Wilkerson: Okay. And we're back here today to determine if the Employer Carrier is entitled to pay compensation to Claimant and determine the issues set forth on the Form 50 and 51. This case originally was to be

1 heard in Greenville, both parties didn't
2 necessarily agree about a mediation; I ordered
3 mediation and I agreed to keep it so it has
4 followed me to Spartanburg. So, I'm guessing,
5 obviously, as I get to the next part of this,
6 there won't be an issue. Are there any objections
7 to APA's, jurisdiction, venue or any other items?
8 I think you filed a 21 first.

9 Mr. Gallagher: Yes, sir.

10 Commissioner Wilkerson: Okay.

11 Mr. Gallagher: But no objections to those
12 items.

13 Commissioner Wilkerson: Any from you?

14 Mr. Garcia: No objections.

15 Commissioner Wilkerson: Okay. Without
16 objections the Commission's file becomes a part of
17 the record with the exception of self-serving
18 declarations and unstipulated medical reports.
19 Just for the record, they did mediate the case,
20 could not agree on whatever the issues were; I
21 don't need to know that, don't want to know that,
22 cannot know that but that's why we're back here
23 today. So, at this point in time, Mr. Gallagher,
24 I think you actually filed first so we'll get --
25 do you want to handle the 21 and the 50/51 at the

1 same time or do you want to just do the 21?

2 Mr. Gallagher: I think the issues are fairly
3 intermingled enough --

4 Commissioner Wilkerson: They seem to be.

5 Mr. Gallagher: -- to where they're --

6 Commissioner Wilkerson: That's fine.

7 Mr. Gallagher: -- I'll just speak to the 21.
8 And, Commissioner, as you know there was an order
9 from the Full Commission dated July 19, 2017, that
10 reversed a compensability denial, found the case
11 compensable, awarded a capped period of TTD
12 between July of 2015 and April of '16. There was
13 also a finding of fact from the Full Commission
14 that -- that Mr. Paulino had reached maximum
15 medical improvement on April 22nd, 2016; we would
16 submit that that is the law of the case. We
17 acknowledge that there was some subsequent medical
18 treatment that Mr. Paulino continued to treat; it
19 actually wasn't subsequent medical treatment, let
20 me -- let me -- I misspoke, it was actually
21 continued medical treatment with a pain management
22 provider and our position would be that that
23 medical treatment does not render the -- the
24 finding of MMI at all void or -- or otherwise
25 because it was just ongoing maintenance medical --

1 medical, that he needed by way of pain management
2 from Dr. Math. So, the Full Commission, in
3 addition, just basically held the issue of
4 permanency, a determination of work restrictions,
5 a determination of future medical in abeyance and
6 that is simply what we're here today for, which is
7 basically the same issues that were before you
8 back in October when medication was ordered. So,
9 we're just back here to try to bring a resolution
10 to this case, that he is at maximum medical
11 improvement, that he is entitled to permanent
12 partial disability based on the impairment rating
13 from Dr. McHenry, who was the treating surgeon.
14 Dr. Math also assigned a rating that was more or
15 less in line with Dr. McHenry's rating, as well.
16 He had a functional capacity evaluation that
17 indicated medium duty work. In all fairness, Dr.
18 Math reviewed that and imposed some -- some more
19 stringent restrictions than the FCE indicated;
20 that is what it is, as they say. So, but we still
21 don't think this case rises to the level of
22 permanent and total disability. Mr. Paulino is a
23 -- is a fairly young man, a fairly well-educated
24 man, albeit he was originally educated in the
25 Dominican Republic, but he does have a four (4)

1 year degree in information technology, worked as a
2 software programmer; those are math-heavy kind of
3 things, which is kind of -- even if there are some
4 -- some obvious cultural and -- and language
5 issues, would seem to me that those kind of math
6 and science and engineering and technical based
7 transferrable skills kind of transcend those
8 issues to a large degree. So, we don't think
9 there is any evidence of vocational disability.
10 We, likewise, do not think that he would be
11 entitled to an award of total disability based on
12 a greater than fifty percent (50%) to the back.
13 Again, this is a single-level discectomy; this was
14 not a fusion. This was a -- an L4,5, I believe,
15 discectomy and decompression. A post-op MRI has
16 indicated that -- that that level has been fully
17 decompressed, there's no nerve root compression on
18 the MRI -- on the subsequent MRI; those are all in
19 the record. We would admit that he is entitled to
20 a -- an award of -- of permanent partial
21 disability in excess of the rating based on
22 whatever subjective testimony he is going to
23 present today and in conjunction with the FCE but
24 we don't believe it rises to the level of a total
25 disability case.

1 Commissioner Wilkerson: Okay.

2 Mr. Gallagher: Thank you.

3 Commissioner Wilkerson: Thank you. Mr.
4 Garcia, on behalf of your client.

5 Mr. Garcia: George or, excuse me, Mr.
6 Gallagher did a good job of giving some history on
7 how we got here, Commissioner, and we -- we talked
8 about that briefly off the record in our
9 pre-hearing conference. Our position is -- is
10 pretty clear, Commissioner, if not under 42-9-10,
11 then under 42-9-30 (21), the Claimant is
12 permanently and totally disabled. I don't believe
13 you can look at this medical profile, the
14 restrictions, the functional capacity evaluation
15 and not conclude -- with all due respect to you,
16 Commissioner, I don't think you can look at those
17 and not conclude that at a minimum he's -- his
18 vocational status has been impacted by fifty
19 percent (50%). The -- the counter argument to
20 that would be, of course, that -- or, excuse me,
21 the alternative argument to that would be that he
22 has suffered a disability under 42-9-30, that's
23 not -- that does not rise to the level of fifty
24 percent (50%); I don't think we get there, though.
25 Further, it's our position that the Claimant is

1 entitled to pain management in the form of pain
2 medications and a spinal cord stimulator trial as
3 it's written in the 14-B by Dr. Math. We have an
4 order; the original order from the Full Commission
5 has Dr. McHenry stating that the Claimant was at
6 MMI but it also states that Dr. McHenry, the
7 surgeon, defers to Dr. Math for impairment rating
8 and also defers to Dr. Math for the future medical
9 care. Dr. Math is in some respect an inherited
10 treating physician and -- and so, I -- I believe
11 her recommendations rule the day here; her
12 recommendations as to restrictions of no lifting
13 of greater than ten (10) pounds. Based on the
14 Claimant's vocational profile I believe it's clear
15 that the Claimant has sustained a disability of at
16 least fifty percent (50%) under 42-9-30 (21), if
17 not under 42-9-10, Commissioner. Further,
18 Claimant -- we're arguing today that the Claimant
19 is entitled to a payment for the completed psych
20 treatment; as you heard previously or at a minimum
21 at least in our pre-hearing conference, there --
22 there is no dispute that there is a causal
23 relationship there. And -- and I -- I'm not sure
24 Mr. Gallagher touched on this issue in his opening
25 statement; so, I'll -- I'll turn back to him if

1 you'll allow him. But there -- there is psych
2 treatment here, it's stress-related, it -- it's
3 clear that it's related to the work condition;
4 it's in the notes, itself, Commissioner. I think
5 the only argument against that would be that it's
6 the -- the Defendants did not have an opportunity
7 to choose that particular physician so they
8 shouldn't be stuck with that particular psych
9 physician or psych doctor. I -- I think that what
10 needs to be pointed out, though, is that -- that
11 psych treatment started after the first hearing
12 but before the Full Commission had given its
13 order. And so, there -- there's just a period
14 there where things were kind of in limbo and we
15 couldn't necessarily figure out whether the
16 claimant would be entitled to that or not. But
17 now that it's an admitted claim, he -- now that
18 it's an admitted claim, I -- I think that the
19 psych goes along with that as well, Commissioner.
20 Even if it -- if --

21 Commissioner Wilkerson: Just let me make
22 sure, the -- the psych was prior to the Full
23 Commission?

24 Mr. Garcia: -- my understanding is the psych
25 was prior to the Full Commission's final order.

1 Mr. Gallagher: Yes, sir. Commissioner --

2 Commissioner Wilkerson: So, is that not --

3 but -- and maybe I'm wrong but --

4 Mr. Garcia: But I should say this --

5 Commissioner Wilkerson: -- does it not --

6 Mr. Garcia: -- but it was after the first
7 hearing.

8 Commissioner Wilkerson: -- does it --

9 Mr. Gallagher: -- Commissioner, it was not
10 addressed in the Full Commission order --

11 Commissioner Wilkerson: -- okay.

12 Mr. Gallagher: -- because I don't think Mr.
13 Garcia actually brought that before the Single
14 Commissioner so that it was an issue for the Full
15 Commission.

16 Mr. Garcia: -- right.

17 Mr. Gallagher: Maybe -- I don't know, maybe
18 he didn't know about it at that time but, you
19 know, I'm not -- I'm not saying that would
20 preclude him from -- from bringing it --

21 Commissioner Wilkerson: Well, I guess my
22 question is, it says that the Claimant has
23 established by the greater weight of evidence his
24 -- to the evidence his entitlement to prior
25 medical treatment and I --

1 Mr. Gallagher: -- but there wasn't anything
2 in the record at that time of the psych.

3 Commissioner Wilkerson: -- oh, I see what
4 you're saying.

5 Mr. Gallagher: Yes, sir.

6 Mr. Garcia: Right.

7 Commissioner Wilkerson: Okay. It's not in
8 the record? Okay.

9 Mr. Garcia: Exactly.

10 Commissioner Wilkerson: Oh -- oh, okay. I
11 thought it was in the record. Okay.

12 Mr. Gallagher: No.

13 Commissioner Wilkerson: So, it's not in the
14 record.

15 Mr. Garcia: Okay.

16 Commissioner Wilkerson: So, that's outside.
17 Okay. I'm sorry.

18 Mr. Garcia: I wasn't sure where you were
19 going with that but now I understand.

20 Commissioner Wilkerson: No, no, no, no. It
21 was out. Okay. That's what I was trying to get.

22 Mr. Garcia: Right. Neither party really had
23 a --

24 Commissioner Wilkerson: That's --

25 Mr. Garcia: -- a chance to address that.

1 Commissioner Wilkerson: -- that's fine. I'm
2 fine with that then. Okay.

3 Mr. Garcia: Yes. So -- so, it's --
4 essentially, it's something that's being put in
5 front of the Commission for the first time today.

6 Commissioner Wilkerson: Okay. I'll make of
7 note of that then. Okay. I'm fine with that; I
8 was -- I was looking at that. Okay.

9 Mr. Garcia: And -- and I'll restate,
10 Commissioner, that the Claimant is at MMI on that
11 body part, if you will, based on the medical
12 records themselves. So, all we're looking for
13 here is the payment for the psych treatment
14 itself; that the Carrier remains responsible for
15 that psych treatment. Then the final request, of
16 course, Commissioner, is a -- a lump sum award.
17 And that's it; that's all I have.

18 Commissioner Wilkerson: Okay. Anything else
19 before we take some --

20 Mr. Gallagher: Commissioner, just briefly in
21 reply --

22 Commissioner Wilkerson: -- sure.

23 Mr. Gallagher: -- just to the psych.

24 Commissioner Wilkerson: Sure.

25 Mr. Gallagher: Mr. Garcia should be a

1 defense lawyer because he basically stated my
2 position on that --

3 Commissioner Wilkerson: I'm fine with that.

4 Mr. Gallagher: -- which is, that was not
5 authorized care that he received for that --

6 Commissioner Wilkerson: Okay.

7 Mr. Gallagher: -- even though it happened
8 during that -- that limbo period, it wasn't even a
9 referral from any of the authorized doctors that
10 we inherited subsequently; it wasn't a -- a
11 referral from Dr. McHenry or a referral from Dr.
12 Math as far as I can tell. So, I know if we had
13 inherited -- you know, kind of once you inherit a
14 case under these circumstances where a case has
15 been previously denied and you inherit the
16 providers, I think you inherit everything that
17 stems from those providers --

18 Commissioner Wilkerson: Right.

19 Mr. Gallagher: -- but because it didn't stem
20 from Dr. Math or from Dr. McHenry, we would argue
21 that we should not be responsible for the psych,
22 again, not -- not denying that it's not related, I
23 mean, it's referenced in there that he was
24 discussing in his psychological counseling issues
25 related to pain and whatnot but, you know, again,

1 I don't think this is a huge issue either way. I
2 -- it appears that those were already paid for by
3 some sort of group health and I don't think those
4 -- any psychological consequences are in and of
5 themselves disabling; I think Mr. Garcia had
6 mentioned that off the record. So, I guess it's
7 just the payment of that -- of that capped period
8 for -- for psych treatment, which -- what was it,
9 about six (6) months, maybe, or so?

10 Mr. Garcia: That's correct.

11 Mr. Gallagher: So, that's just our position
12 on -- on the -- on the psych, so.

13 Commissioner Wilkerson: Okay.

14 Mr. Garcia: Yes, and I just very briefly
15 counter, Mr. Gallagher is correct; there was no
16 authorization for this but, again, it was in that
17 period -- that treatment took place in a period
18 where the claim was still being denied and the
19 Full Commission had not deemed that the claim
20 would be compensable and, put plainly, there are
21 consequences for denying a claim; sometimes you
22 get stuck with physicians you don't necessarily
23 want to have treating the claimant and I think
24 that's all that -- that essentially happened in
25 this particular claim.

1 Commissioner Wilkerson: Okay. Anything else
2 before we take some testimony from the Claimant?

3 Mr. Gallagher: No, sir.

4 Commissioner Wilkerson: Okay. So, we're
5 going to have the -- you're going to swear the
6 Interpreter in first and then we'll have the
7 Interpreter swear the Claimant in.

8 Whereupon;

9 Jaimie Lara, being duly sworn and cautioned to
10 translate from English to Spanish the questions posed by
11 counsel and from Spanish to English the answers given by the
12 Claimant, interpreted as follows:

13 Court Reporter: Please state your full name
14 for the record.

15 Interpreter: Jaimie Lara.

16 Court Reporter: Thank you. If you could ask
17 him to raise his right hand, please.

18 Whereupon;

19 Samuel De Jesus Paulino Bautista, being duly sworn and
20 cautioned to speak the truth, the whole truth and nothing
21 but the truth, testified as follows:

22 Court Reporter: Ask him to please state his
23 full name for the record.

24 Witness: Samuel De Jesus Paulino Bautista.

25 Court Reporter: Can you help me with some

1 spelling of that? I've got --

2 Interpreter: Yes, ma'am.

3 Court Reporter: -- I've Samuel and --

4 Commissioner Wilkerson: And Jesus?

5 Court Reporter: -- and Paulino.

6 Interpreter: Yes. Samuel and then a space,

7 lower case -- upper case D-e -- then space, and

8 then Jesus and then, after Paulino, Bautista,

9 B-A-U-T-I-S-T-A.

10 Court Reporter: Thank you.

11 Interpreter: Yes, ma'am.

12 Commissioner Wilkerson: Did you get it?

13 Court Reporter: Yes, sir. I'm sorry.

14 Commissioner Wilkerson: Okay. I'm sorry.

15 Mr. Garcia, I just wanted to make sure I --

16 Mr. Garcia: May it please the Commission.

17 Commissioner Wilkerson: -- please.

18 Mr. Garcia: Thank you, Commissioner.

19 **DIRECT EXAMINATION**

20 **By Mr. Garcia:**

21 Q. Mr. Paulino, what is your date of birth?

22 A. [REDACTED]

23 Q. Okay. And where were you born?

24 A. Dominican Republic.

25 Q. When did you move to the United States?

- 1 A. May 20th of 2014.
- 2 Q. Do you speak any English, Mr. Paulino?
- 3 A. No.
- 4 Q. Okay. Are you married?
- 5 A. Yes.
- 6 Q. Do you have any children that live with you?
- 7 A. Yes.
- 8 Q. Okay. What are their ages?
- 9 A. Fifteen (15), seven (7) and six (6) years.
- 10 Q. Do all three (3) children live with you, Mr.
- 11 Paulino?
- 12 A. No.
- 13 Q. Which -- which two (2) live with you?
- 14 A. The six (6) and seven (7) year olds.
- 15 Q. Why did you move to the United States, Mr.
- 16 Paulino?
- 17 A. Looking for betterment; in my country work is very
- 18 difficult to get.
- 19 Q. Okay. Have you taken any medications today?
- 20 A. No, sir.
- 21 Q. Did you normally take medications?
- 22 A. Yes, sir.
- 23 Q. Okay. Well, why didn't you take any medications
- 24 today?
- 25 A. Because when I take the medicines I get very

1 sleepy and groggy and it was difficult for me to come
2 here if I take the medicine.

3 Q. Did you drive here today, Mr. Paulino?

4 A. No, sir.

5 Q. How did you arrive today?

6 A. A cousin brought me.

7 Q. Why did you not drive here today?

8 A. I don't drive.

9 Q. How did -- did you drive before this injury?

10 A. Of course, sir.

11 Q. Okay. I want to ask you some questions about your
12 educational background and your work history. Did you
13 graduate from high school in the Dominican Republic?

14 A. Yes, sir.

15 Q. Okay. Did you attend any college or university in
16 Dominican Republic?

17 A. Yes, sir.

18 Q. Okay. How many years?

19 A. Four (4).

20 Q. Okay. What -- did you obtain any degrees or
21 diplomas?

22 A. Yes, sir.

23 Q. Okay. In -- in what discipline or in what area?

24 A. Information, like --

25 Mr. Garcia: I'll follow up.

1 Interpreter: -- okay.

2 Mr. Garcia: So, was his response
3 Information?

4 Interpreter: May the Interpreter --

5 A. -- so, with related to computers and -- and --

6 Q. Would it be like computer information systems?

7 A. -- uh-huh. Yes.

8 Q. Okay. Okay. Have you attended any college or
9 universities in the United States?

10 A. No, sir.

11 Q. Do you have any degrees or certifications in the
12 United States?

13 A. No, sir.

14 Q. Okay. Have you ever taken English classes in the
15 United States?

16 A. At first when I -- I arrived here I was going to
17 enroll but because of the time and the financial burden
18 I -- I wasn't able to. After I had the accident, much
19 less was able to because my financial situation got
20 worse.

21 Q. How many jobs have you had since moving to the
22 United States?

23 A. Two (2), sir.

24 Q. Okay. What was your first job when you moved to
25 the United States; what were you doing?

- 1 A. I drove a little ice cream truck.
- 2 Q. Okay. How long did that job last?
- 3 A. Approximately four and a half (4 ½) months.
- 4 Q. Okay. Why did you leave that job?
- 5 A. The season ended.
- 6 Q. Can you just give us a very brief description of
- 7 the things you would have to do on a day-to-day basis
- 8 in that job?
- 9 A. At the beginning I had to load the -- get the load
- 10 on the -- on the little truck, organize it and then
- 11 drive all day, making stops and driving -- stopping and
- 12 driving.
- 13 Q. Did that job require lifting of greater than ten
- 14 (10) pounds, Mr. Paulino?
- 15 A. Yes, sir.
- 16 Q. And I'm assuming the second job you had since
- 17 moving to the United States was with Diversified
- 18 Coating, the Defendant in this case; is that correct?
- 19 A. Yes, sir.
- 20 Q. Do you remember when you started working for
- 21 Diversified Coating?
- 22 A. October of 2014.
- 23 Q. Okay. And what kind of work would you do for
- 24 Diversified Coating?
- 25 A. I cleaned, moving things from one place to

1 another; I worked in some sort of tunnels that was
2 getting down under.

3 Q. Did you work forty (40) hours a week?

4 A. Yes, sir.

5 Q. All right. Do you remember how many days a week
6 you worked?

7 A. Monday to Saturday.

8 Q. Well, I asked you if you'd worked forty (40) hours
9 a week and I'll ask you a little bit differently. How
10 many hours per week did you work while you were working
11 at Diversified Coating?

12 A. Forty (40) in regular time but on Saturdays we
13 would do extra.

14 Q. Okay. Do you believe you can do the same kind of
15 work for Diversified Coating right now?

16 A. No, sir.

17 Q. Well, I'll ask you why not, Mr. Paulino?

18 A. Because that -- in that job you have to exert a
19 lot of force; you have to get down. I -- I don't think
20 I would last two (2) hours of work.

21 Q. Do you remember the evaluation that you did
22 sometime in December of 2017, Mr. Paulino?

23 A. Yes, sir.

24 Q. I believe that's really the only physical exertion
25 you've done since the work injury; is that correct?

1 A. Yes, sir.

2 Q. Can you tell us how that correlates -- that
3 evaluation correlates to the work you would do at
4 Diversified Coating; was the functional capacity
5 evaluation more difficult than working a -- an eight
6 (8) hour day at Diversified or less difficult?

7 A. Easier.

8 Q. Okay. The work you did at Diversified Coating,
9 would it require lifting of greater than ten (10)
10 pounds?

11 A. Yes, sir.

12 Q. Okay. Are these the only two (2) jobs you've had
13 since moving to the United States, Mr. Paulino?

14 A. Yes, sir.

15 Q. Have you done any side jobs?

16 A. No, sir.

17 Q. I want to ask you what you did while you were in
18 the Dominican Republic.

19 Mr. Garcia: I'm sorry; go ahead.

20 A. Well, I lasted a lot of years working for a bank
21 as a -- a Teller and the jobs that I would perform
22 would be, like, repairing a computer; whoever would
23 call me to do that kind of job.

24 Q. I want to make sure we're clear about this. Did
25 you work on computers while you were a Bank Teller or

1 is that something you did apart from being a Bank
2 Teller?

3 A. Pardon me; I didn't understand?

4 Mr. Garcia: I'm not sure I'd ask that
5 differently; I'll try again, though.

6 Q. Is there -- the -- some of the work that you did
7 in Dominican Republic, you said you -- you worked on
8 some computers; did you do that while you were a Bank
9 Teller or are those two (2) separate jobs?

10 A. Different ones.

11 Q. Okay. The -- the work that you did on computers,
12 were you employed by someone or was that something you
13 did on your own, on the side, or is that something you
14 did as your -- your primary job?

15 A. I did -- I did it on my own.

16 Q. While in the Dominican Republic did you ever have
17 any steady, constant, employer in the computer
18 programming field?

19 A. No.

20 Q. Okay. Bear with me here because this may seem
21 like a ridiculous question but that's what I do. Why
22 can't you work on computers in the United States?

23 A. I have applied on several occasions but they
24 require that I have studies that were done here in the
25 United States, besides that, English is another barrier

1 that I have; I -- I must know English.

2 Q. when did you graduate from the computer
3 programming education that you undertook in the
4 Dominican Republic?

5 A. Ten (10) years ago, approximately.

6 Q. Do computers change, Mr. Paulino?

7 A. Yes, a lot.

8 Q. What -- how long has it been since you last did
9 any work at all related to computers, Mr. Paulino?

10 A. Five (5) years ago.

11 Q. Okay. Have you tried looking for work since this
12 injury, Mr. Paulino?

13 A. Yes, sir.

14 Q. Okay. Where have you looked for work?

15 A. So, I've applied for the computer kind of jobs but
16 because of the English barrier and because of the
17 requirement of having studies here in the States, I
18 have not been able to get a job. There is work
19 available in construction and -- and in factories but
20 in my condition I am not able to perform those jobs.

21 Q. I asked you earlier whether you remembered the
22 functional capacity evaluation that took place in
23 December and you said, yes.

24 A. Yes.

25 Q. The functional capacity -- the write-up, excuse

1 me, of the functional capacity evaluation documents
2 some of the difficulties you had with it but can you
3 tell us in your own -- own words the pain level that
4 you felt in attempting to complete the evaluation, Mr.
5 Paulino?

6 A. A lot of pain. I took the exam as a reference to
7 -- for me to know where I am now and as a consequence
8 of the effort that I made in taking the exam, I lasted
9 three (3) days needing help to even get out of bed.

10 Q. How long did that evaluation process take; how --
11 how long did that whole process take?

12 A. Like two (2) hours and twenty (20) minutes.

13 Q. Do you believe you would have been able to do that
14 same evaluation the very next day?

15 A. No, sir.

16 Q. Do you believe you'd be able to do what you did in
17 the -- that evaluation for eight (8) hours per day and
18 forty (40) hours per week?

19 A. Impossible.

20 Q. I -- I have one final question for you before I
21 turn you over to Mr. Gallagher. Dr. Math has
22 recommended a spinal cord stimulator trial; would you
23 be willing to take part in that trial in -- or in that
24 trial, Mr. Paulino?

25 A. Yes, sir.

1 Q. Okay.

2 Mr. Garcia: My apology, that -- just a
3 couple more questions for you and just very
4 briefly, Your Honor.

5 Commissioner Wilkerson: This is part of
6 his few questions, by the way, for the
7 record.

8 Mr. Garcia: Thank you.

9 Commissioner Wilkerson: If he ever says
10 he's got a lot, we'll set three (3) days
11 aside for him.

12 Mr. Garcia: All right. why --

13 Commissioner Wilkerson: He said had a
14 few questions for him.

15 Mr. Garcia: -- why --

16 Mr. Garcia: -- right. Exactly.

17 Commissioner Wilkerson: He meant a few
18 more. Go ahead.

19 Mr. Garcia: Okay.

20 Q. Why did -- why did you go to a -- a psych or a
21 psychological doctor, Mr. Paulino?

22 A. Depression and anxiety.

23 Q. Was that depression and anxiety, in your opinion,
24 related to work?

25 Commissioner Wilkerson: Or the

1 accident?

2 A. Yes. Not being able to work and not being able to
3 support my family.

4 Q. Did the treatment help?

5 A. Pardon me. Excuse me, could you repeat that,
6 please?

7 Q. Mr. Paulino, the -- the difficulties that you had
8 that caused you to go see a psych doctor or a
9 psychological doctor, were those issues related to the
10 work injury and accident itself?

11 A. Yes, sir.

12 Q. Okay. Did the treatment help you?

13 A. It helped. Yes, it -- it helped a little but the
14 doctor referred me to a mental health of the Greenville
15 County to follow up with the treatment but it helped
16 me, yes, but because I don't have insurance and because
17 of my resources, I -- I haven't been able to return to
18 the therapy.

19 Q. Okay.

20 Mr. Garcia: I don't have any further
21 questions for you right now, Mr. Paulino.
22 Ask any questions that -- or, excuse me,
23 answer any questions that Mr. Gallagher may
24 have.

25 Witness: Okay.

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1 Commissioner Wilkerson: Please.

2 Mr. Gallagher: Famous last words but I
3 , really only have a few.

4 CROSS-EXAMINATION

5 By Mr. Gallagher:

6 Q. Mr. Paulino, I just want to be clear, is it your
7 testimony, sir, that you've never worked as a
8 Programmer in the Dominican Republic?

9 A. Yes, I -- I did do some jobs.

10 Q. Okay. Were you employed by a -- a company that
11 paid you to either program software or work on
12 computers?

13 A. Yes, I did independent work for some companies.

14 Q. You were a contractor for companies; is that
15 correct?

16 A. Informally.

17 Q. And did you get paid by the job to do whatever job
18 they hired you to do?

19 A. Yes.

20 Q. And was that as a Programmer or as a repair person
21 or both?

22 A. A repair person and I would sometimes install
23 operational systems.

24 Q. Did you ever do programming or write code?

25 A. No.

- 1 Q. And how long did you do that type of contractor
2 work as a computer repair or putting in systems?
- 3 A. Well, after I left the bank, three (3) or four (4)
4 years.
- 5 Q. Okay. And your job at the bank, was that just as
6 a Teller, or did you do something else for the bank?
- 7 A. As a Teller.
- 8 Q. Your degree that you completed in the Dominican
9 Republic is in information technology as I understand
10 it, correct?
- 11 A. Yes, sir.
- 12 Q. I'm assuming that most of your course work in
13 order to obtain that degree was with mathematics or
14 science or technical related; is that correct?
- 15 A. Math, yes.
- 16 Q. Okay.
- 17 Mr. Gallagher: And maybe one (1) or two
18 (2) more.
- 19 Q. Your wife; does she work, sir?
- 20 A. At the present moment?
- 21 Q. Yes.
- 22 A. Yes, sir.
- 23 Q. Where does she work?
- 24 A. In a supermarket.
- 25 Q. Does she have insurance?

1 A. Insurance?

2 Q. Yes. Health insurance. I'm sorry, sir.

3 A. No, sir.

4 Q. Okay.

5 Mr. Gallagher: Mr. Paulino, that's all
6 the questions I have. Thank you, sir.

7 Commissioner Wilkerson: Redirect? No?

8 Mr. Garcia: None for me.

9 Commissioner Wilkerson: Okay.

10 Mr. Garcia: Thank you, Commissioner.

11 Commissioner Wilkerson: Okay. Any --
12 any other witnesses for the Claimant?

13 Mr. Garcia: No other witnesses.

14 Commissioner Wilkerson: Any witnesses?

15 Mr. Gallagher: No witnesses,
16 Commissioner.

17 Commissioner Wilkerson: Okay. This
18 concludes our hearing. I need to talk to the
19 attorneys for a few minutes.

20 Witness: Okay.

21 Commissioner Wilkerson: Thank you for
22 being here.

23 (THERE BEING NO FURTHER QUESTIONS, THE HEARING CONCLUDED AT
24 12:50 P.M.)

25

STATE OF SOUTH CAROLINA)
)
 COUNTY OF SPARTANBURG)

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Samuel Paulino, vs. Diversified Coating Systems, Incorporated;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 32 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 31st Day of March, 2018.

Gloria G. Davis
 Gloria G. Davis
 Notary Public for South Carolina
 My Commission Expires 12/21/21

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Transcript of the Testimony of
PAULINO V. DIVERSIFIED COATING

Date: July 16, 2018



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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1508995

Samuel Paulino,
Claimant,
v.
Diversified Coating Systems,)
Employer,
and
Amguard Insurance,
Carrier/Defendants..

FULL COMMISSION HEARING

* * * * *

Monday, July 16, 2018
2:27 p.m. - 2:58 p.m.

The Full Commission Hearing was heard before Commissioners R. Michael Campbell, II, T. Scott Beck, and Gene McCaskill at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 16th day of July, 2018, before Sarah Costilow, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

Stephen N. Garcia, Esquire
Garcia Law Firm, LLC
604 Pettigru Street
Greenville, South Carolina 29601
Attorney for the Claimant

George D. Gallagher, Esquire
Speed, Seta, Martin, Trivett & Stubbley, LLC
1122 Lady Street, Suite 620
Post Office Box 11669 (29211)
Columbia, South Carolina 29201
Attorney for the Defendant

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this
deposition is being taken pursuant to the
Administrative Procedures Act and the South Carolina
Rules of Civil Procedure.

1 CALL TO ORDER:

2 COURT REPORTER: Today is July 16th, 2018. This is
3 South Carolina Workers' Compensation case
4 number 1508995. This is the case of Samuel
5 Paulino, Claimant, versus Diversified Coating,
6 employer -- Diversified Coating Systems,
7 employer, and Amguards Insurance, carrier. The
8 Appellant is the Defendant represented by
9 George D. Gallagher. The Respondent is
10 represented by Stephen Garcia. Each side is
11 allowed ten minutes for oral argument, and the
12 Appellant three minutes in reply. You are
13 requested to argue the grounds of exception and
14 stay within the record.

15 COMMISSIONER CAMPBELL: And one thing I do want to
16 point out for the record, as we had as a part
17 of our pre-hearing conference, that it had been
18 brought to my attention that I was at one time
19 the single Commissioner with this case and --
20 as we discussed, I believe, and I have offered
21 to recuse, but I don't believe there's any
22 objections to me hearing this case and just
23 wanted to make sure that that were noted for
24 the record. Is that correct, gentleman?

25 MR. GARCIA: Yes, sir. That's correct.

1 MR. GALLAGHER: It is. Thank you.

2 COMMISSIONER CAMPBELL: Okay, thank you. Mr.

3 Gallagher, you have 10 minutes.

4 POSITION STATEMENT BY MR. GALLAGHER:

5 MR. GALLAGHER: Okay. Thank you, Commissioner.

6 Just a brief recap of the facts in this case.

7 Mr. Paulino alleged two accidents at work in

8 November of 2014 and February of 2015. The

9 accidents themselves were admitted, but the

10 employer denied that there was any injury

11 resulting from these accidents. Commissioner

12 Campbell heard this case originally and denied

13 compensability of this case initially. Full

14 Commission reversed, also found that during the

15 interim while the case was pending, Mr.

16 Paulino had gotten some medical treatment on

17 his own, in fact, had had surgery and, in fact,

18 had been released at maximum medical

19 improvement by the treating physician, Dr.

20 McHenry, following a one level discect- -- a

21 microdiscectomy. The Full Commission reversed,

22 but also found that he was at maximum medical

23 improvement, ordered a -- awarded a cap period

24 of temporary total benefits and essentially

25 remanded the case back for determination of

1 permanency or held it in abeyance.

2 COMMISSIONER BECK: I just need to stop the clock
3 for a minute.

4 MR. GALLAGHER: Yes, sir.

5 COMMISSIONER CAMPBELL: Okay.

6 COMMISSIONER BECK: It just dawned on me that we
7 have another Commissioner on this panel who was
8 part of the Appellant panel. I think we
9 probably need to address that you were apart of
10 the Appellant panel on this. We probably need
11 to ---

12 COMMISSIONER MCCASKILL: See, I don't remember that.

13 COMMISSIONER BECK: We probably need to address that
14 same issue, gentlemen, with regard to
15 Commissioner McCaskill before we proceed any
16 further.

17 MR. GALLAGHER: Okay. I certainly don't have any
18 objections to that. I guess that would affect
19 me, but like the issue with Mr. Campbell ---

20 COMMISSIONER BECK: So, the other side of the coin.

21 MR. GALLAGHER: Yes, sir.

22 COMMISSIONER CAMPBELL: Yeah?

23 MR. GARCIA: Yeah, again, no issue from me. If the
24 Commissioners don't have an issue with it, I
25 don't either.

1 MR. GALLAGHER: Thank you.

2 COMMISSIONER BECK: All right, gentleman.

3 COMMISSIONER CAMPBELL: Okay. All right. And you
4 can continue.

5 COMMISSIONER MCCASKILL: Well, let's put that on the
6 record.

7 COMMISSIONER BECK: It is.

8 COMMISSIONER CAMPBELL: That there was no objection,
9 yeah.

10 COMMISSIONER MCCASKILL: We -- did we -- I thought
11 we stopped.

12 COMMISSIONER BECK: No. We didn't go off the record
13 ---

14 COMMISSIONER CAMPBELL: No.

15 COMMISSIONER BECK: --- I just stopped the clock.

16 COMMISSIONER CAMPBELL: We just stopped the clock.

17 COMMISSIONER MCCASKILL: Oh, okay.

18 COMMISSIONER CAMPBELL: Yeah.

19 COMMISSIONER MCCASKILL: Well, that's fine. Then
20 we're good.

21 COMMISSIONER CAMPBELL: Okay.

22 MR. GALLAGHER: Okay, tha- ---

23 COMMISSIONER MCCASKILL: Start the clock.

24 MR. GALLAGHER: Thank you. I guess I'm back on the
25 clock now.

1 COMMISSIONER CAMPBELL: Yes.

2 COMMISSIONER MCCASKILL: Yes.

3 MR. GALLAGHER: All right. Okay. So we filed a
4 Form 21 following the Full Commission reversal
5 to pay permanent disability. Initially, it was
6 -- came up before Commissioner Wilkerson.
7 Commissioner Wilkerson ordered mediation. Even
8 though it wasn't a mandatory mediation at that
9 point, he ordered that it be discretionary
10 mediation. We proceeded to mediation, reached
11 an impasse, came back before Commissioner
12 Wilkerson. Commissioner Wilkerson essentially
13 found that Mr. Paulino was permanently and
14 totally disabled based on a greater than 50
15 percent disability to the back, or loss of use
16 of the back. He did not enter a finding, he
17 just said greater than 50 percent. This was on
18 a 13 percent impairment rating from the
19 authorized doctor. He also found that the --
20 there was no evidence in the record to rebut
21 the presump- -- the statutory presumption of
22 permanent and total disability. He also
23 awarded psychological treatment, which was not
24 requested and for which there was no
25 recommendation by a medical provider for. It

1 is my understanding, before we get too further
2 down the road, Mr. Garcia is going to abandon
3 that issue, or concedes that that was not a
4 proper issue before Commission Wilkerson on the
5 psych. There still is an issue regarding the
6 payment of psychological treatment he received
7 while the case was kind of in limbo,
8 fluctuating back and forth between award and
9 compensability. That still has to be decided
10 by Your Honors, but as far as ---

11 COMMISSIONER BECK: Let me ask you this questions,
12 Mr. Gallagher.

13 MR. GALLAGHER: Yes, sir.

14 COMMISSIONER BECK: I mean, he finds greater than 50
15 percent which triggers the presumption.

16 MR. GALLAGHER: Correct.

17 COMMISSIONER BECK: Does not deal with the
18 presumption itself, yet issues, I believe in
19 the order component of this document, that he's
20 permanently and totally disabled. Is it your
21 argument that not dealing with the presumption
22 component -- let me ask you a different way.
23 The fact that he found him permanently and
24 totally disabled, is it your position that that
25 doesn't properly address the presumption

1 portion of this?

2 MR. GALLAGHER: No, sir. Your Honor, I think he did
3 address the presumption. I -- what his
4 findings were was a simple finding that he had
5 greater than 50 percent loss of use to the
6 back, did not find what that percentage of loss
7 of use was, which I think is an issue, and then
8 also opined that -- or also found, rather, that
9 there was no evidence in the record to rebut
10 the statutory presumption of total disability.
11 So I believe that was in his ---

12 COMMISSIONER BECK: And that's -- that's the part
13 I'm missing.

14 MR. GALLAGHER: I -- I'm pretty sure that was in his
15 Order, Your Honor. That -- I'm not content.
16 I'm --

17 COMMISSIONER BECK: Listen, I'm not gonna hold you
18 up. Go ahead.

19 MR. GALLAGHER: Okay.

20 COMMISSIONER BECK: I'll look for it.

21 MR. GALLAGHER: Yeah. I think that's in there, and
22 that's an issue -- well, with regard to the
23 greater than 50 percent, our first position
24 would obviously be we believe that was error.
25 By now, I'm sure Your Honors are very familiar

1 with the Clemmons case. And the Clemmons case
2 kinda, I think, turned conventional wisdom on
3 its head to a large degree about how this
4 Commission is supposed to apply impairment
5 ratings when coming up with loss of use awards.
6 I think the Clemmons case makes it very clear.
7 They very clearly in this case, which is the
8 law of this state, equate medical impairment
9 with loss of use. In Clemmons, of course, that
10 we find the Commission's conclusion, with
11 respect to the loss of use, is unsupported by
12 substantial evidence in the record.

13 Specifically, there is no evidence in the
14 record that Clemmons suffered anything less
15 than 50 percent impairment to his back. Every
16 doctor and medical professional who assigned an
17 AMA Guide's impairment rating indicated
18 Clemmons lost more than 70 percent of the use
19 of his back.

20 COMMISSIONER BECK: Those were regional ratings?

21 MR. GALLAGHER: Yes, they were regional ratings.

22 COMMISSIONER BECK: So the ratings ---

23 MR. GALLAGHER: And that's a whole nother issue, but
24 for purposes of this hearing, I'm not here to
25 debate the --whether or not that was proper.

1 Certainly, that's -- that may be an issue for
2 another day. In this particular case, start --
3 is this was a lumbar injury. Very clearly,
4 straight, came straight out of the AMA Guides;
5 I don't think anybody disputes that. 13
6 percent whole person rating is straight out of
7 the AMA Guide's Fifth Addition for a single
8 level discectomy with residual radicular
9 comparings. Commissioner Wilkins (sic) found
10 that the rating was too low, which we again --
11 that's a specific finding. We find that as --
12 we think that's error, and it came straight out
13 of the book. Clemmons, read very, very
14 strictly, could stand for the proposition that
15 the Commission is bound by the medical
16 impairment rating, and I think that is a very
17 fair interpretation of it.

18 COMMISSIONER BECK: You think that Clemmons creates
19 an objective standard?

20 MR. GALLAGHER: I think it creates an objective
21 standard. I mean, clearly the Court was
22 preoccupied with ratings. Clearly, there was
23 evidence in the record of Clemmons that
24 suggested his rating was nowhere -- his loss of
25 use of the back was nowhere near 71 percent to

1 the regional spine impairment by virtue of the
2 fact that he worked, but the Court ignored all
3 that and focused exclusively on the medical
4 impairment rating. What's good for the goose
5 is good for the gander. I'm not -- you know,
6 I'm using Clemmons as a -- as a sword here.
7 Normally, the Claimants may be taking that
8 position, but I'm asserting it here today for
9 the proposition of medical impairment is per se
10 evidence under Clemmons of loss of use of the
11 back. In this case, you have a 13 percent
12 whole person impairment rating which very
13 clearly converts under the AMA Guides, the
14 multiplier factor that you use, that that
15 translates into a 17 percent ---

16 COMMISSIONER BECK: Did make the Clemmons ---

17 MR. GALLAGHER: --- regional finding.

18 COMMISSIONER BECK: Did you make the Clemmons
19 argument at the single hearing?

20 MR. GALLAGHER: No, sir, I did not. I -- you know,
21 I think because the full Commission is the
22 ultimate fact finder and arbiter of Workers'
23 Compensation, Commissioner, I don't think I'm
24 precluded from making that argument here for
25 the -- for the first time. I did not raise

1 that argument specifically.

2 COMMISSIONER BECK: I didn't say you were precluded,
3 I just asked if you did it.

4 MR. GALLAGHER: No, I did not. I'm sorry. I did
5 not. But clearly, we took the position that he
6 does not have a greater than 50 percent loss --

7 -
8 COMMISSIONER BECK: Right.

9 MR. GALLAGHER: --- to his back based on the
10 impairment rating. Even if you don't read
11 Clemmons that strictly and conclude that there
12 is still some discretion to come up with a loss
13 of use award greater than just the medical
14 impairment rating, clearly, Clemmons makes it
15 very clear that the preeminent factor in
16 fashioning a loss of use award, under the
17 scheduled disability statute, is the medical
18 impairment rating. It's our position that you
19 cannot have a loss of use of award even if it's
20 based on other evidence of record, such as work
21 restriction and whatnot. You cannot have a
22 loss of use of award that's three times the
23 medical impairment rating, greater than three
24 times and at least three times the medical
25 impairment rating. That would not be -- just

1 doesn't stand to reason that you would have a
2 loss of -- a loss of use award that is in that
3 great of a disparity. You know, the -- as I
4 noted in my brief, the proportion that the loss
5 of use award bears to the total, to the rating,
6 cannot be that despairing. In this particular
7 case, if you use the 17 percent lumbar regional
8 spine impairment as the baseline, you -- the
9 question obviously becomes what other evidence
10 in there would justify an award of loss of use
11 greater than the medical impairment. In this
12 case, Mr. Paulino had a functional capacity
13 evaluation and it concluded that he could do
14 medium duty work. Now, albeit that Dr. Math,
15 who was his authorized pain management
16 provider, she did amend the restriction on the
17 14B, but she only amended it in a very narrow
18 portion. She said, quote, unquote, under his
19 -- in her 14B, light work duty lifting no
20 greater than 10 pounds. The rest of the FCE is
21 presumably valid, which concluded that she
22 could do -- this is the findings of the FCE,
23 the highlights -- consistent effort without
24 high pain focus; overall medium duty lifting
25 capacity with occasional maximum lift of 50; a

1 frequent lift capacity of 15 pounds; constant
2 greater than 40 minutes per hour for sitting,
3 walking, and standing; frequent 20 to 40
4 minutes per hour for lumbar flexion or
5 rotation; and occasional less than 20 minutes
6 for kneeling, squatting and overhead lifting.
7 So, Dr. Math looked at this FCE. She's the one
8 that referred him for this FCE. We didn't set
9 this up with a -- with a physical therapy
10 provider that we designated. This is the
11 facility that she chose, and she did amend the
12 restrictions, and then she did -- but all she
13 did was change it from lifting no greater than
14 10 pounds. All these other ---

15 MR. CAMPBELL: Finish it.

16 MR. GALLAGHER: All these other components of the
17 FCE remain valid. We believe that the sum
18 total of all the evidence even coupled with the
19 impairment rating clearly don't rise to the
20 level of greater than 50 percent when the
21 rating was only 13 percent -- or 17 percent.
22 Excuse me.

23 COMMISSIONER BECK: Mr. Gallagher, isn't this a
24 little bit different from Clemmons? Clemmons,
25 I believe, was a 42-30 paragraph 21 case.

1 COMMISSIONER MCCASKILL: It is.

2 \COMMISSIONER BECK: This matter -- the psych has now
3 been found compensable, which, I mean, I know
4 there was a debate on whether or not 21 should
5 be evaluated as loss of use versus wage loss,
6 but once you get into a tens scenario with the
7 psych included in, doesn't that sort of --
8 doesn't that sort of deviate us from the
9 Clemmons argument.

10 MR. GALLAGHER: Well, Commissioner, that would be if
11 that was what the Commissioner found, but it
12 wasn't. He ---

13 COMMISSIONER BECK: Well, it has a finding in here.
14 He found the psych compensable.

15 MR. GALLAGHER: Well, he found the psych
16 compensable.

17 COMMISSIONER BECK: And he found that there was
18 greater than 50 percent loss of use to the
19 back. So, it means you still have the second
20 body part in there.

21 MR. GALLAGHER: But he did not find total disability
22 under 42-9-10. He found 42 -- he found -- he
23 found total disability based on greater than 50
24 percent loss of use of back, and no rebut -- no
25 rebuttable presumption of ---

1 COMMISSIONER BECK: Does he specifically say that
2 though?

3 MR. GALLAGHER: That's the -- that's the takeaway.
4 Yes, sir. It may not be as clear.

5 COMMISSIONER BECK: I mean, I don't think he -- he
6 doesn't specifically say that. He gives -- he
7 gives an opinion on loss of use to the back and
8 finds the back or the psych compensable, and
9 then order P and T. I'm not sure I can guess
10 whether this is a 21 -- paragraph 21 P and T or
11 42-9-10 P and T from this.

12 MR. GALLAGHER: Well, my -- again, Commissioner, I
13 think those are fair points. Again, my
14 takeaway, or the way we -- our understanding of
15 this Order and his ruling was simply a 42-9-
16 30(21) situation. This was not a 42-9-10
17 situation. That's why he specifically made the
18 finding that there was no evidence rebutting
19 presumption of total disability. Now, that's
20 -- I can handle that on reply as to why we
21 think there is evidence that rebuts presumption
22 of total disability. Unless there's anything
23 further, I guess my time's up.

24 COMMISSIONER BECK: Okay. Thank you.

25 COMMISSIONER CAMPBELL: Thank you. Mr. Garcia?

1 POSITION STATEMENT BY MR. GARCIA:

2 MR. GARCIA: Thank you, Commissioners. Well, I
3 don't think I'm gonna add anything to Clemmons
4 that you don't already know, so forgive me for
5 just glossing right over that, okay? I will
6 say this though, I do believe that Mr.
7 Gallagher's reading of Clemmons is very narrow.
8 He's asked for the -- for the panel to consider
9 the impairment rating based on the Fifth
10 Edition of the AMA guidelines. And, you know,
11 I wanna read just a very short passage from the
12 AMA Guidelines into the record because it's
13 something that really resonated with me very
14 early on in my career and working with Workers'
15 Comp claimants, and that's found at page 13 of
16 the AMA Guidelines. And it simply says
17 impairment percentages derived from the guide's
18 criteria should not be used as direct estimates
19 of disability. Impairment percentages estimate
20 the extent of the impairment on the whole
21 person functioning and account for basic
22 activities of daily living, not including work.
23 They go -- and it goes on. It's just one more
24 sentence. The complexity of work activities
25 require individual analysis -- or excuse me.

1 It's one more sentence. An impairment
2 assessment is a necessary first step for
3 determining disability. So I don't believe you
4 can look at the impairment ratings alone in the
5 AMA guidelines and, essentially, say well, we
6 don't -- we don't have any other
7 considerations. There are significant
8 restrictions here. This injury was a L3-L4
9 injury to the spine with nerve root
10 impingement. There was a microdiscectomy to
11 remove that pressure. I think it should be
12 highlighted though that there was about a five
13 to eight month gap between that herniation and
14 the treatment itself because the claim was
15 denied. Denials have consequences. The same
16 thing I said at the single Commissioner hearing
17 and I say the same thing now. Denials have
18 consequences, and one of those consequences is
19 that there was this nerve root impingement for
20 an extended period of time, and even though
21 there was decompression, there's still nerve
22 root irritation, and Dr. Scott highlights that,
23 one of the physicians who gave an opinion. Dr.
24 Math's restrictions -- an inherited physician
25 essentially. Dr. Math stated no lifting any

1 greater than 10 pounds and light duty. She
2 also recommended a spinal chord simulator
3 trial. We really haven't made any progress on
4 that to be honest with you. Dr. Scott,
5 actually reviewing the FCE, said very
6 similarly, he would not be able to sustain work
7 place activities, and he also noted in the FCE
8 that there was alteration of back and gait
9 mechanics, and he mentions nerve root
10 irritation there as well. Now, when we look at
11 the FCE, this is not a normal FCE. I think
12 what Mr. Gallagher, in not so many words, is
13 asking you to do is, essentially, to punish the
14 Claimant for maximum effort at -- when the FCE
15 was conducted. There was no finding of
16 inconsistent effort. In fact, there's the
17 opposite, consistent effort throughout. No
18 self-limiting behavior. Poor body mechanics
19 were observed. Asymmetrical stride was
20 observed. Lengthened labored breathing as
21 well. And there was also antalgic gait noted.
22 And here's the interesting part. Mr. Gallagher
23 asked you to rely on the FCE. The FCE,
24 presumably, was in a very controlled
25 environment. There's therapist on hand. They

1 have the ability to control the activities that
2 he's doing. But there is a portion of the FCE
3 that highlights that there were safety concerns
4 that prohibited the completion of aerobic
5 testing. If Mr. Gallagher's argument is that
6 the FCE is representative of this individual's
7 work capacity, then I think that it stands to
8 reason that when he's in that uncontrolled
9 environment of work, well, it would be a
10 dangerous situation for him as well. So, the
11 record as a whole clearly supports a finding
12 for 50 percent or greater disability to his
13 body. In fact, if the issue's opened, and I
14 believe it may be to some extent, if that issue
15 of whether it's under 42-9-10 or under 42-9-30,
16 if that issue's open, I've argued in my brief
17 that under 42-9-10, he can be found to be
18 permanently and totally disabled as well as 42-
19 9-30(21). So, what I then turn to, if we're
20 still under 42-9-21, would be is there the --
21 is there a rebuttal of this presumption of
22 permanent and total disability, and I don't
23 believe there is. Really what we have are two
24 physicians ---

25 COMMISSIONER BECK: I've looked through this order

1 three or four times now and I'm still failing
2 to find where that rebuttal issue is
3 specifically addressed.

4 MR. GARCIA: I can, if I may.

5 COMMISSIONER BECK: Please.

6 MR. GARCIA: I believe it was in conclusion of law
7 number six. I think it's ---

8 COMMISSIONER BECK: I see it. I was looking for it
9 under the findings.

10 MR. GARCIA: Okay. I scrambled for that while we
11 were -- okay. So I think that, you know, even
12 with -- even just under 42-9-30(21), there's
13 two physicians that have essentially stated
14 their opinion regarding the permanence in the
15 restrictions for Mr. Paulino, and that's Dr.
16 Math and Dr. Scott, and both of them are fairly
17 consistent. Dr. Scott says he can't return to
18 any meaningful employment. Dr. Math says no
19 lifting of greater than 10 pounds. Now, this
20 guy's vocational history is -- since he's been
21 in the United States, he has worked as an ice
22 cream truck driver for about four months or so.
23 And then he worked as a janitor or maintenance,
24 whatever you might want to call it; I've heard
25 my client call them both, and that was working

1 for the employer here. He has a language
2 barrier that's clear. It's consistent
3 throughout his treatment. There's always a --
4 an interpreter available at any medical
5 appointment or, you know, any -- whenever
6 there's any treatment. Even in the FCE,
7 there's mentions of a -- an interpreter there.
8 So, there is a clear language barrier. Now,
9 Mr. Gallagher in his brief highlights that this
10 individual is very well educated. Well, he has
11 a four-year degree in computer information.
12 I'm not exactly sure what that is, if I'm being
13 honest with the three of you.

14 COMMISSIONER MCCASKILL: But taught in Guatemala?

15 MR. GARCIA: Dominican Republic.

16 COMMISSIONER MCCASKILL: Dominican Republic, so ---

17 MR. GARCIA: Yeah.

18 COMMISSIONER MCCASKILL: --- instruction in Spanish.

19 MR. GARCIA: Instruction in Spanish, and he's never
20 worked any computer position, even in the
21 Dominican Republic ---

22 COMMISSIONER MCCASKILL: And he said he did it on
23 the side or something.

24 MR. GARCIA: --- or in the United States. He did
25 something on the side and that's it. And

1 really, that ---

2 COMMISSIONER CAMPBELL: And nothing any more recent
3 than five years.

4 MR. GARCIA: Nothing any more recent than five
5 years, which I think is significant because in
6 computers, you could be a dinosaur after five
7 years. So, I mean, from that perspective, you
8 know, I don't -- I don't think it's a fair
9 argument to suggest he's extremely educated and
10 he has transferable skills into the U.S.
11 market. On top of that, he has the language
12 barrier as well. And in fact, Mr. Paulino even
13 testified that he had made some effort to find
14 some computer work before he started working
15 for this particular employer, and maybe even
16 after. It was just that market wasn't
17 available to him. He also worked as a bank
18 teller in the Dominican Republic. Again, the
19 issue there is there aren't really any
20 transferable skills there. That's essentially
21 a customer service position. It requires some
22 certain -- a certain level of communication
23 skills and he just doesn't have that here in
24 the United States.

25 COMMISSIONER BECK: Mr. Garcia, tell me -- tell me

1 what this means.

2 MR. GARCIA: Yes, sir.

3 COMMISSIONER BECK: And I'm specifically looking at
4 conclusion of law number 6.

5 MR. GARCIA: Yes, sir.

6 COMMISSIONER BECK: It says pursuant to 42-9-30,
7 paragraph 21, Claimant has sustained a greater
8 than 50 percent disability of the spine, and
9 therefore, is permanently and totally disabled,
10 and Defendants having failed to rebut that
11 presumption, Claimant is thereby entitled to
12 compensation under 42-9-10, paragraph B, which
13 is the loss of both hands, arms, shoulders,
14 feet, legs, hips, eyes, or any combination
15 thereof. What does that mean?

16 MR. GARCIA: Well, I -- from my perspective, I think
17 the only thing that we're doing here is ---

18 COMMISSIONER BECK: How does 42-9-10(B) even apply
19 in this?

20 MR. GARCIA: Because I believe I'm tracking the
21 language of 42-9-30(21).

22 COMMISSIONER BECK: Here, we'll stop the clock if
23 you don't mind.

24 MR. CAMPBELL: Okay.

25 COMMISSIONER BECK: We're gonna suck up some of his

1 time here.

2 COMMISSIONER CAMPBELL: Okay.

3 MR. GARCIA: And I'll tell you, you were not the
4 first person to ask me that particular
5 question, Commissioner. I believe I responded
6 the same way, but all I was doing there was
7 tracking the language of 42-9-30(21).

8 COMMISSIONER BECK: You are indeed. Thank you.

9 MR. GARCIA: Yes, sir. And so that -- I believe all
10 that does is just move us right over into what
11 the -- what the award essentially is. That
12 it's -- the award is the same as, well, you
13 know, under 42-9-10(B).

14 COMMISSIONER BECK: Gotcha. Thank you.

15 MR. GARCIA: Fair enough? So, essentially,
16 Commissioners, there was no evidence offered to
17 rebut the presumption that the Claimant was
18 permanently and totally disabled under 42-9-
19 30(21); there just isn't. There's no
20 vocational expert who's chimed in. There's no
21 other physician who's chimed in that gives a
22 different opinion regarding the Claimant's
23 vocational prospects or restrictions. And
24 really, the only thing we have is an irregular
25 FCE that shows maximum effort, but that FCE,

1 according to Dr. Math and according to Dr.
2 Scott, are not representative of this
3 individual's vocational capacity moving
4 forward. And then, the last issue that I'll
5 touch on is just the psych treatment, 'cause
6 I -- I believe Mr. Gallagher touched on some of
7 that, but he may have -- I'm not gonna say he
8 misstated what my position was, but my position
9 was simply this, when I was at the single
10 Commissioner hearing, in fairness to Mr.
11 Gallagher, I did not argue that he needed any
12 more treatment. From my perspective, it was
13 very clear that the psych treatment had ran its
14 course essentially. Now, I believe there was
15 testimony from the Claimant that suggested that
16 maybe he still needed psych and -- or psych
17 treatment, and I think that maybe that's where
18 the confusion may have come from, but it wasn't
19 alleged as continuing or necessary at that
20 point.

21 COMMISSIONER BECK: So you're not inserting an
22 entitlement to any benefit for psych treatment
23 in the future?

24 MR. GARCIA: Exactly. I'm not -- I'm not alleging
25 that he needs any more psych treatment. That

1 wouldn't be fair to Mr. Gallagher. And because
2 I did -- and just by the same token,
3 Commissioners, there was no allegation at the
4 time that the psych treatment wasn't related.
5 So, to have me have to come in here and now
6 argue, well, no, the psych treatment is
7 related. The psych -- there was no dispute at
8 the single Commissioner hearing that the psych
9 treatment that Mr. Paulino received was
10 related. In fact, it was admitted that it was
11 related, and really the only issue was should
12 the Defendant's have to pay for that psych
13 treatment. And my position has simply been
14 there are consequences of denying a claim.
15 Sometimes you inherit certain medical providers
16 that may be you wouldn't want, and really, from
17 my perspective, the Claimant mitigated the
18 Defendant's damages by getting his psych
19 treatment under control. He didn't malingering;
20 that issue's done. That's all, Commissioners.
21 Thank you.

22 COMMISSIONER CAMPBELL: Okay. Thank you. Mr.
23 Gallagher, you have three minutes in reply.

24 REPLY BY MR. GALLAGHER:

25 MR. GALLAGHER: Commissioner, thank you. Just real

1 briefly. You know, Mr. Garcia read portions of
2 the AMA Guides dealings with the distinction
3 with disability and medical impairment.

4 However, our statute forms a basis of how these
5 cases are awarded, and they don't mention --
6 schedule disability statute doesn't mention
7 medical impairment or disability to a
8 particular body part. I haven't talked about
9 loss of use, so the question becomes can a
10 medical impairment ---

11 COMMISSIONER BECK: Do you believe that Clemmons
12 overrules Singleton and Wigfall?

13 MR. GALLAGHER: No, sir, I do not. I do not. I
14 believe what Clemmon- -- what Clemmons says --
15 you can either read it very narrowly for the
16 proposition that medical impairment is
17 synonymous with loss of use for purposes of 42-
18 9-30. I think that is a very fair
19 interpretation based on the Court's focus --
20 hyper-focus, if you will, on the impairment
21 ratings and nothing else in that case. If it
22 stands for the proposition that the medical
23 impairment is still just a baseline, then the
24 question becomes how much more does secondary
25 evidence of loss of use above and beyond the

1 impairment rating, how is -- how do you apply
2 that? I would just honestly submit that a 13
3 percent rating, 13 percent rating, for, with
4 all due respect to Mr. Paulino, a single level
5 microdiscectomy is the most benign back injury
6 on the continuum. It wasn't a fusion; it was
7 a single level microdiscectomy. 13 percent
8 impairment rating; you just cannot have -- I
9 just don't think secondary evidence of loss of
10 use can logically supercede the proportion that
11 the loss of use bears to -- that the rating
12 bears to the award. And that's just a fancy
13 way of saying, you can't -- there's just no
14 justifiable way to go three or four times the
15 impairment rating.

16 COMMISSIONER BECK: Let me come back to the issue
17 that Mr. Garcia was just addressing, the psych.

18 MR. GALLAGHER: Yes, sir.

19 COMMISSIONER BECK: And I don't want to put words in
20 his mouth, but I do want to make sure I have a
21 clear understanding of what we're saying.
22 Obviously, I think I understood him to say that
23 there was no future medical treatment necessary
24 for the psych component of this. What -- and
25 the reason I'm trying to get to this point, Mr.

1 Gallagher, is I think it has a lot to do with
2 how Commissioner Wilkerson addressed this
3 matter. If he doesn't need any more treatment
4 equates to the Commissioner not thinking he had
5 any disability resulting from the psych, then
6 this is clearly a paragraph 21 case. And then
7 he says it in finding of fact -- or conclusion
8 of law number 6.

9 MR. GALLAGHER: Right.

10 COMMISSIONER BECK: If there is some disability
11 resulting from the psych -- I'm not sure that
12 issue has been addressed in the order.

13 MR. GALLAGHER: My understanding, Commissioner, and
14 that -- that's why the order is problematic for
15 -- as you say, is that Mr. Garcia did not
16 request further medical evaluation for psych.
17 All he requested was -- and nor, might I add,
18 there was no medical doctor recommending. I
19 mean, that's most important. Even if Mr.
20 Garcia had asked for it, there still wasn't any
21 basis for it ---

22 COMMISSIONER BECK: But that may or may not
23 necessarily equate to no disability.

24 MR. GALLAGHER: Right. I don't think there's any
25 evidence of disability resulting from the

1 psych. I think that's self-evident by the fact
2 that they didn't request any addi- -- any
3 additional treatment for it going in the
4 future, even if it's palliative treatment,
5 which would be post MMI treatment, to kind of
6 maintain him. There wasn't even any request
7 for that. The only thing they wanted was
8 during the interim while this was all pending,
9 when we're up and down, is he went and got some
10 psychological evaluation and treatment on his
11 own, and that pretty much resolved. The
12 records pretty much substantiate that, and I
13 could cite the record, if you -- if you give me
14 one moment, where -- APA page 210. That was
15 the last psych treatment that he had, and at
16 that point ---

17 COMMISSIONER BECK: Your APAs or Mr. Garcia's?

18 MR. GALLAGHER: That would be -- I think we all
19 numbered them consecutively, but his
20 submission.

21 COMMISSIONER BECK: 210?

22 MR. GALLAGHER: Yes, sir.

23 COMMISSIONER BECK: Thank you.

24 MR. GALLAGHER: That was the final psych record.

25 And at that point, there was a -- he had

1 admitted, more or less, that the treatment he
2 had had up to that point had worked. He was
3 not irritable anymore; wants to focus on moving
4 forward. I'm just quoting from the record.
5 Would like to find work he can do. So, it
6 wasn't a clear, unrefutable disposition of the
7 psych, but it was -- it certainly wasn't any
8 evidence to the contrary that he needed any,
9 and I think, again, that's self-evident by the
10 fact that they didn't request it.

11 COMMISSIONER BECK: Okay.

12 MR. GALLAGHER: Thank you.

13 COMMISSIONER BECK: Thank you very much.

14 COMMISSIONER CAMPBELL: Thank you. And that
15 concludes today's proceeding. Thank everybody
16 for being here.

17 (There being nothing further, the full commission
18 hearing concluded at 2:58 p.m.)

APA

1



GARCIA LAW FIRM LLC

GREENVILLE, SOUTH CAROLINA

March 29, 2016

VIA US MAIL and FAX

Dr. Timothy P. McHenry
Southeastern Neurosurgical and Spine Institute
111 Doctors Drive
Greenville, SC 29605-5608
Fax: (864) 797-7155

Re: Patient - Samuel Paulino
D.O.B. -

Dr. McHenry:

As you are likely already aware, I represent Mr. Samuel Paulino in his claim for damages sustained as a result of an alleged, work-related injury to the spine occurring on or about February 7, 2015. In an effort to elicit your clear opinion regarding causation, prognosis and recommendation for further treatment, I am asking you to respond to this questionnaire. For your benefit, I have attached a copy of the portion of Mr. Paulino's deposition testimony in which he describes the work-related incident that allegedly led to his injury.

To lend clarity to the issue of whether there is a causal relationship between the work incident and alleged injury(ies) to the spine, I would appreciate your brief responses to the several questions below. Of course, if there is a fee for this service, please notify our office at once so that we may send payment immediately. In your opinion, and to a reasonable degree of medical certainty, please respond to the following:

1. Please state the diagnosis(es) associated with the injury(ies) for which you provided treatment for the above-referenced patient.

Right L3-4 herniation and radiculopathy.

1

804 PETERS STREET, GREENVILLE, SOUTH CAROLINA 29601

TELEPHONE: (864) 271-7335 TOLL FREE: (888) 780-5777 FAX: (864) 272-7338

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2016-03-29 10:23

2. Is/Are Mr. Paulino's injury(ies) for which you have provided treatment most probably a result of the aforementioned work-related incident occurring on or about February 7, 2015?

No. It was most likely the result of the injury in November 2014. Possibly contributed also by the injury in February 2015.

3. In your opinion, has the patient, Mr. Paulino, achieved maximum medical improvement? (If your opinion is such that Mr. Paulino has not achieved MMI, please mark as "N/A".)

Yes.

4. If Mr. Paulino has achieved MMI, please state your opinion as to his impairment rating as a result of the aforementioned work-related incident. (If your opinion is such that Mr. Paulino has not achieved MMI, please mark as "N/A".)

In accordance with the AMA Guides to the Evaluation of Permanent Impairment (5th Ed) - DRE Method, Table 15-3. He is DRE Lumbar Category III C 13% impairment of the whole person.

5. If Mr. Paulino *has* achieved MMI, please state your opinion as to his restrictions and/or limitations as a result of the aforementioned work-related incident. (If your opinion is such that Mr. Paulino *has not* achieved MMI, please mark as "N/A".)

That would need to be
determined by a Functional
Capacity Evaluation.

6. If Mr. Paulino *has* achieved MMI, please state what future medical treatment or maintenance you would recommend for Mr. Paulino to maintain his current level of function (i.e. injections, medications for pain management, therapy, etc.). (If your opinion is such that Mr. Paulino *has not* achieved MMI, please mark as "N/A".)

None. I would defer to
his Physician who is
currently treating him.

7. If your opinion is such that Mr. Paulino *has not* achieved MMI, please state what treatment you believe will be necessary for him to achieve that goal. (If your opinion is such that Mr. Paulino *has* achieved MMI, please mark as "N/A".)

N/A

Timothy P. McHenry, M.D.

I look forward to receiving your response. Please do not hesitate to contact us with any questions or concerns. You and your staff are very much appreciated.

Sincerely,

Garcia Law Firm, LLC

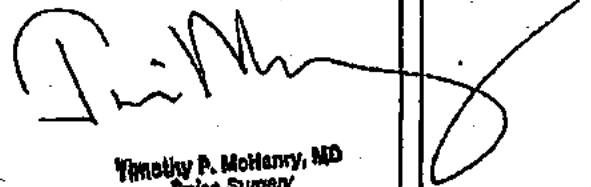


Stephen N. Garcia
Attorney for Samuel Paulino

SNG/jm

4/22/16

Please see my annotated
responses.



Timothy P. McHenry, MD
Spine Surgery
Orthopedic Surgery

Name: Samuel De Jesus Paulino-Bautista

Date: November 20, 2017

Subjective Data: FCE Elite Physical Therapy

History Present Illness: Pt stated he was hurt at work on February 7, 2015. He does maintenance and cleaning as a CA. He fell a couple of times at work and that started the back pain. Pt stated he did not show up to work due to pain and his work fired him at that time. Per Samuel, Workers Comp denied his claim, but he eventually underwent surgery. He had a L3-4 microdisectomy on July 30 2015 by Dr. McHenry that helped his symptoms but did not resolve them. Pt reported ongoing R LE radicular pain. But after another MRI, pt is not a surgical candidate per Dr. McHenry. Did receive a L4 transforaminal epidural steroidal injection 8/2016. Pt reports he continues to have persistent chronic RIGHT leg radicular pain. MRI again in March of 2017 that did not show any changes in herniation. Pt stated that his claim is still being denied by workers comp and he is now required to get this FCE to help determine a MMI.

Past Medical History: hypertension, Underwent microdisectomy 7/30/2015

Medications: omeprazole, meloxicam, cyclobenzaprine, gabapentin

Pain Location: back/LE

Pain Nature: constant, numbness

Severity (Visual Analogue Scale): Current 5/10
Best - Worst (1 month): 5-9/10

Current Functional Levels (per patient):

Sitting: 30 min

Walking: 15 min

Static Standing: 20 min

Other: N/A

Lifting from floor: 40 lbs.

Driving: 0 min

Name: Samuel De Jesus Paulino-Bautista

Date: November 20, 2017

Employment Information:

Job Title: Maintenance and Cleaning at CA

Shift/Hours per day: 8-10hours

Description of Job Duties: cleaning and maintenance per pt

Current Work Status: Unemployed

Anticipated Return to Work Date (if applicable):N/A

Time off Work: since Feb 2015

Name: Samuel De Jesus Paulino-Bautista

Date: November 20, 2017

Objective Evaluation:

Blood Pressure: 149/97mmHg

Heart Rate: Pre-FCE 116 BPM

Post-FCE 117 BPM

Weight: 160 lbs.

Height: 68

Gait:

Ambulates with cane in LEFT hand, decreased stance time on R LE, decreased R hip/knee flexion in swing phase, overall antalgic gait pattern

Posture:

slouched in sitting, keeps R LE extended out in front

Coordination:

☒ Within Normal Limits

☐ Other:

Movement Characteristics:

☒ Within Normal Limits

☐ Other

Atrophy:

☒ None Noted

☐ Atrophy Noted:

Reflexes:

☐ Normal

☒ Other diminished R L5

Name: Samuel De Jesus Paulino-Bautista

Date: November 20, 2017

Segment	Motion	ROM	Strength
Cervical	Flexion	WFL	5
	Extension	WFL	5
	Rotation	WFL L WFL R	5 L 5 R
	Sidebend	WFL L WFL R	5 L 5 R
Shoulder	Flexion	WFL L WFL R	5 L 5 R
	Abduction	WFL L WFL R	5 L 5 R
	Ext Rot	WFL L WFL R	5 L 5 R
	Int Rot	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
	Hz Abduct	WFL L WFL R	5 L 5 R
Elbow	Flexion	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
Wrist	Flexion	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
	Pronation	WFL L WFL R	5 L 5 R
	Supination	WFL L WFL R	5 L 5 R
	Rad Dev	WFL L WFL R	5 L 5 R
Lumbar	Flexion	50%	5
	Extension	50%	5
	Sidebend	WFL L WFL R	5 L 5 R
Thoracic	Rotation	75% L 75% R	5 L 5 R
Hip	Flexion	WFL L WFL R	5 L 3+ R
	Extension	WFL L WFL R	5 L 4 R
	Ext Rot	WFL L WFL R	5 L 5 R
	Int Rot	WFL L WFL R	5 L 5 R
	Adduction	WFL L WFL R	5 L 3+ R
	Abduction	WFL L WFL R	5 L 3+ R
	SLR	WFL L WFL R	
Knee	Flexion	WNL L WFL R	4+ L 3 R
	Extension	WFL L WNL R	5 L 3 R
	Pop Angle	NT L NT R	
Ankle	Dorsiflex	WFL L WFL R	4 L 4 R
	Plantarflex	WFL L WFL R	4 L 4 R
	Inversion	WFL L WFL R	5 L 5 R
	Eversion	WFL L WFL R	5 L 5 R
Great Toe	Extension	WFL L WFL R	5 L 5 R

Comments:
Samuel reported increased low back and hip pain with all MMT testing on R LE, and increased pain with MMT of LEFT hip

Name: Samuel De Jesus Paulino-Bautista

Date: November 20, 2017

Functional Testing

Knee squats (10 reps): Patient demonstrated the ability to perform 9 squats indicating a occasional level. The following compensations were noted: increased trunk flexion, knees do not flex beyond 90 deg, requires use of hands to steady self, facial grimace.

Heel raises (10 reps): Patient demonstrated the ability to perform 10 heel raises. The following compensations were noted: favors LEFT side, decreased weight bearing in R LE for all repetitions.

Single Leg Balance (10 seconds):

Patient demonstrated the ability to stand on the left for 10 seconds and 10 seconds on the right. The following compensations were noted: none.

Sitting (30 min): Patient demonstrated the ability to sit for 30 minutes indicating a constant level. The following compensations were noted: mild slouched posture, R LE extended out in front, pt reported a slow increase in low back pain throughout sit.

Walking (20 min): Patient demonstrated the ability to walk 20 minutes indicating a constant level. Aerobic capacity was unable to be determined because of intense pain and antalgic gait on treadmill. Pt was unable to tolerate the 5% grade and the minimum 2.0mph walking speed to complete test. Pt was able to walk the 20min at 1.5mph with significant compensations. Heart rate response was appropriate with HR of 147 bpm. The following compensations were observed: decreased stance time on R LE creating asymmetrical stride length, decreased R hip/knee flexion in swing phase, labored berathing and mild sweating, forward flexed hip/trunk, B midfoot strike instead of heel strike, overall antalgic gait pattern, 8/10 low back pain reported after.

Static Standing (30 min): Patient demonstrated the ability to stand for 30 minutes indicating a constant level. The following compensations were noted: Frequent weight shift onto LEFT side, slow increase in pain reported in low back and numbness down R LE to foot as stand progressed.

Overhead Activity (2 min): Patient demonstrated the ability to perform an overhead activity (less than 11b.) for 2 minutes indicating a occasional level. The following compensations were noted: mild shoulder shrug, weight shifted onto LEFT side, pain in back reported.

Floor to Waist: Patient demonstrated the ability to lift 45 lbs. from floor to waist indicating a PDC level of Medium. The following compensations were noted: R LE behind him, heavy weight shift onto L LE, increased trunk/hip flexion. Heart rate response was appropriate with HR of 145 bpm. Modified PILE was performed and maximized at 15 lbs. Heart rate response for Modified Lumbar PILE was appropriate with HR of 150 bpm.

Name: Samuel De Jesus Paulino-Bautista

Date: November 20, 2017

Waist to Overhead: Patient demonstrated the ability to lift 35 lbs. from waist to overhead. The following compensations were noted: B shoulder shrug, increased extension to low back. Heart rate response was appropriate with HR of 135 bpm. Cervical PILE was maximized at 15 lbs. Heart rate response for Cervical PILE was appropriate with HR of 137 bpm.

Kneeling (2 min): Patient demonstrated the ability to kneel for 2 minutes indicating a occasional level. The following compensations were noted: pt kneeled in tall kneel without any loss of balance.

Repetitive lumbar flexion (20 reps): Patient demonstrated the ability to forward bend 20 times indicating a frequent level. The following compensations were noted: decreased lumbar curve reversal, facial grimace, hands reach top of shin.

Trunk Rotation (30 reps):

Patient demonstrated the ability to rotate their trunk 30 times for side to side indicating a constant level. The following compensations were noted: only able to rotate ~75% lumbar ROM.

Double Carry (100 ft): Patient demonstrated the ability to carry 40 lbs 100 feet. The following compensations were noted: elbows extended, increased lumbar extension, facial grimace, mild labored breathing. Heart rate response was appropriate with HR of 138 bpm.

Transfers: Patient demonstrated transfers from sit to stand and floor to stand throughout the FCE indicating a occasional level. The following compensations were noted: required use of UEs on chair to return to standing, multiple attempts made without use of furniture that results in a short drop back to ground, pt was only successful after using UE on chair base to return to standing, 6/10 low back pain reported after test.

Static Tests (measured in lbs):

	Push	Pull	Arm Curl	Squat
Trial 1	95	62	65	98
Trial 2	98	52	62	90
Trial 3	56	52	54	84
Trial 4	70	54	60	102
CoVar	25.34%	8.66%	7.71%	8.62%

Heart rate response was not appropriate with HR of 117 bpm.

APA #3

SE NEURO & SPINE/
ORTHOSPINE CROSSCREEK
DR. TIMOTHY MCHENRY

MUSCULOSKELETAL:

Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints yes. Weakness yes.

SKIN:

Rash or itching no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVT/TIA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ENDOCRINE:

Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.
Unchanged since last visit.

Medical History: Back and leg pain.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History: Father: alive, diagnosed with Diabetes, Hypertension Mother: alive, diagnosed with Diabetes, Hypertension 2 son(s), 1 daughter(s) - healthy.

Social History: WORK STATUS: currently working full time/maintenance. Alcohol men 18-65 yrs Assessment completed: no (document reason in the notes section). Smoking Status > 13 years old Are you a: Never smoker. Lives With: spouse, children.
right hand dominance.

Medications: Taking prednisone 20 mg tablet 1 tab(s) once a day, Taking cyclobenzaprine 10 mg tablet 1 tab(s) 3 times a day, Taking Ibuprofen 800 mg tablet 1 tab(s) 3 times a day, Taking Norco 325 mg-5 mg tablet 1 tab(s) every 6 hours, Taking Naprosyn 500 mg tablet 1 tab(s) 2 times a day, Taking Aleve sodium 220 mg tablet 1 tab(s) every 8 hours, Taking tramadol 50 mg tablet 1 tab(s) every 4 hours, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 68, Ht Cm 172.72, Wt lbs 163, Wt kg 73.94, BMI 24.78, BP 152/88, HR 72, Pain score 9.

Examination:

SEN - General Exam:

Motor and sensory intact right leg. Positive straight leg raise with radicular pain to the calf.

Assessment:

Assessment:

1. Disc displacement, lumbar - 722.10 (Primary)

MRI lumbar spine (Innervision 4/15) shows a right sided paracentral herniation at L3-4 that correlates well with his symptoms. We discussed treatment options for his persistent symptoms over the past several months including ESI and microdiscectomy surgery. We discussed risks and benefits as well as goals of each treatment. He has had symptoms now that are activity limiting for approximately 6 months and wants to proceed with the most likely effective treatment option, which is microdiscectomy surgery. We'll arrange and see him back prior to surgery.

Plan:

1. Disc displacement, lumbar

Continue prednisone tablet, 20 mg, 1 tab(s), orally, once a day ; Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, 3 times a day ; Continue ibuprofen tablet, 800 mg, 1 tab(s), orally, 3 times a day ; Continue Norco tablet, 325 mg-5 mg, 1 tab(s), orally, every 6 hours ; Continue Naprosyn tablet, 500 mg, 1 tab(s), orally, 2 times a day ; Continue Aleve tablet, sodium 220 mg, 1 tab(s), orally, every 8 hours ; Continue tramadol tablet, 50 mg, 1 tab(s), orally, every 4 hours .

2. Others

Notes: Low Back Pain: Exercises material was published to portal.

Preventive:

MED RECONCILIATION: Pt Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up: one week prior to right L3-4 microdiscectomy

Provider: Timothy McHenry, MD

Patient: PAULINO, SAMUEL DOB: [REDACTED] Date: 07/01/2015

Electronically signed by Timothy McHenry, MD on 07/08/2015 at 05:53 PM EDT

Sign off status: Completed



**GREENVILLE
HEALTH SYSTEM**

7/20/15

Samuel Paulino: DOB [REDACTED]

patient was originally seen on
July 1st, 2015 for low back
pain. We were given an injury
date of 2-14-15 but patient
states the date of injury was
2-7-16 and it was corrected
at this visit -

If you need additional
information please contact our
office

Spina Medical CMA

[Signature]

**Southeastern Neurosurgical
& Spine Institute**

111 Doctors Drive
Greenville, SC 29605
(864) 797-7150 P
(864) 797-7155 F
ghs.org

Neurosurgery
Stephen R. Gardner, MD
Philip J. Hodge, MD
Charles C. Kanos, MD
Michael Lynn, MD
Alfred T. Nelson, MD
Amy Sweet, PA
Stan Darnell, FNP-BC

**Endovascular/Cerebrovascular
Neurosurgery**
Sharon W. Webb, MD
Melissa Mull, FNP-BC

Orthopedic Spine Surgery
Timothy P. McHenry, MD
M. Joyce Cook, NP

**Physical Medicine and
Rehabilitation**
Leland Barkwits, MD
Robert E. LeBlond, MD
Ayoti K. Math, MD
Ashley Mullinax, MD
David L. Shalle/oss, MD
David E. Goldsmith, PA-C
Theresa R. Little, PA-C
Christiana Randall, PA-C
April D. Smith, PA-C

Procedural Pain Management
Thomas W. Jarecky, MD

Acupuncture
Hong Zhang



GREENVILLE HEALTH SYSTEM

ORTHOSPINE CROSS CREEK 111
111 Doctors Drive
Greenville SC 29605-5608
Phone: 864-797-7150
Fax: 864-797-7155

Samuel De Jesu Paulino-Bautista

7/20/2015 9:15 AM Office Visit

MRN: [REDACTED]

Description: Male DOB: [REDACTED]

Provider: Timothy Patrick McHenry, MD

Department: Orthospine Crossck 111

Diagnoses

Hemiated nucleus pulposus, L3-4 right - Primary

ICD-9-CM:

722.10

ICD-10-CM:

M51.26

Reason for Visit

Pre-op Exam

here to discuss surgical procedure. Patient states this is a work injury DOI 11-22-14 patient had another fall in February 7, 2015 and pain got worse.

Progress Notes

Timothy Patrick McHenry, MD at 7/20/2015 10:57 AM

Status: Signed

Office Visit Note

7/20/2015

Subjective:

Samuel Paulino is a 35 y.o. male.

Chief Complaint

Patient presents with

- Pre-op Exam

here to discuss surgical procedure. Patient states this is a work injury DOI 11-22-14 patient had another fall in February and pain got worse.

Continues to have activity limiting right leg radicular pain. The patient clarified the dates of his work related injuries through the Interpreter. The first injury was 11/22/2014 and the second 2/7/2015.

HPI

Review of Systems

Constitutional: Positive for activity change and fatigue.

Respiratory: Positive for shortness of breath.

Cardiovascular: Positive for palpitations.

Genitourinary: Positive for difficulty urinating.

Musculoskeletal: Positive for back pain and gait problem.

Psychiatric/Behavioral: Positive for sleep disturbance.

Note scribed by Kathy Medlin CMA

Objective:

BP 149/105 mmHg | Pulse 121 | Ht 5' 8" (1.727 m) | Wt 155 lb (70.308 kg) | BMI 23.57 kg/m2

Physical Exam

Neurological:

Chest clear to auscultation bilaterally. Heart regular rate and rhythm. No murmurs. Motor appears grossly intact bilateral lower extremities to best exam possible but difficult examination on the right at all levels due to pain and decreased effort. Decreased sensation to light touch

right leg at all levels. Positive straight leg raise on the right with pain and parasthesias to the foot.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit
None

Revision History

Vitals

BP	Pulse	Ht	Wt	BMI	Smoking Status
149/105 mmHg	121	5' 8" (1.727 m)	155 lb (70.308 kg)	23.57 kg/m ²	Never Smoker

Immunizations Administered on Date of Encounter - 7/20/2015
Never Reviewed
No immunizations on file.

Medications

These changes are accurate as of: 7/20/16 11:59 PM. If you have any questions, ask your nurse or doctor.

Stop Taking These Medications

cyclobenzaprine 10 mg tablet

Commonly known as: FLEXERIL

Stopped by: Timothy Patrick McHenry, MD

HYDROcodone-acetaminophen 5-325 mg per tablet

Commonly known as: NORCO

Stopped by: Timothy Patrick McHenry, MD

Ibuprofen 800 mg tablet

Commonly known as: ADVIL, MOTRIN

Stopped by: Timothy Patrick McHenry, MD

naproxen 500 mg tablet

Commonly known as: NAPROSYN

Stopped by: Timothy Patrick McHenry, MD

prednisONE 20 mg tablet

Commonly known as: DELTASONE

Stopped by: Timothy Patrick McHenry, MD

These Medications Have Changed

gabapentin 300 mg capsule

Refills: 0

Commonly known as: NEURONTIN

What changed: Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.

Changed by: Timothy Patrick McHenry, MD

Instructions

Take 300 mg 3 (three) times a day.

tramadol 50 mg tablet

Refills: 0

Commonly known as: ULTRAM

What changed: Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.

Changed by: Timothy Patrick McHenry, MD

Take 50 mg by mouth.

Medications the Patient Reported Taking

gabapentin (NEURONTIN) 300 mg capsule (Taking)

gabapentin (NEURONTIN) 300 mg capsule (Taking/Discontinued)

tramadol (ULTRAM) 50 mg tablet (Taking/Discontinued)

Allergies as of 7/20/2015

No Known Allergies

Reviewed On: 7/20/2015 By: Timothy Patrick McHenry, MD

Problem List as of 7/20/2015

Leg pain, right

Herniated nucleus pulposus, L3-4

Herniated nucleus pulposus, L3-4 right

Follow-up and Disposition

Return in about 3 weeks (around 8/10/2015), or after surgery.

History

Date Reviewed:

Last Reviewed by MEDLIN, KATHY on 7/20/2015

Medical History

Diagnosis

Back pain

Low back pain

Leg pain, right

Lumbosacral disc disease

Pain of back and right lower extremity

Date: 9/3/2015

Muscle weakness

Date: 9/3/2015

Surgical History

Procedure

MICRODISCECTOMY LUMBAR

Date: 07.30.2015

Dr. Timothy McHenry

Substances and Sexuality

Smoking Status

Never Smoker

Amount

N/A

Difficulty walking

Date: 10/1/2015

Back stiffness

Date: 10/1/2015

S/P lumbar microdiscectomy

Date: 10/1/2015

Family History

Problem	Relation	Age of Onset	Comments
Diabetes	Father		
Diabetes	Mother		
Hypertension	Father		
Hypertension	Mother		

Smokeless Tobacco Status

Never Used

Alcohol Use Amount

No N/A

Drug Use

No

Frequency

N/A

Sexually Active

Yes

Partners

Female

Birth Control/Protection

None

Social Documentation

WORK STATUS: currently working full time/maintenance

Alcohol men 18-65 yrs Assessment completed: no (document reason in the notes section)

Smoking Status > 13 years old Are you a: Never smoker

Lives With spouse, children

All Flowsheet Templates (all recorded)

Assessment

Custom Formula Data

Encounter Vitals

Exercise is Medicine

Travel and Exposure Screening

BestPractice Advisories[Click to view BestPractice Advisory history](#)**Encounter-Level Documents - 07/20/2015:**

Scan on 7/21/2015 11:03 AM by Margaret Inman : SEN2015.07.21 PAIN SHEET

Scan on 7/21/2015 11:03 AM by Margaret Inman : SEN2015.07.21 MEDS LIST

Provider Information

Encounter Provider

Timothy Patrick McHenry, MD

Authorizing Provider

Timothy Patrick McHenry, MD

Encounter Coverage and Financial Information[Click to view encounter coverage and financials including charges and LOS.](#)**Chart Review Routing History**

No encounter routing history is on file



GREENVILLE HEALTH SYSTEM

NEUROSURGERY CROSS CREEK 111
111 Doctors Drive
Greenville SC 29605-5608
Phone: 864-797-7150
Fax: 864-797-7155

Samuel De Jesu Paulino-Bautista
8/19/2015 10:15 AM Office Visit
MRN: [REDACTED]

Description: Male DOB: [REDACTED]
Provider: Blair Jones Wade, PA
Department: Neurosurg Crossck 111

Diagnoses

Examination following surgery - Primary

ICD-9-CM:
V67.00
ICD-10-CM:
Z09

Herniated nucleus pulposus, L3-4 right

ICD-9-CM:
722.10
ICD-10-CM:
M51.26

Leg pain, right

ICD-9-CM:
729.5
ICD-10-CM:
M79.604

Reason for Visit

Post-op

Right L3-4 microdiscectomy performed on 7.30.15 with Dr. Timothy Mchenry. Patient states stabbing, burning and pins/needles radiating from right sided low back and down leg. Patient states pain score today is a 8/10.

Progress Notes

Blair Jones Wade, PA at 8/19/2015 10:48 AM

Status: Signed

Progress Note 8/19/2015

Subjective:

Subjective

Samuel De Jesu Paulino-Bautista is a 35 y.o. male. Chief Complaint

Patient presents with

- Post-op

Right L3-4 microdiscectomy performed on 7.30.15 with Dr. Timothy Mchenry. Patient states stabbing, burning and pins/needles radiating from right sided low back and down leg. Patient states pain score today is a 8/10.

HPI Comments: Patient presents for surgery follow-up. Still with right leg pain.

Review of Systems

Constitutional: Negative for activity change and fatigue.

Musculoskeletal: Positive for back pain and gait problem (Pain in right leg causes him to favor this leg).

Neurological: Positive for numbness (Down R lateral leg). Negative for weakness.

Objective:

Objective

Physical Exam Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Musculoskeletal: Normal range of motion.

Motor and sensory intact at all levels of the bilateral lower extremities

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Incision well healed

Neurologic Exam

Mental Status

Oriented to person, place, and time.

Ortho Exam

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Leg pain, right

Relevant Medications

tramadol (ULTRAM) 50 mg tablet

Other Relevant Orders

Ambulatory Referral to Physical Therapy

Herniated nucleus pulposus, L3-4 right

Relevant Medications

tramadol (ULTRAM) 50 mg tablet

Other Relevant Orders

Ambulatory Referral to Physical Therapy

Other Visit Diagnoses

Examination following surgery - Primary

Relevant Medications

tramadol (ULTRAM) 50 mg tablet

Other Relevant Orders

Ambulatory Referral to Physical Therapy

Patient is 3 weeks S/P L3-4 microdiscectomy. Had to use Spanish interpreter for exam and discussion. Patient states with right low back pain and radiating pain into right leg. He states that the pain did initially get better after surgery but has gradually worsened over the last couple of weeks. He says that the pain is about 50% better since surgery. He is taking the Norco for pain but it gives him a headache. Will try Tramadol as he states this has worked well for him in the past. We will also send him to PT to see if this will help with his back/leg pain. We will see him back in 6 weeks or sooner if necessary.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Revision History

Vitals

BP	Pulse	Wt	Smoking Status
# 140/92 mmHg	90	155 lb 12.8 oz (70.67 kg)	Never Smoker

Order Summary

Future Labs/Procedures	Expected by	Expires
Ambulatory Referral to Physical Therapy (REF87 Custom) Order # 5826410	As directed	2/19/2016

Immunizations Administered on Date of Encounter - 8/19/2015

Never Reviewed
No immunizations on file.

Medications

These changes are accurate as of: 8/19/15 11:59 PM. If you have any questions, ask your nurse or doctor.

These Medications Have Changed

tramadol 50 mg tablet

Refills: 0

Commonly known as: ULTRAM

What changed:

- when to take this
- reasons to take this

Changed by: Blair Jones Wade, PA

Instructions

Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain.

Continue Taking These Medications

gabapentin 300 mg capsule

Refills: 0

Commonly known as: NEURONTIN

Instructions

Take 300 mg 3 (three) times a day.

Where to Get Your Medications

These are the prescriptions that you need to pick up.

You may get the following medications from any pharmacy

- tramadol 50 mg tablet

Medications the Patient Reported Taking

gabapentin (NEURONTIN) 300 mg capsule (Taking)

tramadol (ULTRAM) 50 mg tablet (Taking/Discontinued)

Allergies as of 8/19/2015

No Known Allergies

Reviewed On: 8/19/2015 By: Blair Jones Wade, PA

Problem List as of 8/19/2015

Leg pain, right

Herniated nucleus pulposus, L3-4

Herniated nucleus pulposus, L3-4 right

Follow-up and Disposition

Return in about 6 weeks (around 9/30/2015).

History

Date Reviewed:

Last Reviewed by MEDLIN, KATHY on 7/20/2015

Medical History

Diagnosis

Back pain

Low back pain

Leg pain, right

Lumbosacral disc disease

Pain of back and right lower extremity

Date: 9/3/2015

Muscle weakness

Date: 9/3/2015

Difficulty walking

Date: 10/1/2015

Back stiffness

Date: 10/1/2015

S/P lumbar microdiscectomy

Date: 10/1/2015

Family History

Problem	Relation	Age of Onset	Comments
Diabetes	Father		
Diabetes	Mother		
Hypertension	Father		
Hypertension	Mother		

Social Documentation

WORK STATUS: currently working full time/maintenance

Alcohol men 18-65 yrs Assessment completed: no (document reason in the notes section)

Smoking Status > 13 years old Are you a: Never smoker

Lives With spouse, children

Surgical History

Procedure

MICRODISCECTOMY LUMBAR

Date: 07.30.2015

Dr. Timothy Mchenry

Substances and Sexuality

Smoking Status

Never Smoker

Smokeless Tobacco Status

Never Used

Alcohol Use Amount

No N/A

Drug Use Frequency

No N/A

Sexually Active Partners Birth Control/Protection

Yes Female None

All Flowsheet Templates (all recorded)

Encounter Vitals

Travel and Exposure Screening

BestPractice Advisories

[Click to view BestPractice Advisory history](#)

Encounter-Level Documents - 08/19/2015:

Scan on 8/20/2015 11:26 AM by Margaret Inman : SEN2015.08.20 PAIN SHEET

Scan on 8/20/2015 11:26 AM by Margaret Inman : SEN2015.08.20 MEDS LIST

Scan on 8/25/2015 3:02 PM by Margaret Inman : SEN2015.08.25 PT RX

Provider Information

Encounter Provider

Blair Jones Wade, PA

Authorizing Provider

Blair Jones Wade, PA

Encounter Coverage and Financial Information

[Click to view encounter coverage and financials including charges and LOS.](#)

Chart Review Routing History

No encounter routing history is on file



GREENVILLE HEALTH SYSTEM

NEUROSURGERY CROSS CREEK 111
111 Doctors Drive
Greenville SC 29605-5608
Phone: 864-797-7150
Fax: 864-797-7155

Samuel De Jesu Paulino-Bautista
9/28/2015 10:45 AM Office Visit
MRN: [REDACTED]

Description: Male DOB: [REDACTED]
Provider: Blair Jones Wade, PA
Department: Neurosurg Crossck 111

Diagnoses

Examination following surgery - Primary

ICD-9-CM:
V67.00
ICD-10-CM:
Z09

Herniated nucleus pulposus, L3-4 right

ICD-9-CM:
722.10
ICD-10-CM:
M51.26

Leg pain, right

ICD-9-CM:
729.5
ICD-10-CM:
M79.604

Reason for Visit

Post-op

Right L3-4 microdiscectomy performed on 7.30.15
with Dr. Timothy Mchenry

Progress Notes

Blair Jones Wade, PA at 9/28/2015 12:01 PM

Status: Signed

Progress Note 9/28/2015

Subjective:

Subjective

Samuel De Jesu Paulino-Bautista is a 35 y.o. male. Chief Complaint

Patient presents with

- Post-op

Right L3-4 microdiscectomy performed on 7.30.15 with Dr. Timothy Mchenry

HPI Comments: Patient presents for surgery follow-up. Continues with right leg pain, now ambulating with walker.

Review of Systems

Constitutional: Negative for activity change and fatigue.

Cardiovascular: Negative for leg swelling.

Genitourinary: Negative for urgency and difficulty urinating.

Musculoskeletal: Positive for back pain (Mostly in the center of his back) and gait problem (Ambulating with walker).

R lower leg pain described as burning and aching along with numbness

Neurological: Positive for numbness (Down R lateral leg). Negative for weakness.

Objective:

Objective

Physical Exam Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Musculoskeletal: Normal range of motion.

RLE with strength 4+/5, LLE with strength 5/5

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Incision well healed

Neurologic Exam

Mental Status

Oriented to person, place, and time.

Ortho Exam

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Musculoskeletal and Integument

Herniated nucleus pulposus, L3-4 right

Relevant Orders

MRI lumbar spine with and without contrast

Other

Leg pain, right

Relevant Orders

MRI lumbar spine with and without contrast

Other Visit Diagnoses

Examination following surgery - Primary

Relevant Orders

MRI lumbar spine with and without contrast

Patient is 8 weeks S/P L3-4 microdiscectomy. Had to use Spanish interpreter for exam and discussion. Patient states continues with right low back pain and radiating pain into right leg. He has been attending PT regularly and their notes state that he is making some slow progress. Patient thinks he is slightly better but continues to be plagued by persistent right leg pain and back pain. Having to mobilize with a walker as he does not feel like he has total control of his leg yet. Sitting up and walking cause the pain to be worse. He only gets relief when he is lying down. Will send him for a MRI with and without contrast for evaluation as patient has just not done as expected in the post-op period. He will need to follow-up with Dr. McHenry in 3 weeks.

Preventive:

MED RECONCILIATION: Pl. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Vitals

BP	Pulse	Ht	Wt	BMI	Smoking Status
144/92 mmHg	102	5' 8" (1.727 m)	163 lb 6.4 oz (74.116 kg)	24.85 kg/m2	Never Smoker

Order Summary

Normal Orders This Visit

MRI lumbar spine with and without contrast
[IMG287 Custom] Order #: 5826413

Immunizations Administered on Date of Encounter - 9/28/2015

Never Reviewed

No immunizations on file.

Medications

These changes are accurate as of: 9/28/15 11:59 PM. If you have any questions, ask your nurse or doctor.

Continue Taking These Medications

gabapentin 300 mg capsule

Refills: 0

Commonly known as: NEURONTIN

Instructions

Take 300 mg 3 (three) times a day.

tramadol 50 mg tablet

Refills: 0

Commonly known as: ULTRAM

Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain.

Medications the Patient Reported Taking

tramadol (ULTRAM) 50 mg tablet (Taking/Discontinued)

Allergies as of 9/28/2015

Reviewed On: 9/28/2015 By: Blair Jones
Wade, PA

No Known Allergies

Problem List as of 9/28/2015

Leg pain, right

Herniated nucleus pulposus, L3-4

Herniated nucleus pulposus, L3-4 right

Pain of back and right lower extremity

Muscle weakness

Follow-up and Disposition

Return in about 3 weeks (around 10/19/2015) for with Dr. McHenry to review MRI.

History

Date Reviewed:

Last Reviewed by RICHARDS, HANNAH on 9/28/2015

Medical History

Diagnosis

Back pain

Low back pain

Leg pain, right

Lumbosacral disc disease

Pain of back and right lower extremity

Date: 9/3/2015

Muscle weakness

Date: 9/3/2015

Difficulty walking

Date: 10/1/2016

Back stiffness

Date: 10/1/2015

S/P lumbar microdiscectomy

Date: 10/1/2015

Surgical History

Procedure

MICRODISCECTOMY LUMBAR

Date: 07.30.2015

Dr. Timothy Mchenry

Substances and Sexuality

Smoking Amount
Status

Never N/A
Smoker

Smokeless Tobacco Status
Never Used

Alcohol Use Amount
No N/A

Drug Use Frequency
No N/A

Sexually Partners Birth Control/Protection
Active
Yes Female None

Family History

Problem	Relation	Age of Onset	Comments
Diabetes	Father		
Diabetes	Mother		
Hypertension	Father		
Hypertension	Mother		

Social Documentation

WORK STATUS: currently working full time/maintenance
Alcohol men 18-65 yrs Assessment completed: no (document reason in the notes section)
Smoking Status > 13 years old Are you a: Never smoker
Lives With spouse, children

All Flowsheet Templates (all recorded)

Custom Formula Data
Encounter Vitals
Travel and Exposure Screening

BestPractice Advisories

Click to view BestPractice Advisory history

Encounter-Level Documents - 09/28/2015:

Scan on 10/12/2015 2:43 PM by Lyndsey White : SEN 09/28/2015 PAIN SHEET

Provider Information

Encounter Provider

Blair Jones Wade, PA

Authorizing Provider

Blair Jones Wade, PA

Encounter Coverage and Financial Information

[Click to view encounter coverage and financials including charges and LOS.](#)

Chart Review Routing History

No encounter routing history is on file



GREENVILLE HEALTH SYSTEM

ORTHOSPINE CROSS CREEK 111
111 Doctors Drive
Greenville SC 29605-5608
Phone: 864-797-7150
Fax: 864-797-7155

Samuel De Jesu Paulino-Bautista

10/21/2015 10:00 AM Office Visit

MRN: [REDACTED]

Description: Male DOB: [REDACTED]

Provider: Timothy Patrick McHenry, MD

Department: Orthospine Crossck 111

Diagnoses

Lumbar disc herniation - Primary

ICD-9-CM:

722.10

ICD-10-CM:

M51.26

Examination following surgery

ICD-9-CM:

V67.00

ICD-10-CM:

Z09

Herniated nucleus pulposus, L3-4 right

ICD-9-CM:

722.10

ICD-10-CM:

M51.26

Leg pain, right

ICD-9-CM:

729.5

ICD-10-CM:

M79.604

Reason for Visit

Post-op

Patient uses a spanish interpreter. S/P L3-4 microdiscectomy, 7.30.15. Patient had a lumbar MRI performed on 10-7-15. Note scribed by Kathy Madlin, CMA.

Back Pain

Leg Pain

Progress Notes

Timothy Patrick McHenry, MD at 10/21/2015 10:12 AM

Status: Signed

Office Visit Note 10/21/2015

Subjective:

Subjective

Samuel De Jesu Paulino-Bautista is a 35 y.o. male. Chief Complaint

Patient presents with

- Post-op

Patient uses a spanish interpreter. S/P L3-4 microdiscectomy, 7.30.15. Patient had a lumbar MRI performed on 10.17.15

He returns today. Continues not to do well overall. Continue back pain. Continued right radicular leg pain. Walking with a cane. He states that when he undergoes physical therapy which is once a week, this exacerbates his symptoms. I can't work with his current symptoms. He has a lot of difficulty with activities of daily living around the house and is very limited with regards to those activities as well.

HPI

Review of Systems

Constitutional: Positive for activity change and fatigue.
Respiratory: Positive for shortness of breath.
Cardiovascular: Positive for palpitations.
Genitourinary: Positive for difficulty urinating.
Musculoskeletal: Positive for back pain and gait problem.
Psychiatric/Behavioral: Positive for sleep disturbance.

Objective:

Objective

Physical Exam

Ortho Exam

Well-healed surgical incision. No signs of infection. Essentially no truncal flexion and extension due to pain. Motor intact in his bilateral lower extremities at all levels. Decreased sensation on the right L3 and L4 distributions worse on the L4 distribution. Straight leg raise on the right side reproduces radicular leg pain to his foot and ankle. Left side is negative.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

None

repeat MRI scan of lumbar spine with and without contrast shows that on the right side at L3-4 he does not have a recurrent mass effect. No reherniation. No significant epidural fibrosis. No significant neurologic impingement remains.

I discussed the findings of the MRI scan with him and his wife. No indication for further surgery. Unfortunately he continues to do much worse than we would think he should at this point. He does state that he is slowly improving and I've encouraged him to continue physical therapy. I also think it would be beneficial to get him into pain management to consider other treatment options including possibly spine injection to hopefully facilitate her range of motion and core functioning and hopefully get him back to more functional status. He also requested a refill his pain medication and will arrange for that.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose, with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Revision History

Vitals

BP	Pulse	Ht	Wt	BMI	Smoking Status
132/88 mmHg	72	5' 8" (1.727 m)	165 lb (74.844 kg)	25.09 kg/m2	Never Smoker

Order Summary

Future Labs/Procedures	Expected by	Expires
	As directed	4/21/2016

Immunizations Administered on Date of Encounter - 10/21/2015

Never Reviewed
No immunizations on file.

**Ambulatory
Referral to Pain
Management
[REF64 Custom]
Order #:
5826416**

Medications

These changes are accurate as of: 10/21/15 11:59 PM. If you have any questions, ask your nurse or doctor.

Continue Taking These Medications

Instructions

gabapentin 300 mg capsule

Take 300 mg 3 (three) times a day.

Refills: 0

Commonly known as: NEURONTIN

tramadol 50 mg tablet

Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain.

Refills: 0

Commonly known as: ULTRAM

Where to Get Your Medications

These are the prescriptions that you need to pick up.

You may get the following medications from any pharmacy

- tramadol 50 mg tablet

Medications the Patient Reported Taking

gabapentin (NEURONTIN) 300 mg capsule (Taking)

tramadol (ULTRAM) 50 mg tablet (Taking/Discontinued)

tramadol (ULTRAM) 50 mg tablet (Taking/Discontinued)

Allergies as of 10/21/2015

Reviewed On: 10/21/2015 By: Kathy Medlin

No Known Allergies

Problem List as of 10/21/2015

Leg pain, right

Herniated nucleus pulposus, L3-4

Herniated nucleus pulposus, L3-4 right

Pain of back and right lower extremity

Muscle weakness

Difficulty walking

Back stiffness

S/P lumbar microdiscectomy

Follow-up and Disposition

Return if symptoms worsen or fail to improve.

History

Date Reviewed:

Timothy Patrick McHenry, MD

Timothy Patrick McHenry, MD

Encounter Coverage and Financial Information

Click to view encounter coverage and financials including charges and LOS.

Chart Review Routing History

No encounter routing history is on file



GREENVILLE HEALTH SYSTEM

ORTHOSPINE CROSS CREEK 111
111 Doctors Drive
Greenville SC 29605-5608
Phone: 864-797-7150
Fax: 864-797-7155

Samuel De Jesus Paulino-Bautista

2/15/2017 11:15 AM Office Visit

MRN: [REDACTED]

Description: Male DOB: [REDACTED]

Provider: Timothy Patrick McHenry, MD

Department: Orthospine Crossck 111

Diagnoses

Hemiated nucleus pulposus, L3-4 right - Primary

ICD-9-CM: 722.10

ICD-10-CM: M51.26

Reason for Visit

Follow-up

Patient returns for follow on on low back pain, history of L3-4 microdisectomy, 7.30.15. Pain score is 8/10 today.

Progress Notes

Kathy Medlin at 2/15/2017 11:33 AM

Status: Signed

Progress Note 2/15/2017

Subjective:

Subjective

Samuel De Jesus Paulino-Bautista is a 36 y.o. male. Chief Complaint

Patient presents with

- Follow-up

Patient returns for follow on on low back pain, history of L3-4 microdisectomy, 7.30.15. Pain score is 8/10 today.

He returns today with persistent low back pain right leg pain. Improved compared with before surgery but he is having persistent symptoms that are limiting his activities. He is unable to work. After surgery he has had an ESI without relief. PT with some improvement in mobility but limited improvement.

HPI

Review of Systems

Musculoskeletal: Positive for back pain and gait problem.

Psychiatric/Behavioral: Positive for dysphoric mood. The patient is nervous/anxious.

Objective:

Objective

Physical Exam

Neurologic Exam

Ortho Exam

Well healed low back surgical incision

Limited truncal flexion 20 degrees. Truncal extension 10 degrees. Both painful.

Motor (scale 0-5 or not tested = NT):

	Right	Left
Hip flexion (L2):	5	5
Knee extension (L3):	5	5
Ankle dorsiflexion (L4):	5	5
Great toe extension (L5):	5	5
Ankle plantar flexion (S1):	5	5

Sensation (scale 0-2 or not tested = NT):

Anterior thigh (L2):	2	2
Medial knee (L3):	2	2
Medial ankle (L4):	2	2
Third toe dorsum (L5):	2	2
Lateral heel (S1):	2	2

Sitting straight leg raise positive on the right with radicular pain to the foot.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Musculoskeletal and Integument
Herniated nucleus pulposus, L3-4 right - Primary

He has persistent radiculopathy. I recommended a MRI lumbar spine for further assessment. F/u afterwards.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Electronically signed by Timothy Patrick McHenry, MD at 2/15/2017 12:18 PM

Revision History

Vitals

BP	Pulse	Ht	Wt	BMI	Smoking Status
133/87 mmHg	# 102	1.727 m (5' 8")	77.665 kg (171 lb)	26.01 kg/m2	Never Smoker

Order Summary

Normal Orders This Visit

MRI Lumbar Spine without Contrast (IMG283 Custom)
Order #: 57540851

Immunizations Administered on Date of Encounter - 2/15/2017
Never Reviewed
No immunizations on file.

Medications

These changes are accurate as of: 2/15/17 11:59 PM. If you have any questions, ask your nurse or doctor.

Continue Taking These Medications

	Instructions
cyclobenzaprine 5 MG tablet Refills: 0 Commonly known as: FLEXERIL	Take 1 tablet (5 mg) by mouth daily.
DULoxetine 60 MG capsule Refills: 0 Commonly known as: CYMBALTA	Take 30 mg by mouth daily.
gabapentin 400 mg capsule Refills: 2 Commonly known as: NEURONTIN	Take 1 capsule (400 mg) 3 (three) times a day.
tramadol 50 mg tablet Refills: 0 Commonly known as: ULTRAM	Take 1 tablet (50 mg) by mouth every 6 (six) hours as needed for moderate pain.

Medications the Patient Reported Taking

cyclobenzaprine (FLEXERIL) 5 MG tablet (Taking)
 DULoxetine (CYMBALTA) 60 MG capsule (Taking)
 Number of times this order has been changed since signing: 2
 Order Audit Trail
 gabapentin (NEURONTIN) 400 mg capsule (Taking)

Allergies as of 2/15/2017

Reviewed On: 2/15/2017 By: Timothy Patrick McHenry, MD

No Known Allergies

Problem List as of 2/15/2017

Leg pain, right
 Herniated nucleus pulposus, L3-4
 Herniated nucleus pulposus, L3-4 right
 Pain of back and right lower extremity
 Muscle weakness
 Difficulty walking
 Back stiffness
 S/P lumbar microdiscectomy
 Lumbar radiculopathy, chronic
 Chronic low back pain
 Sacroiliac inflammation

Follow-up and Disposition

Return for After Studies.

History

Date Reviewed:

Last Reviewed by MEDLIN, KATHY on 2/15/2017

Medical History

Diagnosis

Back pain

Low back pain

Leg pain, right

Lumbosacral disc disease

Pain of back and right lower extremity

Date: 9/3/2015

Muscle weakness

Date: 9/3/2015

Difficulty walking

Date: 10/1/2015

Back stiffness

Date: 10/1/2015

S/P lumbar microdiscectomy

Date: 10/1/2015

Hypertension

Surgical History

Procedure

MICRODISCECTOMY LUMBAR

Date: 07.30.2015

Dr. Timothy Mchenry

Substances and Sexuality

Smoking Status

Never Smoker

Smokeless Tobacco Status

Never Used

Alcohol Use

No

Drug Use

No

Frequency

N/A

Sexually Active

Yes

Partners

Female

Birth Control/Protection

None

Family History

Problem	Relation	Age of Onset	Comments
Diabetes	Father		
Diabetes	Mother		
Hypertension	Father		
Hypertension	Mother		

Social Documentation

WORK STATUS: currently working full time/maintenance
 Alcohol men 18-65 yrs Assessment completed: no (document reason in the notes section)
 Smoking Status > 13 years old Are you a: Never smoker
 Lives With spouse, children

All Flowsheet Templates (all recorded)

Assessment

Custom Formula Data

Encounter Vitals

PHQ-9 Depression Scale

Screenings

Travel and Exposure Screening

BestPractice Advisories

[Click to view BestPractice Advisory history](#)

Encounter-Level Documents - 02/15/2017:

Scan on 2/20/2017 1:35 PM by Gloria Decicco : PAIN SHEET

Scan on 2/20/2017 1:35 PM by Gloria Decicco : MEDS LIST

Provider Information

Encounter Provider

Timothy Patrick McHenry, MD

Authorizing Provider

Timothy Patrick McHenry, MD

Encounter Coverage and Financial Information

[Click to view encounter coverage and financials including charges and LOS.](#)

Chart Review Routing History

No encounter routing history is on file

ED Patient Care Timeline

ED Patient Care Timeline



GREENVILLE HEALTH SYSTEM

ORTHOSPINE CROSS CREEK 111
111 Doctors Drive
Greenville SC 29605-5608
Phone: 864-797-7150
Fax: 864-797-7155

Samuel De Jesus Paulino-Bautista

4/12/2017 8:45 AM Office Visit

MRN: [REDACTED]

Description: Male DOB: [REDACTED]

Provider: Timothy Patrick McHenry, MD

Department: Orthospine Crossck 111

Diagnoses

Herniated nucleus pulposus, L3-4 right - Primary

ICD-9-CM: 722.10

ICD-10-CM: M51.26

Reason for Visit

Follow-up

Patient returns for follow on on low back pain after MRI Lumbar done @ GRPA on 3-6-17. Pain score is 7/10 today.

Progress Notes

Timothy Patrick McHenry, MD at 4/12/2017 8:39 AM

Status: Addendum

Progress Note 4/12/2017

Subjective:

Subjective

Samuel De Jesus Paulino-Bautista is a 36 y.o. male. Chief Complaint

Patient presents with

- Follow-up

Patient returns for follow on on low back pain after MRI Lumbar done @ GRPA on 3-6-17. Pain score is 7/10 today.

He returns today with persistent right radicular leg pain, unchanged from previously.

HPI

Review of Systems

Constitutional: Positive for activity change and fatigue.

Respiratory: Positive for shortness of breath.

Cardiovascular: Positive for palpitations.

Genitourinary: Positive for difficulty urinating.

Musculoskeletal: Positive for back pain and gait problem.

Psychiatric/Behavioral: Positive for sleep disturbance and dysphoric mood.

Objective:

Objective

Physical Exam

Neurologic Exam

Ortho Exam

Motor (scale 0-5 or not tested = NT):

	Right	Left
Hip flexion (L2):	5	5
Knee extension (L3):	5	5
Ankle dorsiflexion (L4):	5	5
Great toe extension (L5):	5	5
Ankle plantar flexion (S1):	5	5

Sensation (scale 0-2 or not tested = NT):

Anterior thigh (L2):	2	2
Medial knee (L3):	2	2
Medial ankle (L4):	2	2
Third toe dorsum (L5):	2	2
Lateral heel (S1):	2	2

Sitting straight leg raise positive on the right with radicular pain to the foot.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

None

I reviewed the images from the most recent MRI lumbar spine, 3/17, and compared with his previous post-op and the pre-op MRI. The disc herniation and extrusion at L3-4 is no longer present. He has persistent degenerative changes but no focal impingement that correlates with his persistent radicular leg symptoms. I do not think he would benefit from further surgical intervention.

I discussed the findings with him through the interpreter. Questions were answered, he concerns were primarily about what type of work can he do with his current symptoms. I discussed with him that he would need to determine this based on how his is doing functionally with his symptoms. He can continue his current neuropathic pain medications. He should continue core conditioning that was previously instructed in PT. He would like to consider other treatment options through Pain Management. We'll place the referral.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Electronically signed by Timothy Patrick McHenry, MD at 4/12/2017 9:47 AM

Electronically signed by Timothy Patrick McHenry, MD at 4/12/2017 9:51 AM

Revision History

Vitals

BP	Pulse	Ht	Wt	BMI	Smoking Status
130/87 mmHg	89	1.727 m (5' 8")	76.658 kg (169 lb)	25.70 kg/m2	Never Smoker

Order Summary			Immunizations Administered on Date of Encounter - 4/12/2017
Future Labs/Procedures	Expected by	Expires	Never Reviewed
Ambulatory Referral to Pain Management [REF64 Custom]	As directed	10/12/2017	No Immunizations on file.
Order #: 57540852			

Medications

These changes are accurate as of: 4/12/17 11:59 PM. If you have any questions, ask your nurse or doctor.

Continue Taking These Medications

	Instructions
cyclobenzaprine 5 MG tablet Refills: 0 Commonly known as: FLEXERIL	Take 1 tablet (5 mg) by mouth daily.
DULoxetine 60 MG capsule Refills: 0 Commonly known as: CYMBALTA	Take 30 mg by mouth daily.
gabapentin 400 mg capsule Refills: 2 Commonly known as: NEURONTIN	Take 1 capsule (400 mg) 3 (three) times a day.
tramadol 50 mg tablet Refills: 0 Commonly known as: ULTRAM	Take 1 tablet (50 mg) by mouth every 6 (six) hours as needed for moderate pain.

Medications the Patient Reported Taking

cyclobenzaprine (FLEXERIL) 5 MG tablet (Taking)
DULoxetine (CYMBALTA) 60 MG capsule (Taking)
Number of times this order has been changed since signing: 2
Order Audit Trail
gabapentin (NEURONTIN) 400 mg capsule (Taking)

Allergies as of 4/12/2017

Reviewed On: 4/12/2017 By: Timothy Patrick McHenry, MD

No Known Allergies

Problem List as of 4/12/2017

Leg pain, right
Herniated nucleus pulposus, L3-4
Herniated nucleus pulposus, L3-4 right
Pain of back and right lower extremity
Muscle weakness

All Flowsheet Templates (all recorded)**Assessment**

Custom Formula Data

Encounter Vitals

PHQ-9 Depression Scale

Screenings

Travel and Exposure Screening

BestPractice Advisories[Click to view BestPractice Advisory history](#)**Encounter-Level Documents - 04/12/2017:**

Scan on 4/13/2017 11:27 AM by Leslie Cox : MEDICATION LIST

Scan on 4/13/2017 11:28 AM by Leslie Cox : PAIN SHEET

Provider Information

Encounter Provider

Timothy Patrick McHenry, MD

Authorizing Provider

Timothy Patrick McHenry, MD

Encounter Coverage and Financial Information[Click to view encounter coverage and financials including charges and LOS.](#)**Chart Review Routing History**

No encounter routing history is on file

ED Patient Care Timeline

ED Patient Care Timeline

MRI Lumbar Spine without Contrast

Status: Final result

PACS Images

Show Images for MRI Lumbar Spine without Contrast

Study Result

Greenville Health System
 GREENVILLE MEMORIAL HOSPITAL
 GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Paulino-Bautista, Samuel De MED. REC. NO. [REDACTED]

Jesus

DOB: [REDACTED]

SEX: M

PT. NS./ROOM: 11MRI

PT. CLASS: O

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000076284130

ORDERING MD: TIMOTHY PATRICK MCHENRY, MD OP LOCATION:

IMG283 MRI LUMBAR SPINE WO CONTRAST ACCESSION NO: GOR200828150
 ORDERED BY: TIMOTHY PATRICK MCHENRY, MD

DATE OF EXAM: 02/15/2017 00:00

REASON FOR EXAM: M51.26*Other intervertebral disc displacement, lumbar region*Y10

ADMISSION DATE: 03/06/2017 19:30

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST.

COMPARISON: 10/07/2015

HISTORY:

Back pain

Technique: Sagittal T1, T2, STIR. Axial T1, T2.

There is straightening of the lumbar lordosis. Mild discogenic endplate changes are noted.

The conus is intact.

At L1-2 mild facet hypertrophy is present. No lateralized findings are identified.

At L2-3 mild facet hypertrophy is present again without lateralized findings.

At L3-4 this degeneration is present. There is a large component of disc bulge. Moderate facet hypertrophy is present with a small amount of fluid within each facet joint. Mild central stenosis is noted and there is mild moderate foraminal narrowing bilaterally.

At L4-5 this degeneration is present with a circumferential disc bulge and moderate foraminal narrowing bilaterally.

At L5-S1 the space appears congenitally small at this level. No protrusion or other abnormalities seen. No lateralized findings are identified.

Compared to the prior study there has been no significant interval change.

IMPRESSION:

Degenerative changes mainly at L3-4 and L4-5 as described above.

TRANSCRIPTIONIST: pjg

TRANSCRIBE TIME/DATE: 03/07/2017 11:15 am

READ BY: PENELOPE J. GALBRAITH, MD

ELECTRONICALLY SIGNED BY:

3/7/2017 11:15 AM: PENELOPE J. GALBRAITH, MD

The above report was produced by using a computer based typing program that converts spoken words to text. Random mistakes in words identified by the computer are very often initially present. Despite careful review some mistakes may still be found in the final released report.

All CT scans at this facility use specific methods available to minimize radiation exposure to our patients. We use techniques such as dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Imaging

MRI Lumbar Spine without Contrast (Order #57540851) on 2/15/2017 - Imaging Information

Signed by

Signed	Date/Time	Phone	Pager
GALBRAITH, PENELOPE JANE	3/07/2017 11:15	864-522-1800	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	3/06/2017 19:41	3/06/2017 20:29

Print-Friendly Report

[Click to view report](#)

Encounter

[View Encounter](#)

Patient Care Timeline

No data selected in time range

Imaging CC Recipients**Imaging Order Information**

Resulting Agency: AGFA PACS

Order Report

MRI LUMBAR SPINE WO CONTRAST (Order #57540851) on 2/15/17

Reprint Order Requisition

MRI LUMBAR SPINE WO CONTRAST (Order #57540851) on 2/15/17

APA #4

SURGERY ORTHO CLINIC

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/03/15

Visit Summary

Diagnoses

Pain of back and right lower extremity - Primary
Muscle weakness

Problem List as of 9/3/2015

Date Reviewed: 8/19/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present

Reviewed On: 8/19/2015 By: Blair Jones
Wade, PA

Allergies as of 9/3/2015

No Known Allergies

Medical as of 9/3/2015	Past Medical History	Date	Comments	Source
	Back pain			Provider
	Low back pain			Provider
	Leg pain, right			Provider
	Lumbosacral disc disease			Provider
	Pain of back and right lower extremity	9/3/2015		Provider
	Muscle weakness	9/3/2015		Provider

Surgical as of 9/3/2015	Past Surgical History	Laterality	Date	Comments
	MICRODISCECTOMY LUMBAR		07.30.2015	Dr. Timothy Mchenry

Family as of 9/3/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 9/3/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
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Generated on 5/27/2016 2:08 PM

Page 1

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/03/15

[illegible]

Alcohol Use as of 9/3/2015	Alcohol Use No	Source Provider	Drinks/Week	Alcohol/Wk	Comments
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Drug Use as of 8/3/2015	Drug Use	Source	Types	Frequency	Comments
		Provider		0.00	

Sexual Activity as of 9/3/2015	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

<u>Social ADL</u> as of 9/3/2015	<u>ADL Question</u> **None**	<u>Response</u>	<u>Comments</u>	<u>Source</u>
-------------------------------------	---------------------------------	-----------------	-----------------	---------------

Occupational as of 9/3/2015 ****None****

Socioeconomic as of 9/2/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				
Class: Historical Med				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	8/19/2015	10/21/2015
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				

Telephone Encounter

Call Information

	Provider	Department	Center
9/3/2015 11:00 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/03/15

Orders (continued)

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 9/3/2015 11:40 AM

Author Type: Physical Therapist Status: Signed

Low Back Evaluation

Evaluation Date: 9/3/2015

Total treatment time: 65 minutes

Timed codes: 30 minutes

Diagnosis:

1. Pain of back and right lower extremity
2. Muscle weakness

Past Medical History

Diagnosis	Date
• Back pain	
• Low back pain	
• Leg pain, right	
• Lumbosacral disc disease	
• Pain of back and right lower extremity	9/3/2015
• Muscle weakness	9/3/2015

Past Surgical History

Procedure	Laterality	Date
• Microdiscectomy lumbar Dr. Timothy Mchenry		07.30.2015

Present history: Pt. is a Age: 35 y.o. male with a history of back and RLE pain since 11/2014 started after a fall into a pit at work. Pt. Reports falling again in 2/2015. Pt. Found to have L3-L4 disk herniation that protrudes into the central canal. Pt. Failed conservative Rx's and so underwent surgery Right L3-4 microdiscectomy on 7/30/15.
Mrs. Acosta present for interpretations

Precautions: standard, back, and given by MD (per patient)- no lifting, no prolonged sitting and standing.

Generated on 5/27/2016 2:08 PM

Page 3

Progress Notes (continued)

Kashmira A Patel, PT at 9/3/2015 11:40 AM (continued)

Concurrent Health Services: none

Current medication list: as noted in last MD notes.

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• gabapentin (NEURONTIN) 300 mg capsule	Take 300 mg 3 (three) times a day.		
• traMADol (ULTRAM) 50 mg tablet	Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain.	90 tablet	0

No current facility-administered medications on file prior to visit.

Allergies: No Known Allergies

At the present time, would you say your health is: good

Social Support: wife

Home environment: Pt lives with wife and 2 children in a 1st floor apartment with no step in the home and no steps on entry.

Social Roles/Occupation/ Employed: No:

Previous Function: Independent

Current Function: Needs assist with all Transfers, ADL-bathing, dressing; walking, transportation

Patient Goal: 'get better, pain to go away as limited by pain.

Current Home Exercise Program: none

Hand Dominance: right

SUBJECTIVE: Needs assist with ADL, don't have stability with RLE, feels unstable and so cannot walk without the walker

Pain:

- Location: back pain across, and RLE postly into ankle
- Pain Score: Present time: 8/10, worst: 10/10, least: 7/10
- Sleep Disturbance: 2 times a night
- Description: Constant, throbbing and sharp
- Does anything make it better? Lying, medications
- Does anything make it worse? Sitting for more than 10 min's, standing more than 5 min's, walking with walker more than 2 min's
- Tingling/Numbness: sometimes, post lat RLE up to ankle

OBJECTIVE:

Posture: trunk flexed and Right knee flexed. WB heavily on walker, UE. Walker too low and cannot be elevated. Unable to stand without support of walker

Progress Notes (continued)

Kashmira A Patel, PT at 9/3/2015 11:40 AM (continued)

ROM : Lumbar Spinal Range of Motion:

Flexion	NT	R Lateral Flexion	NT			NT Due to recent surgery
Extension	NT	L Lateral Flexion	NT			

Trunk Strength:

Abdominals	1/5	Low Back Extensors	NT

ROM LE:

RLE : Hip flex 70, ab. 18, SLR 5; knee ext -8 flex 110; ankle DF 5, PF 38. Strength: MMT deferred secondary to pain

LLE hip flex 90, ab. WNL, SLR 40; knee and ankle WNL. Pt.s moves LLE against gravity.

Palpation: Tender on the scar which has mild swelling, it is healed well, very tiny white prominence noted—possibly at stitch. Pt. Tender and has muscle guarding lumbar and sacral paraspinals.

Special Tests: NA

Sensation: diminished entire RLE—non specific to dermatomes

Functional Transfers: needs assist with all transfers and bed mobility.

Gait:

- Distance: household
- Assistive Device: walker
- Orthosis: none
- Deviations/Comments: Amb. With trunk flexed, WB heavily on walker WB mostly on LLE and keeps right knee flexed. Very short steps, slow cadence and flat footed gait.

Outcome Measures:

Patient-Specific Functional Scale:

Activity	Initial 9/3/2015	Date	Date
Sitting equal to and more than 20 min	0		
Standing equal to and more than 20 min	0		
Walking without walker	0		

Total score: 0

Progress Notes (continued)

Kashmira A Patel, PT at 9/3/2015 11:40 AM (continued)

Today's Treatment: Pt. Was explained proper transfers/bed mobility, need to increase activity level and importance of ex's. Worked on proper supine to sidelying to sit bed mobility, sit to stand transfers and vice versa. Wife assisted as needed. Also worked on posture to get pt. upright which he was able to do with cues and assist. Worked on gait encouraging heel strike and extending right knee fully on WB. Using walker maintaining neutral spine; gait much improved with practise. Tried a standard cane but pt. is unstable as he amb. on right knee flexed, so not ready to progress to it. Initiated pt. On pelvic tilt, heel slides and ankle pumps. Pt. Also received scar massage and MFR - cross hand technique to paraspinals. Wife instructed on scar massage. Pt. Reported feeling little better after PT.

Home Exercise Issued: Yes -

Patient/Family Education: transfer and Gait Using proper body mechanics, scar massage, use ice at least 3 times a day, and walk 5 min's every hour.

Protocol Explained: Yes

ASSESSMENTS:

Pt is a 35 years old male with a history of back and RLE pain since 11/2014 started after a fall into a pit at work. Pt. Found to have L3-L4 disk herniation that protrudes into the central canal. Pt. Failed conservative Rx's and so underwent surgery Right L3-4 microdiscectomy on 7/30/15. Pt. Now referred to PT for post-op rehab. To address deficits. Pt. Currently is very inactive and spends most of his day lying in bed, needs encouragement to help self.

Patient Problems/functional deficits:

Pain: back and RLE

Limited ROM: Trunk and LE

Gait Deviations: Trunk flexed, right knee flexed, uses a walker, very slow cadence and no heel toe.

Decreased Strength: trunk and LE and paraesthesias RLE

Impaired Function/ADL: needs assist with bed mobility, transfers; bathing, dressing and amb.

Skilled physical therapy is indicated to address deficits/problems and achieve goals: Yes -

Short Term Goals: 6 visits

1. Pt. Independent with HEP to help increase range and strength gains.
2. Improve Patient-Specific Functional Scale by 5 points
3. Pt. Able to amb. Household distances with a cane and able to extend right knee fully for WB
4. Decrease pain at least 2 points to allow to improve activity level
5. Pt is independent with bed mobility and transfers 100% of time.

Long Term Goals: 12 visits

1. Improve Patient-Specific Functional Scale by 15 points total since start of care

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/03/15

Progress Notes (continued)

Kashmira A Patel, PT at 9/3/2015 11:40 AM (continued)

2. Independent with updated HEP to help maintain and increase gains
3. Pt can walk at least 20 min's twice a day without assist. devise
4. Pt. Has understanding on proper body mechanics
5. Decrease pain 0 to 8 to Improve quality of life.

Treatment Plan: Interventions Bed Mobility/Transfer Training, Manual/Myofascial, Parent/family Training, Posture re-education, Progressive Gait Training, Progressive Home Program, Protocol - microdiskectomy and Therapeutic Exercise, body mechanics education

Treatment Frequency: 1 Times/week; **Duration:** 12 Visits

Plan of Care reviewed and agreed upon with patient/caregiver: Yes

Electronically signed by Kashmira A Patel, PT on 9/3/2015 2:31 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 09/03/2015:

Scan on 9/3/2015 11:05 AM by Donna Ward

Scan on 9/4/2015 8:15 AM by Rebecca G Lawless : 2015.09.03 pt exercises

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE.
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M.
Enc. Date: 09/10/15

Visit Summary

Diagnoses

Pain of back and right lower extremity - Primary
Muscle weakness
Leg pain, right

Problem List as of 9/10/2015

Date Reviewed: 8/19/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present

Reviewed On: 8/19/2015 By: Blair Jones
Wade, PA

Allergies as of 9/10/2015

No Known Allergies

Medical as of 9/10/2015	Past Medical History	Date	Comments	Source
	Back pain			Provider
	Low back pain			Provider
	Leg pain, right			Provider
	Lumbosacral disc disease			Provider
	Pain of back and right lower extremity	9/3/2015		Provider
	Muscle weakness	9/3/2015		Provider

Surgical as of 9/10/2015	Past Surgical History	Laterality	Date	Comments
	MICRODISCECTOMY LUMBAR		07/30/2015	Dr Timothy Mchenry

Family as of 9/10/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 9/10/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/10/15

Visit Summary (continued)

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 9/10/2015	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 9/10/2015	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 9/10/2015		Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 9/10/2015	No	Provider			

Social ADL	ADL Question	Response	Comments	Source
as of 9/10/2015	**None**			

Occupational	**None**
as of 9/10/2015	

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 9/10/2015	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Repts	Start	End
gabapentin (NEURONTIN) 300 mg capsule Sig - Route: Take 300 mg 3 (three) times a day. - Oral Class: Historical Med				1/5/2016
tramadol (ULTRAM) 50 mg tablet Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral Class: Print	90 tablet	0	8/19/2015	10/21/2015

Telephone Encounter

Call Information

	Provider	Department	Center
9/10/2015 8:15 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/10/15

All Orders and Results Except Lab and Imaging
No orders and results found

Result Summary

All Lab and Imaging Orders and Results
No orders and results found

Progress Notes

Kashmira A Patel, PT at 9/10/2015 10:20 AM

Author Type: Physical Therapist Status: Signed

Surgery & Orthopedic Clinic Physical Therapy Daily Note

Treatment Date: 9/10/2015
Total Treatment Time: 72 minutes
Total Timed Codes: 57 minutes

Language Service Utilized: Yes - Ms Acosta present for Rx's

Primary Diagnosis: Pain of back and right lower extremity [724.5, 729.5]

1. Pain of back and right lower extremity
2. Muscle weakness

New allergies to any medications, foods, or other substances since last session? no

Changes or new medications (prescription, over the counter, herbs) since last session? no

S: 'little better.' Still spending most day in bed. Walking only twice a day.
Pain scale: Present time 6 to 7/10,
Home exercise program: Performing 4 times a day

O: Amb. with walker, bearing down heavily it and limited WB on RLE. On standing avoids WB on RLE and so keeps knee flexed and leans on the left. Pt. Transferred incorrectly sit to supine and so practiced them several times encouraging sidelying to log rolling in supine. Pt. Did verbalize that he felt no pain when done correctly. Pt. Was shown correct body mechanics and avoid rotation. Initiated with treadmill at 0.5mph working on gait and he tolerated only for 3 min's. Also worked on gait using a standard cane --step length, Initiated heel toe on RLE as he walks with a stiff legged gait. Pt. Able to correct step length but not stance timing and did initiate RLE knee flex and heel strike. WB on RLE much improved with gait using a cane. Ex's. As logged, progressed ex's, needed guard with RLE ex's. Pt. Received scar massage and STM to lumbosacral paraspinal. Stitch noted on surface and if it irritates the skin than may trim it. Updated HEP issued. Cold pak for 8 min and pain at 6 at end of session

Patient/family education Body mechanics, increase activity level and HEP. Also get a cane.

A: Pt. is progressing Slowly. Pt needs encouragement to progress activity and walk at least 5 min's every waking hour.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/10/15

Progress Notes (continued)

Kashmira A Patel, PT at 9/10/2015 10:20 AM (continued)

Improving and Progressing towards goals moving a little faster and was able to tolerate 3 min on treadmill

P: Continue to progress treatment per plan of care: Progress gait and stability ex's

Electronically signed by Kashmira A Patel, PT on 9/10/2015 2:16 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 09/10/2015:

Scan on 9/10/2015 8:31 AM by Donna Ward

Scan on 9/11/2015 8:34 AM by Rebecca G Lawless : 2015.09.10 pt exercises

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/17/15

Visit Summary

Diagnoses

Pain of back and right lower extremity - Primary
Muscle weakness
Leg pain, right

Problem List as of 9/17/2015

Date Reviewed: 8/19/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present

Allergies as of 9/17/2015

No Known Allergies

Reviewed On: 8/19/2015 By: Blair Jones
Wade, PA

Medical as of 9/17/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider

Surgical as of 9/17/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07.30.2015	Dr. Timothy McHenry

Family as of 9/17/2015

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Mother				Provider
Hypertension	Mother				Provider
Diabetes	Father				Provider
Hypertension	Father				Provider

Family Status as of 9/17/2015

Relation	Name	Status	Death Age	Comments	Source
Mother		Alive			Provider
Father		Alive			Provider
Daughter				Healthy	Provider
Son				x2, Healthy	Provider

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc Date: 09/17/15

Visit Summary (continued)

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 9/17/2015	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 9/17/2015	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 9/17/2015		Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 9/17/2015	No	Provider			

Social ADL	ADL Question	Response	Comments	Source
as of 9/17/2015	**None**			

Occupational	**None**
as of 9/17/2015	

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 9/17/2015	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				
Class: Historical Med				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	8/19/2015	10/21/2015
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				

Telephone Encounter

Call Information

	Provider	Department	Center
9/17/2015 8:15 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/17/15

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 8/17/2015 10:45 AM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 9/17/2015

Total Treatment Time: 67 minutes

Total Timed Codes: 56 minutes

Language Service Utilized: Yes - Ms. Acosta present

Primary Diagnosis: Pain of back and right lower extremity [724.5, 729.5]

1. Pain of back and right lower extremity
2. Muscle weakness

New allergies to any medications, foods, or other substances since last session? no

Changes or new medications (prescription, over the counter, herbs) since last session? no

S: Pt. Reports having a lot of pain after last PT. Tried ice 2 times a day but helped only when was on. Medications helps a little. Pain is in back and lat. Aspect right lower leg but not in foot. Feels weak. Walking more at home. Have allergies and so left eye is swollen.

O: Pain scale: Present time 7/10, Pt. Amb. With a walker with antalgic gait with decrease in stance on RLE, no heel toes, stiff legged gait, continues to amb. With flexed trunk, relies heavily on walker. On standing tends to WB mostly on LLE keeping right knee flexed. Corrected posture and worked on gait using a cane. Tiles on floor used to guide step length and also encouraged heel toes. Gait much improved with equal step length and able to initiate heel toe. Pt. Reminded gain to get a cane as the low walker and flexed posture is not assisting in pain management. Pt. Received scar massage and STM to right paraspinals which he was very sensitive too, muscle guarding noted lower thoracic, lumbar and sacral paraspinals. Ex's. As logged, pillow used under stomach for hip ext. He had difficulty with trunk ext. Worked on relaxation and breathing which he advised to practise at home. Shown proper sleeping positions as he has more pain at night. Pt. Wanted to ice at home and pain decreased to 5 to 6 at end of session.

Home exercise program: Performing

Patient/family education As above and no change to HEP

A: Pt. is progressing very slowly and needs reassurance as has fear of pain. Leg symptoms are only increase

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/17/15

Progress Notes (continued)

Kashmira A Patel, PT at 9/17/2015 10:45 AM (continued)

during the movements of ex's but does not linger.

Needs to progress to a cane for amb.

Improving:

P: Continue to progress treatment per plan of care:

Electronically signed by Kashmira A Patel, PT on 9/17/2015 11:51 AM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 09/17/2015:

Scan on 9/17/2015 8:10 AM by Donna Ward

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/24/15

Visit Summary (continued)

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 9/24/2015	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 9/24/2015	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 9/24/2015		Provider		0.0	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 9/24/2015	No	Provider			

Social ADL	ADL Question	Response	Comments	Source
as of 9/24/2015	**None**			

Occupational
as of 9/24/2015

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 9/24/2015	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				
Class: Historical Med				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	8/19/2015	10/21/2015
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				

Telephone Encounter

Call Information

	Provider	Department	Center
9/24/2015 8:15 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/24/15

Orders

All Orders and Results Except Lab and Imaging
No orders and results found

Result Summary

All Lab and Imaging Orders and Results
No orders and results found

Progress Notes

Kashmira A Patel, PT at 9/24/2015 8:49 AM

Author Type: Physical Therapist Status: Signed

Surgery & Orthopedic Clinic Physical Therapy Daily Note

Treatment Date: 9/24/2015
Total Treatment Time: 66 minutes
Total Timed Codes: 60 minutes

Language Service Utilized: Yes - Ms. Acosta present

Primary Diagnosis: Pain of back and right lower extremity [724.5, 729.5]

1. Pain of back and right lower extremity
2. Muscle weakness

New allergies to any medications, foods, or other substances since last session? no
Changes or new medications (prescription, over the counter, herbs) since last session? no

S: Pt. Reports, leg is getting better, can walk better using cane at all times, not using the walker now.
Pain scale: Present time 6/10, Leg and back
Home exercise program: Performing 3 times a day and walking 3 to 4 min's every hour, using ice also

O: Pt. Amb. With a cane and height was adjusted. Initiated with heel cord stretch, worked on standing balance, attempted rebounder but could not catch the ball as he has fear of pain and does not move his trunk. Ex's as logged worked on core strengthen sitting on the ball and on plinth. Pt. Was amb. Without a cane in the clinic and needed stand by guard. He needed cueing on gait as tends not to flex right knee and still amb. Step to step. He can correct gait with demonstration and constant cues. Pt. Received scar massage and STM to paraspinals, remains tender with muscle guarding. Pt. Felt relaxed after breathing ex's and declined cold pak. Pain at 7 at end of session.

Patient/family education Body mechanics reviewed as he is rotating trunk during sit to supine transfers. HEP reviewed and pt. To add sciatic nerve flossing ex's. Advised to increase walking every hour

A: Pt. Is progressing slowly, still very guarded And tender on paraspinals. Moves slow, gait antalgic Now able to amb. With a cane household distance.

Improving:

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 09/24/15

Progress Notes (continued)

Kashmira A Patel, PT at 9/24/2015 8:49 AM (continued)

P: Continue to progress treatment per plan of care; sees MD next week and await his recommendations

Electronically signed by Kashmira A Patel, PT on 9/24/2015 4:15 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 09/24/2015:

Scan on 9/24/2015 8:18 AM by Donna Ward

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc Date: 10/01/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness

Problem List as of 10/1/2015

Date Reviewed: 9/28/2015

	Codes	Priority	Class	Noted
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Resolved Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 10/1/2015

Reviewed On: 9/28/2015 By: Blair Jones
Wade, PA

No Known Allergies

Medical as of 10/1/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider
Difficulty walking	10/1/2015		Provider
Back stiffness	10/1/2015		Provider
S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical as of 10/1/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07.30.2015	Dr. Timothy McHenry

Family Problem Relation Name Age of Onset Comments Source

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/01/15

Visit Summary (continued)

as of 10/1/2015	Diabetes	Mother	Provider
	Hypertension	Mother	Provider
	Diabetes	Father	Provider
	Hypertension	Father	Provider

Family Status	Relation	Name	Status	Death Age	Comments	Source
as of 10/1/2015	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 10/1/2015	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 10/1/2015	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 10/1/2015		Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 10/1/2015	No	Provider			

Social ADL	ADL Question	Response	Comments	Source
as of 10/1/2015	**None**			

Occupational	**None**
as of 10/1/2015	

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 10/1/2015	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				
Class: Historical Med				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	8/19/2015	10/21/2015
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				

Telephone Encounter

Call Information

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/01/15

Telephone Encounter (continued)

Call Information (continued)

	Provider	Department	Center
10/1/2015 9:15 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 10/1/2015 5:35 PM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 10/1/2015

Total Treatment Time: 60 minutes

Total Timed Codes: 43 minutes

Language Service Utilized: Yes - Ms. Acosta

Primary Diagnosis: Difficulty walking [R26.2]

1. Difficulty walking
2. Back stiffness
3. S/P lumbar microdiscectomy
4. Pain of back and right lower extremity
5. Muscle weakness

New allergies to any medications, foods, or other substances since last session? no

Changes or new medications (prescription, over the counter, herbs) since last session? no

S: Pt. Reported that the doctor has ordered an MRI as he is concerned about his pain. Pt complains of constant pain in back and numbness along right lower leg. After last visit he had pain for 4 to 5 days and so requested decrease in ex's.

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Progress Notes (continued)

Kashmira A Patel, PT at 10/1/2015 5:35 PM (continued)

Pain scale: Present time 7/10, In back and right leg

Home exercise program: Performing Not did much as having pain. Walking with the cane for 4 to 5 min's every hour

O: Amb. With a cane with much guarded posture, right knee flexed on stance and very very short steps. Pt. Was initiated on heel cord stretch in WB, worked on standing balance with core stability and other ex's as logged. While on SCIFIT at level 1 pt. Stopped several times and on moving RLE he had increase in RSB at the trunk which he was encouraged to correct with verbal cueing. Pt. Received MFR to back and gentle STM to mid thoracic to lumbosacral paraspinal. Pt. Had increase in paraspinal muscle guarding from mid thoracic to lumbosacral bilat. Relaxation encouraged. Worked on gait with the cane and he had increase in limp without it. Cold pak for 10 min's and pain decreased to 5. Pt. Was encouraged continued walking and work on relaxation.

ROM: RLE very limited today

Patient/family education Reminded body mechanics and as above

A: Pt. is increasing in guarding, limiting ROM and antalgic gait. Pt. Has used his walker while going to MD which he has not done in last 2 weeks. Pain decreased after PT and ex's were limited at pt.s request. Has fear of pain and guards, moved much slower and bed mobility was labored

P: Continue to progress treatment per plan of care. And await results of MRI which is scheduled for next week

Electronically signed by Kashmira A Patel, PT on 10/1/2015 5:52 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 10/01/2015:

Scan on 10/1/2015 8:48 AM by Donna Ward

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/08/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Leg pain, right

Problem List as of 10/8/2015

Date Reviewed: 9/28/2015

	Codes	Priority	Class	Notes
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 10/8/2015

No Known Allergies

Reviewed On: 9/28/2015 By: Blair Jones
Wade, PA

Medical

as of 10/8/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider
Difficulty walking	10/1/2015		Provider
Back stiffness	10/1/2015		Provider
S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical

as of 10/8/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07-30-2015	Dr. Timothy Mohny

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/08/15

Visit Summary (continued)

Family as of 10/8/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 10/8/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use as of 10/8/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use as of 10/8/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 10/8/2015	Drug Use	Source	Types	Frequency	Comments
		Provider		0.00	

Sexual Activity as of 10/8/2015	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

Social ADL as of 10/8/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 10/8/2015	**None**
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Socioeconomic as of 10/8/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				
Class: Historical Med				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	8/19/2015	10/21/2015
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				

Telephone Encounter

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/08/15

Telephone Encounter (continued)

Call Information

	Provider	Department	Center
10/8/2015 9:00 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC-CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 10/8/2015 9:07 AM

Author Type: Physical Therapist Status: Signed

PROGRESS NOTE

Reporting period 9/3/15 through 10/8/2015

Visit for period: 6

Total visits since start of care: 6

Total treatment time: 70 minutes

Total timed codes: 55 minutes

Language Service Utilized: Yes - Ms. Acosta present

Primary Diagnosis: Difficulty walking [R26.2]

1. Difficulty walking
2. Back stiffness
3. S/P lumbar microdiscectomy
4. Pain of back and right lower extremity
5. Muscle weakness

SUBJECTIVE: Pt. Reports he does not have stability in right foot, don't have power. Now walking every hour 3 to 4 min with cane within home. Having good days and bad days. Feeling much better today

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Progress Notes (continued)

Kashmira A Patel, PT at 10/8/2015 9:07 AM (continued)

Pain:

- Location: Back-- central and across and Goes up high, Lat.along. iliac crest right leg-- lat lower leg knee below to the ankle, foot is not bad
- Description/Quality: throbbing
- Frequency: continuously
- Score: Present time: 5/10, worst: 8/10, least: 4/10
- Does anything make it better? ice, rest lying down medication
- Does anything make it worse? Sitting > 15 min, standing > 3 min, walking > 4 min's
- Sleep Disturbance: Yes - 3 times a week
- Tingling/Numbness: Yes - numbness lat lower leg, right

OBJECTIVE:

Posture: Sitting WB on left buttocks, heavily relying on LUE>RUE to hold him up.

In standing -- Does stand without AD, WB mostly on LLE, leans towards the left, right knee flexed. Very stiff and guarded

ROM : Lumbar Spinal Range of Motion:

Flexion	21	R Lateral Flexion	7			Very guarded. takes time to move thru this ranges
Extension	4	L Lateral Flexion	9			

Trunk Strength:

Abdominals	1/5	Low Back Extensors	2/5
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ROM LE:

RLE : Hip flex 94, ab. 25, SLR 23; knee ext 0, flex 118; ankle DF 8, PF 40. Strength: right hip 3/5, knee ext 3/5, flex 3+/5, ankle 3/5, has give away as cannot hold against resist. Secondary to pain.

LLE hip flex 120, ab. WNL, SLR 60; knee and ankle WNL. Left hip 4/5, knee 4/5 and ankle 4+/5

Palpation: Tender on the scar and centrally on T7 thru sacrum, worst in lumbar segments; severe muscle guarding thoracic, lumbar and sacral paraspinals, along quadratus and right iliac crest.

Sensation: slightly diminished right lower leg, improved since initial visit

Functional Transfers: Pt. is very slow with all transfers and bed mobility. He continues to use his UE to move RLE.

Gait:

- Distance: household
- Assistive Device: standard cane
- Orthosis: none
- Deviations/Comments: analgic. Very short step on RLE, WB on flexed knee and flexes trunk on RLE stance, stance decreased on RLE. No arm swing. He has flat footed gait and intermittently he amb. With a stiff legged gait. He bears down heavily on the cane. Gait speed is very very slow.

Outcome Measures:(PSFS)

Progress Notes (continued)

Kashmira A Patel, PT at 10/8/2015 9:07 AM (continued)

Patient-Specific Functional Scale (0 - unable to perform activity and 10- able to perform activity at the same level as before injury or problem)

Activity	Initial	Date 10/8/2015	Date
Sitting equal to and more than 20 min	0	2	
Standing equal to and more than 20 min	0	0	
Walking without walker	0	1	

Total score 10/8/2015: 3 point

Today's Treatment: Spoke to pt. To slowly increase activity level and he needs to try and sit up more at home as during reassessment he was asking to lay down as cannot sit up. Sitting and standing postures corrected - mirror used. Worked on gait in front of mirror without assist device, needed close guard. Pt. Needs multiple cueing as he can perform heel strike then forgets to extend knee or vice versa. Multiple alternations needed in gait. Arm swing was also encouraged. Pt. Does not lock right knee on stance and so has instability feeling, has had no falls. Pt. Received trigger point release to quadratus, MFR to back and STM to lumbar paraspinals. Ex's. As logged, encouraged to try push range pain permitting. Pain decreased to 4 after PT. Pt. To ice at home. Gait speed and quality improved as pt. Left the clinic.

Patient/Family Education: reviewed body mechanics, and as above. Verbalized understanding
Home Exercise Issued: No
Protocol Explained: Yes -

Assessment: Pt. has completed 6 planned visit and his progress is very slow. Pt. Has fear of pain, moves very slowly, moves RLE using UE and continues to severely guard back. Pt. Is spending excessive time lying and still is very limited in standing and sitting independently. Pt. Has had the MRI and hope after he sees MD for a follow up he will be able to progress at a faster rate and ease his fears. Pt. Continues to need reassurance that it is fine to progress activity level. Plan to continue 6 more visits as planned and try to achieve goals set.

Short Term Goals: 6 visits

1. Pt. Independent with HEP to help increase range and strength gains--partially met
2. Improve Patient-Specific Functional Scale by 5 points--not met
3. Pt. Able to amb. Household distances with a cane and able to extend right knee fully for WB--partially met
4. Decrease pain at least 2 points to allow to improve activity level--partially met
5. Pt is Independent with bed mobility and transfers 100% of time.-partially met as wife helps intermittently.

Long Term Goals: 12 visits

1. Improve Patient-Specific Functional Scale by 15 points total since start of care
2. Independent with updated HEP to help maintain and increase gains
3. Pt can walk at least 20 min's twice a day without assist. devise
4. Pt. Has understanding on proper body mechanics
5. Decrease pain 0 to 8 to improve quality of life.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/08/15

Progress Notes (continued)

Kashmira A Patel, PT at 10/8/2015 9:07 AM (continued)

Plan:

Continue to progress treatment per plan of care

Date 10/8/2015 9:07 AM

Electronically signed by Kashmira A Patel, PT on 10/8/2015 4:02 PM.

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 10/08/2015:

Scan on 10/8/2015 8:48 AM by Donna Ward

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/15/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Leg pain, right

Problem List as of 10/15/2015

Date Reviewed: 9/28/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 10/15/2015

No Known Allergies

Reviewed On: 9/28/2015 By: Blair Jones
Wade, PA

Medical History

Medical as of 10/15/2015	Past Medical History	Date	Comments	Source
	Back pain			Provider
	Low back pain			Provider
	Leg pain, right			Provider
	Lumbosacral disc disease			Provider
	Pain of back and right lower extremity	9/3/2015		Provider
	Muscle weakness	9/3/2015		Provider
	Difficulty walking	10/1/2015		Provider
	Back stiffness	10/1/2015		Provider
	S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical as of 10/15/2015	Past Surgical History	Laterality	Date	Comments
	MICRODISCECTOMY LUMBAR		07/20/2015	Dr. Timothy McHenry

SURGERY/ORTHO CLINIC
 42 Edgewood Drive
 GREENVILLE SC 29605
 Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
 IFSU
 MRN: [REDACTED]
 DOB: [REDACTED] Sex: M
 Enc. Date: 10/15/15

Visit Summary (continued)

Family	Problem	Relation	Name	Age of Onset	Comments	Source
as of 10/15/2015	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status	Relation	Name	Status	Death Age	Comments	Source
as of 10/15/2015	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 10/15/2015	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 10/15/2015	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 10/15/2015		Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 10/15/2015	No	Provider			

Social ADL	ADL Question	Response	Comments	Source
as of 10/15/2015	**None**			

Occupational	**None**
as of 10/15/2015	

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 10/15/2015	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				
Class: Historical Med				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	8/19/2015	10/21/2015
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				

Telephone Encounter

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/15/15

Telephone Encounter (continued)

Call Information

	Provider	Department	Center
10/15/2015 11:00 AM	Kashmira A Patel, PT	Soo Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 10/15/2015 11:09 AM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 10/15/2015
Total Treatment Time: 50 minutes
Total Timed Codes: 50 minutes

Language Service Utilized: Yes - Ms. Acosta

Primary Diagnosis: Difficulty walking (R26.2)

	ICD-9-CM	ICD-10-CM
1. Difficulty walking	719.7	R26.2
2. Back stiffness	724.8	M25.60
3. S/P lumbar microdiscectomy	V45.89	Z98.89
4. Pain of back and right lower extremity	724.5	M54.9
	729.5	M79.604
5. Muscle weakness	728.87	M62.81

New allergies to any medications, foods, or other substances since last session? No

Changes or new medications (prescription, over the counter, herbs) since last session? No

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/15/15

Progress Notes (continued)

Kashmira A Patel, PT at 10/15/2015 11:09 AM (continued)

Pain in 5/10 Pain at end of session 5/10

Subjective: Pt. Reports doing much better, pain level is going down. Not feeling good today as has a severe HA. Walking 4 to 6 mins now.

Home exercise program: Performing 5 to 6 times a day.

Objective: Amb. With a cane with much improved gait and increase in gait speed. Pt. Was reminded to flex the right knee during swing phase as tends to keep it locked. Also stands with increase WB on LLE, leaning away from right, corrected this with cueing. Pt. Tend to keep ant. Tilted pelvis and so also assisted to correct it. Other ex's as logged, able to increase in reps as well as ranged had increased on RLE. No change in pain today.

Patient/family education as above and increase walking at home. Also start walking without cane when he feels better and stable, only within house.

Assessment: Pt. is improving: very very slowly. Continues to need extra time and cueing, encouragement.

Plan: Continue to progress treatment per plan of care.

Electronically signed by Kashmira A Patel, PT on 10/15/2015 5:12 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 10/15/2015:

Scan on 10/15/2015 11:09 AM by Donna Ward

Scan on 10/16/2015 9:28 AM by Rebecca G Lawless : 2015.10.15 pt exercises

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/22/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Herniated nucleus pulposus, L3-4
Leg pain, right

Problem List as of 10/22/2015

Date Reviewed: 9/28/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 10/22/2015

Reviewed On: 10/21/2015 By: Kathy Medlin

No Known Allergies

Medical

as of 10/22/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider
Difficulty walking	10/1/2015		Provider
Back stiffness	10/1/2015		Provider
S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical

as of 10/22/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07/30/2015	Dr. Timothy McVerry

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/22/15

Visit Summary (continued)

Family as of 10/22/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 10/22/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2 Healthy	Provider

Tobacco Use as of 10/22/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use as of 10/22/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 10/22/2015	Drug Use	Source	Types	Frequency	Comments
		Provider		0.00	

Sexual Activity as of 10/22/2015	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

Social ADL as of 10/22/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 10/22/2015	**None**
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Socioeconomic as of 10/22/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule Sig - Route: Take 300 mg 3 (three) times a day. - Oral Class: Historical Med				1/5/2016
tramadol (ULTRAM) 50 mg tablet Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral Class: Print	90 tablet	0	10/21/2015	11/13/2015

Telephone Encounter

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/22/15

Telephone Encounter (continued)

Call Information

	Provider	Department	Center
10/22/2015 9:00 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 10/22/2015 2:31 PM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 10/22/2015

Total Treatment Time: 64 minutes

Total Timed Codes: 57 minutes

Language Service Utilized: Yes - Ms. Acosta

Primary Diagnosis: Difficulty walking [R26.2]

	ICD-9-CM	ICD-10-CM
1. Difficulty walking	719.7	R26.2
2. Back stiffness	724.8	M25.60
3. S/P lumbar microdiscectomy	V45.89	Z98.89
4. Pain of back and right lower extremity	724.5	M54.9
	729.5	M79.604
5. Muscle weakness	728.87	M62.81

New allergies to any medications, foods, or other substances since last session? No

Changes or new medications (prescription, over the counter, herbs) since last session? No

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/22/15

Progress Notes (continued)

Kashmira A Patel, PT at 10/22/2015 2:31 PM (continued)

Pain in 5/10 in back and side of right leg. Pain at end of session 4/10

Subjective: Pt. Reports feeling better, walking at home without cane. Seen doctor and MRI was fine but getting injection in back. Have a court date next week.

Home exercise program: Performing 2 to 3 times day.

Objective: Amb. With a cane with right stiff legged gait, with no knee flex and no ankle heel strike or toe off. Corrected gait and initiated with treadmill at 1mph speed, tolerated it for 2 min's only complaining of increase in right leg pain. Pt. Worked on gait for 5 min's in front of mirror without the cane and he was able to perform heel strike but poor toe off. On standing pt. WB mostly on LLE, leaning towards it so worked on standing with wt. Shift on BLE. Other ex's as logged, needed cueing and encouragement to lift RLE as tends to limit it with SLR. Assisted pt. With hip flex stretch and tendon flossing ex's. Pain decrease, gait improved after PT, declined ice wanted to do it at home.

Patient/family education Increase walking at home

Assessment: Pt. is improving: very slowly, still has fear of pain in back and right lower leg. Does better with encouragement, core stability improved. endurance has decreased and get tired at end of session.

Plan: Continue to progress treatment per plan of care.

Electronically signed by Kashmira A Patel, PT on 10/22/2015 2:44 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 10/22/2015:

Scan on 10/22/2015 8:50 AM by Ruth Filomeno

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/29/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Herniated nucleus pulposus, L3-4
Leg pain, right

Problem List as of 10/29/2015

Date Reviewed: 9/28/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 10/29/2015

No Known Allergies

Reviewed On: 10/21/2015 By: Kathy Medlin

Medical

as of 10/29/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider
Difficulty walking	10/1/2015		Provider
Back stiffness	10/1/2015		Provider
S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical

as of 10/29/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07-30-2015	Dr. Timothy Mosenly

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 10/29/15

Visit Summary (continued)

Family as of 10/29/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 10/29/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use as of 10/29/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use as of 10/29/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 10/29/2015	Drug Use	Source	Types	Frequency	Comments
		Provider		D.O.	

Sexual Activity as of 10/29/2015	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

Social ADL as of 10/29/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 10/29/2015 **None**

Socioeconomic as of 10/29/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule Sig - Route: Take 300 mg 3 (three) times a day. - Oral Class: Historical Med				1/5/2016
tramadol (ULTRAM) 50 mg tablet Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral Class: Print	90 tablet	0	10/21/2015	11/13/2015

Telephone Encounter

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED], Sex: M
Enc. Date: 10/29/15

Telephone Encounter (continued)

Call Information

	Provider	Department	Center
10/29/2015 9:00 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 10/29/2015 1:25 PM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 10/29/2015

Total Treatment Time: 58 minutes

Total Timed Codes: 27 minutes

Language Service Utilized: Yes - Ms. Acosta

Primary Diagnosis: Difficulty walking [R26.2]

	ICD-9-CM	ICD-10-CM
1. Difficulty walking	719.7	R26.2
2. Back stiffness	724.8	M25.60
3. S/P lumbar microdiscectomy	V45.89	Z98.89
4. Pain of back and right lower extremity	724.5	M54.9
	729.5	M79.604
5. Muscle weakness	728.67	M62.81

New allergies to any medications, foods, or other substances since last session? No

Changes or new medications (prescription, over the counter, herbs) since last session? No

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Progress Notes (continued)

Kashmira A Patel, PT at 10/29/2015 1:25 PM (continued)

Pain in 7/10 back and right lower leg latty . Pain at end of session 4/10.

Subjective: Pt. Reports not doing good, did not sleep all night, hurting bad after sitting at church for 50 mins last night.

Home exercise program: Performing Once to twice a day

Objective: Amb. With ant. Pelvic tilt with a cane, complaining of increase pain, pt. Walking very slowly. Pt. Shown how to sit using a towel roll to support his back, also advised him to try maybe getting a lumbar pillow to help with proper sitting positions. Wife assisting pt. During sit > stand transfers and so advised them to allow pt. To perform them independently as he able to do them. Ex's as logged and kept them to a minimal as pt. Did not want to do them secondary to have a sleepless night. Cold pak and TENS applied to back with pt. In prone for 15 min's. Easier with transfers at end of session, gait speed increased. Pain at end of session at 4/10 in back and lat. Lower leg.

Patient/family education as above and try stretches when he has pain as they have helped to decrease the pain. Continue walking more at home.

Assessment: Pt. Is Tolerating: not progressing as anticipated, wife continues to assist him with transfer while at home. Pt. Is awaiting pain management appt.

Plan: Continue to progress treatment per plan of care: and monitor outcomes with use of TENS

Electronically signed by Kashmira A Patel, PT on 10/29/2015 2:00 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 10/29/2015:

Scan on 10/29/2015 9:23 AM by Donna Ward

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/05/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Herniated nucleus pulposus, L3-4 right
Leg pain, right
Herniated nucleus pulposus, L3-4

Problem List as of 11/5/2015

Date Reviewed: 8/28/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/16/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 11/5/2015

No Known Allergies

Reviewed On: 10/21/2015 By: Kathy Medlin

Medical

as of 11/5/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider
Difficulty walking	10/1/2015		Provider
Back stiffness	10/1/2015		Provider
S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical

as of 11/5/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07/30/2015	Dr. Timothy McHenry

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/05/15

Visit Summary (continued)

Family as of 11/5/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 11/5/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use as of 11/5/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use as of 11/5/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 11/5/2015	Drug Use	Source	Types	Frequency	Comments
		Provider		0.00	

Sexual Activity as of 11/5/2015	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

Social ADL as of 11/5/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 11/5/2015	**None**
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Socioeconomic as of 11/5/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule Sig - Route: Take 300 mg 3 (three) times a day. - Oral Class: Historical Med				1/5/2016
tramadol (ULTRAM) 50 mg tablet Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral Class: Print	90 tablet	0	10/21/2015	11/13/2015

Telephone Encounter

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/06/15

Medications (continued)

Call Information

	Provider	Department	Center
11/5/2015 10:15 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 11/5/2015 10:35 AM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 11/5/2015
Total Treatment Time: 76 minutes
Total Timed Codes: 67 minutes

Language Service Utilized: Yes - Ms Acosta present

Primary Diagnosis: Difficulty walking (R26.2)

	ICD-9-CM	ICD-10-CM
1. Difficulty walking	719.7	R26.2
2. Back stiffness	724.8	M25.60
3. S/P lumbar microdiscectomy	V45.89	Z98.89
4. Pain of back and right lower extremity	724.5	M54.9
	729.5	M79.604
5. Muscle weakness	728.87	M62.81

New allergies to any medications, foods, or other substances since last session? No

Changes or new medications (prescription, over the counter, herbs) since last session? No

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Progress Notes (continued)

Kashmira A Patel, PT at 11/5/2015 10:35 AM (continued)

Pain in 5/10 right side of back and shooting in the left leg .Pain at end of session 5/10 in back and right leg

Subjective: Pt. Reports feeling a little better, walking 8 min's at home 3 to 5 times a day without the cane.

Home exercise program: Performing in bed once to twice a day

Objective: Amb. With a standard cane with a guarded posture, limps flat footed on RLE and decreased knee flex and WB on flexed knee. Pt. Was amb. In the parking lot without use of his cane, encouraged correcting gait but he continued to walk with a stiff leg, did not correct heel strike and toe off. Pt. Had to stop twice as got tired and needed intermittent contact guard as he tends to let right knee give. Also noted sitting using the BUE To keep him up, minimal WB on buttocks. Pt. Was able to sit without assist as posture was corrected. Initiated with right knee ext and ankle DF for sciatic nerve flossing, pt. Was able to perform it today complained of pain on lat. Thigh. Other ex's as logged, perform them very slowly, needing multiple cues to move LE thru available range as limits in on leg raises. On squats pt tends to WB mostly on LLE so they were left sided, needed cues to equal WB and correct the form. Pain unchanged to 5 at end of session. Updated HEP and green band issued for seated rows.

Patient/family education Corrected sitting and advised him to WB on buttocks and not lift him self while UE. Encouraged to walk 15 min at least 3 times a day and increase time out of bed during the day.

Assessment: Pt. is Tolerating: not progress as anticipated, continues to move very slowly and guarded, uses UE to move and lift both LE, spending 5 to 6 hours in bed during the day. Increase in overall deconditioning as pt. limiting functional mobility. Having tried to motivate him but pain has been a limiting factor. Awaiting ESI:

Plan: Continue to progress treatment per plan of care: , has 2 more visits scheduled.

Electronically signed by Kashmira A Patel, PT on 11/5/2015 2:21 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 11/05/2015:

Scan on 11/5/2015 10:32 AM by Donna Ward

Scan on 11/6/2015 8:14 AM by Rebecca G Lawless : 2015.11.05 pt exercises

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/10/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Herniated nucleus pulposus, L3-4 right
Leg pain, right

Problem List as of 11/10/2015

Date Reviewed: 9/28/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present

Allergies as of 11/10/2015

No Known Allergies

Reviewed On: 10/21/2015 By: Kathy Medlin

Medical

as of 11/10/2015

Past Medical History	Date	Comments	Source
Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider
Muscle weakness	9/3/2015		Provider
Difficulty walking	10/1/2015		Provider
Back stiffness	10/1/2015		Provider
S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical

as of 11/10/2015

Past Surgical History	Laterality	Date	Comments
MICRODISCECTOMY LUMBAR		07-20-2015	Dr. Timothy Mchenry

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/10/15

Visit Summary (continued)

Family as of 11/10/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 11/10/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use as of 11/10/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use as of 11/10/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 11/10/2015	Drug Use	Source	Types	Frequency	Comments
		Provider		DAD	

Sexual Activity as of 11/10/2015	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

Social ADL as of 11/10/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 11/10/2015	**None**
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Socioeconomic as of 11/10/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule Sig - Route: Take 300 mg 3 (three) times a day, - Oral Class: Historical Med				1/5/2016
tramadol (ULTRAM) 50 mg tablet Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain, - Oral Class: Print	90 tablet	0	10/21/2015	11/13/2015

Telephone Encounter

Generated on 5/27/2016 2:08 PM

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/10/15

Telephone Encounter (continued)

Call Information

	Provider	Department	Center
11/10/2015 9:45 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 11/10/2015 10:04 AM

Author Type: Physical Therapist Status: Signed

**Surgery & Orthopedic Clinic
Physical Therapy Daily Note**

Treatment Date: 11/10/2015
Total Treatment Time: 62 minutes
Total Timed Codes: 62 minutes

Language Service Utilized: Yes - Ms. Acosta present

Primary Diagnosis: Difficulty walking (R26.2)

	ICD-9-CM	ICD-10-CM
1. Difficulty walking	719.7	R26.2
2. Back stiffness	724.8	M25.60
3. S/P lumbar microdiscectomy	V45.89	Z98.89
4. Pain of back and right lower extremity	724.5	M54.9
5. Muscle weakness	729.5	M79.604
	728.87	M62.81

New allergies to any medications, foods, or other substances since last session? No

Changes or new medications (prescription, over the counter, herbs) since last session? No

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/10/15

Progress Notes (continued)

Kashmira A Patel, PT at 11/10/2015 10:04 AM (continued)

Pain in 6/10 was better last week but bad this week, maybe the rainy weather causing more pain. Pain at end of session 6/10

Subjective: Spending less time in bed, sees Dr. On Friday for the injection
Home exercise program: Performing 5 times a day. Walking 15 min's twice a day.

Objective: Amb. With a guarded gait using a cane. Noted sitting with heavy use UE. Advised him not to do so but he stated back getting tired so has to use the arms. Explained the reason why back gets tired and that is the reason why he needs to make attempts to sit longer and be out of bed more to decrease general decrease strength and endurance. Pt. Stands with flexed trunk and he was shown to correct it while using the wall, pt. Stated he could not do it as it increased his back and right leg pain. Ex's as logged, unable to lift legs more than 15 to 20 degrees with SLR, 5 degrees in ab and 10 to 15 degrees during prone SLR secondary to pain. He continues to use UE intermittently to lift BLE to position them for ex's and assist with ex's, so needs reminders not to do so. Attempted treadmill again, tolerated only 6.1 min's, at 0.7mph, verbal cues given for gait correction but he continue to walk with a stiffed legged gait on RLE, no heel toe and intermittent WB on flexed knees. Pt. Relied heavily on UE while on treadmill. Pt. Stated he could not correct his gait as attempts to correct it increased his back pain. Pain unchanged at end of session and he wanted to ice at home.

Assessment: Pt. has No change: as gait, posture and use of UE to move LE has not changed but he reported making attempts to walk more at home. Pt. Continues to have fear of pain and so tends to guard. He is getting evaluated for ESI this week and hope it will be beneficial to allow him to progress activity level

Plan: Continue to progress treatment per plan of care: Reassess as it is his last planned visit but if ESI helps may extend PT for additional 4 visit to help improve function.

Electronically signed by Kashmira A Patel, PT on 11/10/2015 6:18 PM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 11/10/2016:

Scan on 11/10/2015 10:00 AM by Donna Ward

Order-Level Documents:

There are no order-level documents.

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/19/15

Visit Summary

Diagnoses

Difficulty walking - Primary
Back stiffness
S/P lumbar microdiscectomy
Pain of back and right lower extremity
Muscle weakness
Leg pain, right
Herniated nucleus pulposus, L3-4
Herniated nucleus pulposus, L3-4 right

Problem List as of 11/19/2015

Date Reviewed: 11/13/2015

	Codes	Priority	Class	Status
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R25.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present
Lumbar radiculopathy, chronic	ICD-9-CM: 724.4 ICD-10-CM: M54.16			11/13/2015 - Present

Allergies as of 11/19/2015

No Known Allergies

Reviewed On: 11/13/2015 By: Jyoti K Math, MD

Medical as of 11/19/2015	Past Medical History	Date	Comments	Source
	Back pain			Provider
	Low back pain			Provider
	Leg pain, right			Provider
	Lumbosacral disc disease			Provider
	Pain of back and right lower extremity	9/3/2015		Provider
	Muscle weakness	9/3/2015		Provider
	Difficulty walking	10/1/2015		Provider
	Back stiffness	10/1/2015		Provider
	S/P lumbar microdiscectomy	10/1/2015		Provider

Surgical	Past Surgical History	Laterality	Date	Comments
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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED], Sex: M
Enc. Date: 11/19/15

Visit Summary (continued)

as of 11/19/2015 MICRODISSECTOMY TUMOR 07/20/2015 Dr. Timothy McHenry

Family as of 11/19/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 11/19/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use as of 11/19/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeles s Tobacco Status	Smokeles Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use as of 11/19/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 11/19/2015	Drug Use	Source	Types	Frequency	Comments
	No	Provider		0.00	

Sexual Activity as of 11/19/2015	Sexually Active	Source	Birth Control	Partners	Comments
	Yes	Provider	None	Female	

Social ADL as of 11/19/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 11/19/2015	**None**
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Socioeconomic as of 11/19/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
cyclobenzaprine (FLEXERIL) 10 mg tablet	28 tablet	0	11/13/2015	1/5/2016
Sig - Route: Take 1 tablet (10 mg) by mouth at bedtime as needed for muscle spasms. - Oral				
Class: Print				
Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM				
gabapentin (NEURONTIN) 300 mg capsule				1/5/2016
Sig - Route: Take 300 mg 3 (three) times a day. - Oral				

Generated on 5/27/2016 2:08 PM

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SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/19/15

Medications (continued)

Medications at Start of Encounter (continued)

Class: Historical Med	Disp	Refills	Start	End
meloxicam (MOBIC) 7.5 mg tablet	28 tablet	0	11/13/2015	1/5/2016
Sig - Route: Take 1 tablet (7.5 mg) by mouth daily. - Oral				
Class: Print				
Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM				
omeprazole (PRILOSEC) 20 MG capsule	28 capsule	0	11/13/2015	1/5/2016
Sig - Route: Take 1 capsule (20 mg) by mouth daily. - Oral				
Class: Print				
Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM				
tramadol (ULTRAM) 50 mg tablet	90 tablet	0	11/13/2015	1/5/2016
Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral				
Class: Print				
Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM				

Telephone Encounter

Call Information

Call Date/Time	Provider	Department	Center
11/19/2015 10:00 AM	Kashmira A Patel, PT	Soc Physical Therapy	SOC CENTER

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Kashmira A Patel, PT at 11/19/2015 10:32 AM

Author Type: Physical Therapist Status: Signed

DISCHARGE SUMMARY

Reporting period: 9/3/15 through 11/19/2015

Visit for period: 6

Generated on 5/27/2016 2:08 PM

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Progress Notes (continued)

Kashmira A Patel, PT at 11/19/2015 10:32 AM (continued)

Total visits since start of care: 12

Total treatment time: 75 minutes

Total timed codes: 62 minutes

Language Service Utilized: Yes - Ms. Acosta

Primary Diagnosis: Difficulty walking [R26.2]

	CD-9-CM	CD-10-CM
1. Difficulty walking	719.7	R26.2
2. Back stiffness	724.8	M25.60
3. S/P lumbar microdiscectomy	V45.89	Z98.89
4. Pain of back and right lower extremity	724.5	M54.9
	729.5	M79.604
5. Muscle weakness	728.87	M62.81

New allergies to any medications, foods, or other substances since last session? No

Changes or new medications (prescription, over the counter, herbs) since last session? Yes - flexeril, mobic, ultram

Have you fallen since therapy has been started? No

Home exercise program: Performing 2 times for 15 min walking but has to stop 3 times as gets tired and ex's 4 to 5 times a day

SUBJECTIVE: Medications helping a little and gets short lasted relief; get very sleepy with med's. Back is little feeling better, tried to walk outside with a cane but have to keep stopping--get tired

Pain:

- Location: Back, right hip and lower leg lat.
- Description/ Quality: burning and throbbing
- Frequency: continuously
- Score: Present time: 5/10, Worst 7/10, least 4/10
- Does anything make it better? medications
- Does anything make it worse? Sitting, standing and walking for long time; lying for extended period
- Sleep Disturbance: Yes - 2 times a night before taking med's
- Tingling/Numbness: Yes - heel

OBJECTIVE:

Posture: Sitting WB on left buttocks, heavy use of UE

standing -- stands with trunk slightly flexed, can stand up erect but complains of pain

ROM : Lumbar Spinal Range of Motion:

Flexion	26	R Lateral Flexion	12			remains guarded with movements. During flex movements mostly at hip
Extension	7	L Lateral	14			

Progress Notes (continued)

Kashmira A Patel, PT at 11/19/2015 10:32 AM (continued)

		Flexion			
--	--	---------	--	--	--

Trunk Strength:

Abdominals	2/5	Low Back	2/5
		Extensors	

ROM LE:

RLE: Hip flex 107, ab. 27, SLR 47, hip ext 15; knee ext 0, flex 120; ankle DF 10, PF 40. Strength: right hip flex, ab and ext. had give away so cannot assess, knee and ankle has give away and cog wheeling. Pt. Was able to extend knee fully while seated, With pain
LLE hip flex 122, ab. WNL, SLR 65, hip ext 22; knee and ankle WNL. Left hip flex difficult to assess as had give away, hip ext 4/5, ab. 4+/5, knee ext 4/5, knee flex 4+/5 and ankle 5/5

Palpation: Tenderness at L2 thru S1 centrally, both SI R>L, right buttocks, very tender centrally

Functional Transfers/bed mobility: continues to move very slowly and guardedly. Uses UE to move LE. Takes extra time with transfers and bed mobility

Balance: Static and dynamic independent with a cane

Gait:

- Distance: Community
- Assistive Device: cane
- Orthosis: none
- Deviations: guarded, with decrease in stance and step length on RLE, tends to amb. With a stiff leg with minimal knee flex

Special Tests: SLR positive on RLE

Outcome Measures: (PSFS)

Patient-Specific Functional Scale (0 - unable to perform activity and 10- able to perform activity at the same level as before injury or problem)

Activity	Initial	Date 10/8/15	Date
11/19/15			
Sitting equal to and more than 20 min	0	2	4
Standing equal to and more than 20 min	0	0	3
Walking without walker	0	1	3

Total score 11/19/2015: 10

Today's Treatment: Ex's as logged and explained to pt/wife to continue ex's and walking. Encouraged to increase walking which would help increase his endurance. Also advised his wife not to continuing helping pt. With his transfers but to slow encourage him to do them himself. She verbalized understanding. Review all

Progress Notes (continued)

Kashmira A Patel, PT at 11/19/2015 10:32 AM (continued)

HEP and he did fairly well with them but range is very limited with SLR as he continues to complain of pain. Updated HEP issued and reviewed body mechanics including lifting from floor. Pain at 4 at end of session. Pain at end of session 4/10 in back and right lower leg

Patient/Family Education: as above, pt/wife verbalized all understanding
Home Exercise Issued: Yes -

Assessment: Pt. has completed 12 planned visit. And he has not progressed as anticipated and pain has been limiting factor. Pt. Has required a lot of encouragement to push himself but he continues to use his UE to move LE during transfer and ex's. Pt. Has been taught HEP which he has done well as he has demonstrated them in clinic. Pt. Self limits range secondary to pain and even in clinic PT has not been able to gain any increase range. Pt. Has plateau at this time and he needs continued ex's and walking as advised. He is discharged as planned. Pt. Was advised that if his pain is better managed and he needs to return to PT that we would assist him. But will need new orders from MD.

Short Term Goals: 6 visits

1. Pt. Independent with HEP to help increase range and strength gains-- met
2. Improve Patient-Specific Functional Scale by 5 points-- met
3. Pt. Able to amb. Household distances with a cane and able to extend right knee fully for WB--partially met
4. Decrease pain at least 2 points to allow to improve activity level- met
5. Pt is independent with bed mobility and transfers 100% of time--partially met as wife helps when pain is severe that is once a week

Long Term Goals: 12 visits

1. Improve Patient-Specific Functional Scale by 15 points total since start of care --not met
2. Independent with updated HEP to help maintain and increase gains --met
3. Pt can walk at least 20 min's twice a day without assist. Devise--not met
4. Pt. Has understanding on proper body mechanics--met
5. Decrease pain 0 to 8 to improve quality of life.--not met

Plan: discharged

Date 11/19/2015 10:32 AM

Electronically signed by Kashmira A Patel, PT on 11/20/2015 10:26 AM

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 11/19/2015:

Scan on 11/19/2015 10:10 AM by Donna Ward

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/19/15

شعبہ برصغیر

724-5, 725-5

Diagnosis Code: 728.87

Surgery Date: L-S-Y Adverse effects:

Insurance, Medicaid #: Number of visits authorized: Expires:

Exercise 10: Shell

Signature of therapist: KL K4 Lta n

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Exp. Date: 11/19/15

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231

SEP-03-2015 12:30 From: 00475749602

Page: 2/3



Name: _____
Date of Surgery: _____
Physician: _____

PROXIS THERAPY - A PROXIS THERAPY PROGRAM

The intent of this protocol is to provide guidelines for progression of rehabilitation. It is not intended to serve as a substitute for the clinical decision making. Progression through each stage of rehabilitation is based on clinical criteria and does not need to be sequential.

Phase I - (0 to 2 Weeks):

Initial Precautions:

- Abdominal corset should be worn at all times when out of bed
- Patients are limited to lifting less than 8-10 pounds for 6 weeks
- Complaint PT does not begin until 2 weeks post-op
- Avoid bending, lifting, and twisting (BLT's) for 4 weeks

Goals:

- Diminish pain/inflammation
 - Ice, modalities as needed
- Focus on body mechanics, transfers, positioning
- Increase lower extremity function (only with neutral spine maintained)
- Minimize any radiating symptoms

Exercises:

- Progressive walking program
- Begin neutral mobility exercises for lower extremities as specified in hospital

Phase II - Initial Strengthening (2 to 6 weeks):

Precautions:

- Keep spine in neutral for initial strengthening. Progress to single plane exercises, then multiplanar exercises as nerve root irritation and muscle deficits begin to diminish.
- Functional stretching and gentle sports can start at 6 weeks
- Full bearing taken at least 12 weeks. Patients are cautioned not to exceed their activities before this time.

Goals:

- Reinforce muscular spine stabilization techniques
- Lumbar spine: AROM without any radiating symptoms
- Release soft tissue restrictions/muscle spasm (monitor lumbosacral region)
- After first level of stabilization is successfully completed, strength training may begin
- Body mechanics review

Exercises:

Aquatic Physical Therapy at 4 weeks (if available):

- No rotation
- Lumbar Stabilization
- Stretching
- Balances

Flexibility:

- Stretching of hamstrings, gastrocnemius, quadriceps, hip flexors, piriformis, etc.

Cardio:

- Gentle neural mobilization can be performed as needed, with caution not to flare up nerve roots.

- Progress to walking (1 mile/day, preferably over mile 2 separate times of day)

SEP-03-2015 12:30 From: 00475749602

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/19/15

SEP-23-2015 12:31 From: 654779719302

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Strength:

- Increase lifting limit to 10 pounds (do not increase past this until mobilization exercises are progressed)
- Strength training limited to decompression galleys, light weights, and sport cord.

Phase III- (6-12 weeks):

Precautions:

- Keep spine in neutral for initial strengthening. Progress to single plane exercises, then multi-plane exercises as nerve root irritation and muscle deficits begin to diminish.
- At 3-4 weeks, patients are usually allowed to start functional sports and work.
- Full healing takes at least 6 weeks. Patients are cautioned not to exceed their activities before this time.

Goals:

- Independent home exercise program
- Independent ADLs with proper body mechanics
- Increase lower quarter flexibility
- Increase lower quarter strength
- Increase hip extension strength
- Increase aerobic endurance ≥ 30 minutes
- Progress lifting as tolerated

Exercises:

Flexibility:

- Stretching of hamstrings, gastrocnemius, quadriceps, hip flexors, piriformis, quadratus lumborum, etc.
- Gentle neural mobilization can be performed as needed, with caution not to flare up nerve roots.

Strength:

- General leg strengthening
- Strengthening of specific leg weakness if residual motor deficits exist
- Core strengthening, which may include Swiss ball, Pilates, etc.
- Posterior hip strengthening

Cardio:

- Program walking program (treadmill or outdoors)
- Stationary bike riding

- Functional job drills may begin now with supervision
- Possible referral to work conditioning program

Scan on 11/30/2015 10:43 AM by Rebecca G Lawless : 2015.11.19 pt exercises (below)

SURGERY/ORTHO CLINIC
13 Edgewood Drive
GREENVILLE SC 29605
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/19/15

Paulino - Bautista,
Samuel De Jesu

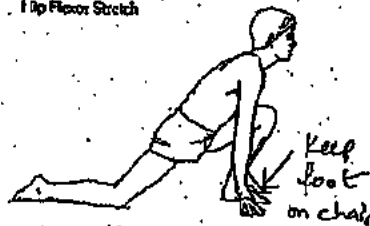
11/19/15

✓ Keeping feet flat on floor, shoulder width apart, knees as low as is comfortable. Use support as necessary.

Repeat 10 times
per set
Do 2 sets
per session
Do 2 sessions
per day



✓ HEP and KNEE - 34 Stretching
Hip Flexor Stretch

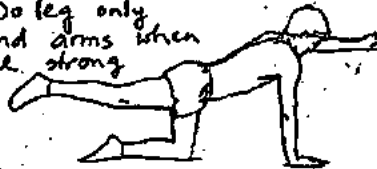


Slowly push pelvis downward while slightly arching back until a stretch is felt on front of hip.
Hold 15 seconds. Repeat 10 times.
Do 2 sessions per day.

Copyright 1999

✓ TRUNK STABILITY - 20
Quadruped Opposite Upper and Lower Extremity Extension

Do leg only
and arms when
feel strong



Tighten stomach and simultaneously raise leg and opposite arm.
Hold 3 seconds then slowly return to starting position, keeping trunk rigid. Repeat 10 times on each side.
Do 2 sessions per day

Order-Level Documents:

There are no order-level documents.

END OF REPORT

APA #5

ORTHO -NEURO PATEWOOD/
PHYSIATRY CROSSCREEK 111
DR. JYOTI K. MATH

Visit Summary

Reason for Visit

Lower Back - pain

Diagnoses

Lumbar radiculopathy, chronic - Primary

Herniated nucleus pulposus, L3-4 right

Drug therapy

Encounter for medication monitoring

Examination following surgery

Leg pain, right

Problem List as of 11/13/2015

Date Reviewed: 11/13/2015

	Codes	Priority	Class	Noted - Resolved
Leg pain, right	ICD-9-CM: 729.5 ICD-10-CM: M79.604			Unknown - Present
Herniated nucleus pulposus, L3-4	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/15/2015 - Present
Herniated nucleus pulposus, L3-4 right	ICD-9-CM: 722.10 ICD-10-CM: M51.26			7/20/2015 - Present
Pain of back and right lower extremity	ICD-9-CM: 724.5, 729.5 ICD-10-CM: M54.9, M79.604			9/3/2015 - Present
Muscle weakness	ICD-9-CM: 728.87 ICD-10-CM: M62.81			9/3/2015 - Present
Difficulty walking	ICD-9-CM: 719.7 ICD-10-CM: R26.2			10/1/2015 - Present
Back stiffness	ICD-9-CM: 724.8 ICD-10-CM: M25.60			10/1/2015 - Present
S/P lumbar microdiscectomy	ICD-9-CM: V45.89 ICD-10-CM: Z98.89			10/1/2015 - Present
Lumbar radiculopathy, chronic	ICD-9-CM: 724.4 ICD-10-CM: M54.16			11/13/2015 - Present

Allergies as of 11/13/2015

No Known Allergies

Reviewed On: 11/13/2015 By: Jyoti K Math,
MD

Vital Signs

Most recent update: 11/13/2015 8:18 AM by
Jessica McDaniel, RMA

BP	Pulse	HT	WT	BMI
(1) 146/95 mmHg	77	1.727 m (5' 8")	74.844 kg (165 lb)	25.09 kg/m2

Lab Tests

Medical

as of 11/13/2015

Past Medical History

Date

Comments

Source

Back pain			Provider
Low back pain			Provider
Leg pain, right			Provider
Lumbosacral disc disease			Provider
Pain of back and right lower extremity	9/3/2015		Provider

Generated on 6/28/2016 11:54 AM

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ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Sta. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

Visit Summary (continued)

Muscle weakness	9/3/2015	Provider
Difficulty walking	10/1/2015	Provider
Back stiffness	10/1/2015	Provider
S/P lumbar microdiscectomy	10/1/2015	Provider

Surgical as of 11/13/2015	Past Surgical History	Laterality	Date	Comments
	MICRODISCECTOMY LUMBAR		07/30/2015	Dr. Timothy Moberly

Family as of 11/13/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Diabetes	Mother				Provider
	Hypertension	Mother				Provider
	Diabetes	Father				Provider
	Hypertension	Father				Provider

Family Status as of 11/13/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Alive			Provider
	Father		Alive			Provider
	Daughter				Healthy	Provider
	Son				x2, Healthy	Provider

Tobacco Use as of 11/13/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use as of 11/13/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 11/13/2015	Drug Use	Source	Types	Frequency	Comments
	No	Provider		0.00	

Sexual Activity as of 11/13/2015	Sexually Active	Source	Birth Control	Partners	Comments
	Yes	Provider	None	Female	

Social ADL as of 11/13/2015	ADL Question	Response	Comments	Source
	None			

Occupational as of 11/13/2015	**None**
-------------------------------	----------

Socioeconomic as of 11/13/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	Spanish	Hispanic or Latino	Hispanic		

Medications

Medications at Start of Encounter

Generated on 6/28/2016 11:54 AM

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
gabapentin (NEURONTIN) 300 mg capsule Sig - Route: Take 300 mg 3 (three) times a day. - Oral Class: Historical Med				1/5/2016
tramadol (ULTRAM) 50 mg tablet (Discontinued) Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral Class: Print Reason for Discontinue: Reorder (won't display on AVS)	90 tablet	0	10/21/2015	11/13/2015

Discontinued Medications

	Reason for Discontinue
tramadol (ULTRAM) 50 mg tablet	Reorder (won't display on AVS)

Ordered Medications

	Disp	Refills	Start	End
tramadol (ULTRAM) 50 mg tablet (Discontinued) Sig - Route: Take 1 tablet (50 mg) by mouth every 4 (four) hours as needed for moderate pain. - Oral Class: Print Reason for Discontinue: Reorder (won't display on AVS) Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM	90 tablet	0	11/13/2015	1/5/2016
omeprazole (PRILOSEC) 20 MG capsule (Discontinued) Sig - Route: Take 1 capsule (20 mg) by mouth daily. - Oral Class: Print Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM	28 capsule	0	11/13/2015	1/5/2016
meloxicam (MOBIC) 7.5 mg tablet (Discontinued) Sig - Route: Take 1 tablet (7.5 mg) by mouth daily. - Oral Class: Print Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM	28 tablet	0	11/13/2015	1/5/2016
cyclobenzaprine (FLEXERIL) 10 mg tablet (Discontinued) Sig - Route: Take 1 tablet (10 mg) by mouth at bedtime as needed for muscle spasms. - Oral Class: Print Reason for Discontinue: Reorder (won't display on AVS) Cosign for Ordering: Accepted by Jyoti K Math, MD on 11/13/2015 11:16 AM	28 tablet	0	11/13/2015	1/5/2016

Telephone Encounter

Call Information

	Provider	Department	Center
11/13/2015 8:00 AM	Jyoti K Math, MD	Physiatry-Patewood	PTWD CENTERS

Reason for Call

Lower Back - pain

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

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ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

Telephone Encounter (continued)

Care Advice Given (continued)

Orders

ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

All Orders and Results Except Lab and Imaging (11/13/15 - 11/13/15)

Ambulatory Referral to Pain Management

Electronically signed by: Timothy Patrick McHenry, MD on 10/21/15

Status: Active

1117

Ordering user: Timothy Patrick McHenry, MD 10/21/15

Authorized by: Timothy Patrick McHenry, MD

1117

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

Comments:

Evaluate and treat/possible ESI

Result Summary

ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

All Lab and Imaging Orders and Results (11/13/15 - 11/16/15)

Alcohol Metabolites W/Conf Urine

Electronically signed by: Jessica McDaniel, RMA on 11/13/15 0851 Status: **Completed**

Ordering user: Jessica McDaniel, RMA 11/13/15 0851 Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Cosigning events:

Electronically cosigned by Jyoti K Math, MD 11/13/15 1116 for Ordering

Frequency: 11/13/15 -

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

Drug therapy [Z79.899]

Encounter for medication monitoring [Z51.81]

Comments:

PATIENT MUST COLLECT IN LAB ON

Final result, Resulted on: 11/19/15 0454

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162	Urine	Urine, Unspecified Source	11/16/15.1208

Components

	Value	Reference Range	Flag	Lab
Alcohol Metabolites	-			Sunquest

Result:

NEGATIVE

Reference range: <500

Unit: ng/mL

Please Note

SEE NOTE

Sunquest

Result:

Please Note

-

Sunquest

Result:

(NOTE)

These results are for medical treatment only

Analysis was performed as non-forensic testing

Test Performed by Quest, Chantilly,

Quest Diagnostics Nichols Institute,

14225 Newbrook Drive, Chantilly, VA 20151

Patrick W Mason, M.D., Ph.D., Director of Laboratories

(703) 802-6900, CLIA 49D0221801

Urine Pain Therapy Screen

Electronically signed by: Jessica McDaniel, RMA on 11/13/15 0851

Status: **Completed**

Ordering user: Jessica McDaniel, RMA 11/13/15 0851

Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Generated on 6/28/2016 11:54 AM

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All Lab and Imaging Orders and Results (11/13/15 - 11/16/15) (continued)

Urine Pain Therapy Screen (continued)

Cosigning events:

Electronically cosigned by Jyoti K Math, MD 11/13/15 1116 for Ordering

Frequency: 11/13/15 -

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

Drug therapy [Z79.899]

Encounter for medication monitoring [Z61.81]

Final result, Resulted on: 11/17/15 0642

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162	Urine	Urine, Unspecified Source	11/16/15.1208

Components

	Value	Reference Range	Flag	Lab
Cannabinoid Screen Urine	Neg			Sunquest
Cocaine (Metabolite) Screen Urine	Neg			Sunquest
Amines Screen Urine	Neg			Sunquest
Benzodiazepine Screen Urine	Neg			Sunquest
Barbiturate Screen Urine	Neg			Sunquest
Methadone Screen, Urine	Neg			Sunquest
Urine Tricyclic Screen	Neg			Sunquest
Pain Management Cutoff	AMPHETA MINE CUTOFF LEVEL: 1000 ng/ml			Sunquest
Pain Management Cutoff	METAMPH ETAMINE CUTOFF LEVEL: 1000 ng/ml			Sunquest
Pain Management Cutoff	BARBITUR ATES CUTOFF LEVEL: 200 ng/ml			Sunquest
Pain Management Cutoff	BENZODIA ZEPINE CUTOFF LEVEL: 200 ng/ml			Sunquest
Pain Management Cutoff	CANNABIN OIDS CUTOFF LEVEL: 50 ng/ml			Sunquest
Pain Management Cutoff	COCAINE METAB. CUTOFF LEVEL:			Sunquest

ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-5322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

All Lab and Imaging Orders and Results (11/13/15 - 11/16/15) (continued)

Urine Pain Therapy Screen (continued)

Pain Management Cutoff	300 ng/ml PROPOXY PHENE CUTOFF LEVEL:	Sunquest
Pain Management Cutoff	300 ng/ml TRICYCL C CUTOFF LEVEL:	Sunquest
Pain Management Cutoff	300 ng/mL METHADO NE CUTOFF LEVEL:	Sunquest
Ph, Urine Automated	6.7	4.5 - 8.0
Creatinine Urine	23.4	>20 mg/dL
Comment:		

Greenville Memorial Hospital 701 Grove Road Greenville, SC 29605 Medical Director Jesse R. Stafford, MD

Opiate Metabolites Confirm/Quant

Electronically signed by: Jessica McDaniel, RMA on 11/13/15 0851 Status: Completed

Ordering user: Jessica McDaniel, RMA 11/13/15 0851 Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Cosigning events:

Electronically cosigned by Jyoti K Math, MD 11/13/15 1116 for Ordering

Frequency: 11/13/15 -

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

Drug therapy [Z79.899]

Encounter for medication monitoring [Z51.81]

Final result, Resulted on: 11/18/15 1049

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162	Urine	Urine, Unspecified Source	11/16/15 1208

Components

	Value	Reference Range	Flag	Lab
Urine Morphine Lcms	Neg	ng/mL		Sunquest
Urine Morphine Lcms	-			Sunquest
Urine Oxymorphone Lcms	Neg	ng/mL		Sunquest
Urine Oxymorphone Lcms	-			Sunquest
Urine Hydromorphone Lcms	Neg	ng/mL		Sunquest
Urine Hydromorphone Lcms	-			Sunquest
Urine Codeine Lcms	Neg	ng/mL		Sunquest
Urine Codeine Lcms	-			Sunquest
Urine Oxycodone Lcms	Neg	ng/mL		Sunquest

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ORTHO/NEURO PATEWOOD C-100
200 Patwood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

All Lab and Imaging Orders and Results (11/13/15 - 11/16/15) (continued)

Opiate Metabolites Confirm/Quant (continued)

Urine Oxycodone Lcms	-		Sunquest
Urine Noroxycodone Lcms	Neg	ng/mL	Sunquest
Urine Noroxycodone Lcms	-		Sunquest
Urine Hydrocodone Lcms	Neg	ng/mL	Sunquest
Urine Hydrocodone Lcms	-		Sunquest
Urine Norhydrocodone Lcms	Neg	ng/mL	Sunquest
Urine Norhydrocodone Lcms	-		Sunquest
Opioid Detection Level	LC/MS/MS		Sunquest
	Detection		
	Limit: 50		
	ng/mL		
Opioid Detection Level	Reference		Sunquest
	Range:		
	Negative		
Opioid Detection Level	-		Sunquest

Comment:

Greenville Memorial Hospital 701 Grove Road Greenville, SC 29605 Medical Director Jesse R. Stafford, MD
Result:

This test was developed and its performance characteristics determined by Greenville Memorial Hospital. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Urine Tramadol with Confirmation

Electronically signed by: Jessica McDaniel, RMA on 11/13/15 0851

Status: Completed

Ordering user: Jessica McDaniel, RMA 11/13/15 0851

Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Cosigning events:

Electronically cosigned by Jyoti K Math, MD 11/13/15 1116 for Ordering

Frequency: 11/13/15 -

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

Drug therapy [Z79.899]

Encounter for medication monitoring [Z51.81]

Final result, Resulted on: 11/17/15 0642 (Abnormal)

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162			11/16/15-1208

Components

	Value	Reference Range	Flag	Lab
Urine Tramadol With Conf	This drug class detected by Initial	NEG	A	Sunquest

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ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc Date: 11/13/15

All Lab and Imaging Orders and Results (11/13/15 - 11/16/15) (continued)

Urine Tramadol with Confirmation (continued)

screen.
Interferenc
e is
possible.
See results
of
confirmator
y test

Comment:

DETECTION LIMIT: 200 ng/mL

Greenville Memorial Hospital 701 Grove Road Greenville, SC 29605 Medical Director: Jesse R. Stafford, MD

Urine Fentanyl with Confirmation

Electronically signed by: Jessica McDaniel, RMA on 11/13/15 0851

Status: Completed

Ordering user: Jessica McDaniel, RMA 11/13/15 0851

Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Cosigning events:

Electronically cosigned by Jyoti K Math, MD 11/13/15 1116 for Ordering

Frequency: 11/13/15 -

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

Drug therapy [Z79.899]

Encounter for medication monitoring [Z51.81]

Final result, Resulted on: 11/17/15 0642

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162	Urine	Urine, Unspecified Source	11/16/15 1208

Components

	Value	Reference Range	Flag	Lab
Fentanyl Urine Conf	Neg	NEG		Sunquest

Comment:

Detection Limit: 1.0 ng/mL

Greenville Memorial Hospital 701 Grove Road Greenville, SC 29605 Medical Director: Jesse R. Stafford, MD

Buprenorphine Urine (Quest)

Electronically signed by: Jessica McDaniel, RMA on 11/13/15 0851

Status: Completed

Ordering user: Jessica McDaniel, RMA 11/13/15 0851

Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Cosigning events:

Electronically cosigned by Jyoti K Math, MD 11/13/15 1116 for Ordering

Frequency: 11/13/15 -

Diagnoses:

Herniated nucleus pulposus, L3-4 right [M51.26]

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ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

All Lab and Imaging Orders and Results (11/13/15 - 11/16/15) (continued)

Buprenorphine Urine (Quest) (continued)

Drug therapy [Z79.899]

Encounter for medication monitoring [Z51.81]

Final result, Resulted on: 11/19/15 0348

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162	Urine	Urine, Unspecified Source	11/16/15 1208

Components

	Value	Reference Range	Flag	Lab
--	-------	-----------------	------	-----

Buprenorphine Ur (Quest)

Result:

NEGATIVE

Reference range: <2

Unit: ng/mL

Sunquest

Norbuprenorphine Ur (Quest)

Result:

NEGATIVE

Reference range: <2

Unit: ng/mL

Sunquest

Norbuprenorphine Ur (Quest)

Result:

Sunquest

(NOTE)

Test Performed by Quest, Chantilly,
Quest Diagnostics Nichols Institute,
14225 Newbrook Drive, Chantilly, VA 20151
Patrick W Mason, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801

Tramadol Quant Urine

Status: Completed

Order placed as a reflex to Alcohol Metabolites W/Conf Urine ordered on 11/13/15 at 0851

Ordering user: Ancillary Results Incoming Interface
11/16/15 1208

Ordering provider: Jyoti K Math, MD

Authorized by: Jyoti K Math, MD

Frequency: 11/16/15 1208 -

Final result, Resulted on: 11/22/15 1415 (Abnormal)

Resulting lab: SUNQUEST

Specimen Collection

ID	Type	Source	Collected On
SQM68162			11/16/15 1208

Components

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ORTHONEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc Date: 11/13/15

All Lab and Imaging Orders and Results (11/13/15 - 11/16/15) (continued)

Tramadol Quant Urine (continued)

	Value	Reference Range	Flag	Lab
--	-------	-----------------	------	-----

Desmethyltramadol

Result:

2000

Reference range: <100

Unit: ng/mL

H

Sunquest

Urine Tramadol

Result:

5800

Reference range: <100

Unit: ng/mL

H

Sunquest

Urine Tramadol

Result:

Sunquest

(NOTE)

Test Performed by Quest, Chantilly,
Quest Diagnostics Nichols Institute,
14225 Newbrook Drive, Chantilly, VA 20151
Patrick W Mason, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
12 - Sunquest	SUNQUEST	Unknown	Unknown	05/11/11 2017 - Present

Progress Notes

Jyoti K Math, MD at 11/13/2015 8:21 AM

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Samuel De Jesu Paulino-Bautista is a 35 y.o. male

Chief Complaint

Patient presents with:

- Lower Back - pain

HPI:

HPI

Patient was seen in the past and is seen in the presence of video Spanish interpreter.

Patient is seen at the request of Dr. McHenry for evaluation of back pain and possible injection treatment.

He reports that he got injured at work. He does maintenance and cleaning at the CA and fell couple of times at work and started having back pain, but he reports that Workers Comp denied his claim eventually underwent

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Progress Notes (continued)

Jyoti K Math, MD at 11/13/2015 8:21 AM (continued)

surgery.

Patient is a 35 year old male who underwent right L3, L4 microdiscectomy on July 30, 2015 by Dr. McHenry for radiculopathy. Patient continues to have right leg radicular pain status post MRI of lumbar spine on 10/7/2015 and did not show any recurrent herniation or severe foraminal compromise minimal enhancing epidural fibrosis is noted on the right side. There is a sciatica transitional S1 vertebral segment and S2 with the disc between S1 and S2 as per Dr. McHenry. The patient is not a surgical candidate.

The patient continues to have activity limiting pain and is not able to participate in physical therapy as he should be.

Currently he is taking tramadol. He has tried Neurontin in the past and that has helped but currently is not taking it. No other significant side effects from the medication.

Patient reports that his back hurts more than leg. He does have residual tingling and numbness in L5 distribution and right leg feels that his weak but walks with a cane. No change in bowel or bladder habit fever, unexplained weight loss. No history of cancer, osteoporosis

Pain Assessment

Pain Assessment: 0-10

Pain Score: 6

Pain Location: Back

Pain Orientation: Right

Pain Radiating Towards: right leg into foot

Pain Descriptors: Throbbing

Pain Frequency: Constant/continuous

Pain Onset: Progressive

Clinical Progression: Not changed

Aggravating Factors: Activity, Stooping, Bending, Walking

Pain Limitations: General Activity

Result of Injury: No

Work-Related Injury: No

Patient's Stated Pain Goal: No pain

Pain Intervention(s): Rest

ROS:

Review of Systems

All other systems reviewed and are negative.

Intake form reviewed, signed and dated review of system. Past medical history, past surgical history, family history, medications, allergies, social history reviewed

Objective:

BP 145/95 mmHg | Pulse 77 | Ht 5' 8" (1.727 m) | Wt 165 lb (74.844 kg) | BMI 25.09 kg/m2

Physical Exam

PHYSICAL EXAM

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal.

Cardiovascular:

No peripheral edema or varicose veins:

Pulmonary/Chest: Effort normal. No respiratory distress.

Abdominal: Soft.

Progress Notes (continued)

Jyoti K Math, MD at 11/13/2015 8:21 AM (continued)

Musculoskeletal: He exhibits no edema.

Neurological: He is alert and oriented to person, place, and time. He has normal strength. Gait normal.

Skin: Skin is warm, dry and intact. No rash noted.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Nursing note and vitals reviewed.

Ortho Exam

He is in moderate discomfort. Able to transfer independently with some difficulty. He walks with a cane but able to ambulate without cane as well. Able to transfer from sit to stand position and to the chair, chair to bed position has some difficulty in standing on toes and on his heels because of the pain. He has a well-healed scar in lower lower lumbar area. Lumbar range of motion is significantly restricted because of the pain.

He has hypertonicity lumbar paraspinal muscles with a tenderness over lumbar paraspinals and right ptosis.

Strength in bilateral lower extremities 5 out of 5 except right knee flexion is 4+ out of 5. Ankle dorsiflexion is 4+ out of 5, extensor hallucis longus is 4+ out of 5. Unclear whether it is because of the pain.

Reflexes symmetrical, absent at ankle, 2+ at left knee, 1+ at right knee. Plantars equivocal. Tone in lower extremities. Normal. No clonus. Straight leg test is negative

ASSESSMENT/PLAN:

1. Lumbar radiculopathy, chronic. Patient continues to have significant back pain. He does have a significant back spasms. We will start anti-inflammatory medication. He denies any gastric renal or cardiac side effects discussed with him. I will also give him. Omeprazole. I have refilled tramadol and we will obtain urine drug screen today. I have also added Flexeril. Side effects discussed with him in depth. He will continue physical therapy as tolerable. If he does not improve with this, we will consider trigger point injection and SI injection we will also give the consideration to adding Neurontin in future.
2. Herniated nucleus pulposus, L3-4 right.
3. Drug therapy.
4. Encounter for medication monitoring.
5. Examination following surgery.
6. Leg pain, right.
7. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

JM/mbm

PCP: Mary K. Duran, MD

REFERRING PROVIDER: Timothy McHenry, MD

Electronically signed by Jessica McDaniel, RMA on 11/13/2015 1:01 PM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

User	Date & Time
MATH, JYOTI	11/13/2015 8:51 AM

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ORTHO/NEURO PATEWOOD C-100
200 Patewood Drive, Ste. C100
Greenville SC 29615-6322
Amb Encounter Report

PAULINO-BAUTISTA, SAMUEL DE
JESU
MRN: [REDACTED]
DOB: [REDACTED] Sex: M
Enc. Date: 11/13/15

Follow-up and Disposition History (continued)

Disposition:

Return in about 3 weeks (around 12/4/2015) for Recheck.

Follow-up:

N/A

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

Encounter-Level Documents - 11/13/2015:

Scan on 11/18/2015 3:45 PM by Denise Harnesberger : UMR 2015.11.13 PT HX QUEST (below)