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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 2104833
APPELLATE CASE NO. 2024-001766

Qushon Inman, Claimant..... Appellant-Respondent,

vs.

GE Healthcare, Inc., Employer,
and Riverstone Industrial Ins., Carrier Respondents-Appellants.

RECORD ON APPEAL

VOLUME I

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 2104833

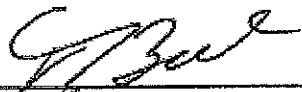
Qushon Inman,	)
	)
Claimant,	)
vs.	)
	)
General Electric,	)
	)
Employer,	)
	)
Electric Insurance Company,	)
	)
Carrier,	)
Defendants	)
	)

ADMINISTRATIVE ORDER

Parties ordered to mediation with Lana Sims within 60 days of the date of this order.

If Mediation cannot be completed within the 60 days, the parties are to notify my office of the mediation date.

Record is frozen as of May 17, 2023.



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 Shawnee DeBruhl on May 18, 2023



WCC File #: 2104833
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Qushon Inman Employer's Name: General Electric-Florence
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () - _____ Work Phone: () - _____ Insurance Carrier: _____
Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: () - _____

THIS MATTER was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference. The Commissioners considered the matter and ordered the matter handled in the following manner:

I. DISPOSITION

☒ **Administrative Appeal.** This action came before the Commission on Appeal of an Administrative Order. The appeal is:

- ☒ Dismissed as Interlocutory
☐ Set for Oral Argument before the:
☐ Hearing Commissioner
☐ Jurisdictional Commissioner
☐ Full Commission.

See Section II for additional information.

☐ **Motion.** This action came before the Commission on a motion. The pending motion is:

- ☐ Granted
☐ Denied
☐ Dismissed
☐ Remanded for Hearing before the:
☐ Hearing Commissioner
☐ Jurisdictional Commissioner
☐ Preserved for Hearing before the:
☐ Hearing Commissioner
☐ Jurisdictional Commissioner
☐ Full Commission.

☐ Other

See Section II for additional information.

☐ **Appeal.** This action came before the Commission on Appeal from a Single Commissioner Decision & Order. The issues have been heard and a decision rendered. See Section II for additional information. This matter is hereby:

☐ Remanded to take such action and enter an Order consistent with the Commissions' directive. (CHECK APPLICABLE BOX):

☐ Remanded to the Panel as indicated below

____ Barden
____ Beck

____ James
____ Campbell
____ McCaskill

____ Taylor
____ Wilkerson

- ☐ Remanded to the Hearing Commissioner
☐ Remanded to the Jurisdictional Commissioner
☐ Other: _____
☐ Oral Argument to be held by the ☐ Panel or ☐ En Banc

2104833 Qushon Inman

CERTIFICATE OF SERVICE

Served via E-Mail:

Nicolas L. Haigler, Esquire nhaigler@robinsongray.com	
Steve Wukela, Jr., Esquire steve@wukelalaw.com	

Order Served via USPS:

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS
ORDER IN THE ABOVE-ENTITLED ACTION UPON ALL PARTIES
ELECTRONICALLY OR BY DEPOSITING A COPY HEREOF, POSTAGE PAID,
IN THE UNITED STATES MAIL

This 17 day of July 2023
By: Valerie D Deller
SCWCC Judicial Department

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: Valerie D. Deller, Judicial Department

State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

THE HONORABLE T. Scott Beck

SCWCC File No.: 2104833

Qushon Inman,

Claimant,

v.

General Electric - Florence,

Employer,

and

Electric Insurance Company,

Carrier,

Defendants.

Hearing held in Columbia, South Carolina,
on August 29, 2023.

Per notice timely and properly served upon all Parties of Interest.

Appearances: Stephen J. Wukela, Esquire, of Wukela Law Firm appeared on
behalf of Claimant.

Nicolas L. Haigler, of Robinson Gray Stepp & Laffitte, L.L.C.
appeared on behalf of Defendants.

Purpose of Hearing: To address issues as raised on the Forms 50 and 51 filed on
behalf of the parties.

Court Reporter: ABC Reporting Service, 257 Summerland Ave., Batesburg, SC;
803-532-5255

Filed: February 16, 2024

I. STATEMENT OF THE CASE

Procedural Background

Claimant's counsel deposed Dr. Willie Edwards on September 23, 2021, to address causation of the claimant's alleged injuries in this case. As a result of that deposition, the defendants filed a Form 19 with the commission on October 5, 2021, to administratively close the claim. Claimant's counsel subsequently attempted to re-depose Dr. Edwards on August 25, 2022, to address the same issues on which he had previously deposed Dr. Edwards in September 2021. The defendants filed a Motion to Quash the second deposition of Dr. Edwards. The Motion was granted by Commissioner Dooley on August 30, 2022. Claimant's counsel subsequently notified defense counsel that he intended to move forward with the deposition anyway. The defendants filed a Motion for Rule to Show Cause to enforce the terms of Commissioner Dooley's Order. This Motion was granted by Commissioner McCaskill by Order dated October 27, 2022.

The defendants later learned that on the date in October 2022 that the deposition was to take place, claimant's counsel met with Dr. Edwards to secure a hearsay statement in lieu of the deposition the commission had specifically instructed him not to take. This hearsay document was submitted by claimant's counsel as evidence at the hearing previously scheduled for May 18, 2023. The defendants filed a Motion to Exclude the hearsay statement. The defendants' Motion was denied by Commissioner Beck and the defendants were instructed to depose Dr. Edwards if they wished to cross-examine him regarding the hearsay document. The defendants filed a Form 30 with the commission to appeal Commissioner Beck's Order. The appeal was dismissed as interlocutory on July 20, 2023.

Hearing

This claim involves an alleged accident on March 19, 2021, involving alleged injuries to the claimant's neck and lumbar spine affecting the legs due to radiculopathy. The claimant contends that the claim is compensable under either Section 42-1-160 or 42-9-35 of the Act and seeks payment for past and

future causally related medical treatment since the date of the alleged injury as well as temporary total disability benefits ("TTD") from April 1, 2021, and ongoing.

The defendants contend that the claimant has failed to properly plead a claim under Section 42-15-35 of the Act. Further, the defendants contend that the claimant has failed to meet his burden of proof under both Section 42-1-160 and 42-9-35 of the Act such that he would not be entitled to any benefits, medical or indemnity, in this claim.

Additionally, it is the defendants' position that the claimant has committed fraud in the application of his employment with the defendant employer under Cooper v. McDevitt & Street Co. The defendants contend that fraud in the application of employment is a jurisdictional issue which cannot be waived. The claimant argues that fraud in the application is an affirmative defense which is waived when not specifically included in the Form 51 pursuant to Regulation 67-603.

Finally, the defendants restated their standing objection to the submission of the hearsay statement of Dr. Edwards as evidence in this case.

II. STIPULATIONS

The parties stipulated at the Hearing to the following:

1. Notice of the Hearing was timely and properly served upon all parties of interest.
2. The South Carolina Workers' Compensation Commission has jurisdiction over this matter, and venue set in Columbia, South Carolina is proper for purposes of this Hearing.
3. The South Carolina Workers' Compensation Commission file is made a part of the record except for any self-serving declarations or unstipulated medical reports.
4. The claimant has an average weekly wage of \$694.44, with a corresponding compensation rate of \$462.98.
5. Claimant APAs 25 and 26 were not submitted by the claimant.

III. APA SUBMISSIONS

The following exhibits were submitted on behalf of the defendants pursuant to the Administrative Procedures Act:

	Exhibits	Date of Reports	Page Numbers
A.	Claimant's deposition, for impeachment only	6/15/2021 and 4/25/2023	NOT SUBMITTED
B.	Deposition of Dr. William Edwards	4/20/2023	deposition
C.	Portions of claimant's medical file from GE		1 – 10

The claimant submitted the following medical reports and exhibits pursuant to the Administrative

Procedures Act:

APA	PROVIDER	FACILITY	REPORT DATES	PAGES
1	Latoya Lane, APRN	McLeod Health	12/26/20	1-67
2	Manuel Fonseca, MD Kenneth Burns, MD Kristin Dubose, NP	MUSC - Florence	03/23/21 03/24/21 03/29/21	68-105 106-142 143-180
3	Christopher Huiet, PA	McLeod Orthopaedics (Florence)	04/01/21-05/04/21	181-217
4	Bruce Johnson, MD William Edwards, MD	McLeod Spine Center	05/17/21-11/02/22	217 (A)(1)-(A)(55)
5	Roland Skinner, MD	McLeod Neurological Associates	10/21/21-11/22/21	218-243
6	John Wolford, MD	McLeod Digestive Health Center	06/01/22-07/06/22	244-256
7	Claimant's Text Messages to Employer			257-268
8	Tucker-Wells Delivery Tickets			269-273
9	CVS Pharmacy Prescription Record			274-275
10	Defendants' Motion to Quash Second Deposition of Dr. William Edwards		08/15/22	276-280
11	Claimant's Reply in Opposition to Defendants' Motion to Quash Second Deposition of William Edwards, MD		08/18/22	281-289
12	Motion Order of Commissioner Cynthia Dooley		08/30/22	290-291
13	Claimant's Form 30 – Request for Review of Commissioner Dooley's Motion Order		09/12/22	292-297
14	Defendants' Motion for Rule to Show Cause		09/12/22	298-302

15	Claimant's Response to Defendants' Motion for Rule to Show Cause dated September 12, 2022	09/14/22	303-307
16	Full Commission Disposition of 09/12/22 Form 30	09/19/22	308-310
17	Motion Order of Commissioner Gene McCaskill	10/27/22	311
18	Claimant's Form 30 – Request for Review of Commissioner McCaskill's Motion Order	11/04/22	312-316
19	Full Commission Disposition of 11/04/22 Form 30	11/21/22	317-319
20	Claimant's Form 50 – Request for Hearing	04/26/21	320
21	Defendants' Form 51 – Answer to Request for Hearing	05/26/21	321-322
22	Consent Order	07/15/21	323
23	Claimant's Subpoena Response	12/08/22	324
24	Subpoena issued to Dr. William Edwards	01/24/23	325-327
25	Deposition - Qushon Inman	06/15/21	NOT SUBMITTED
26	Deposition - Kelley Prevatte, RN (Including Exhibits)	07/08/21	NOT SUBMITTED
27	Deposition - William Edwards, MD	09/23/21	
28	Deposition – William Edwards, MD	04/20/23	

IV. EVIDENCE OF THE CASE

The undersigned has carefully considered all testimony and medical evidence presented by the parties in this claim. The following is specifically noted:

Hearing Testimony of Kelley Prevatte

Prevatte testified that she is the lead nurse for GE Healthcare, a position she has held since December 2020. She confirmed that the claimant worked at GE Healthcare through a temp agency beginning in 2018. The claimant was later hired as a GE employee on or about January 11, 2021. (H.T. pp. 9-10).

Prevatte was asked to review the December 24, 2020, questionnaire completed by the claimant as part of the hiring process with GE. She testified that the purpose of the questionnaire is to determine whether the job that has been offered to an individual is something the person can perform safely. She

further stated that GE relies upon the accuracy of an individual's response to the medical questionnaire in placing that person in a job with GE. This gives GE the opportunity to determine whether any accommodations need to be made so that the individual can safely perform his duties. (H.T. pp. 26, 28-29).

Prevatte testified that the claimant's completion of the December 24, 2020, medical questionnaire was a substantial factor in employing the claimant with GE. (H.T. 35-36). Had the claimant indicated he was having back pain at the time he completed the form, GE would have consulted a doctor and investigated whether he was fit for duty in the position he was hired to perform and to determine whether any accommodations were necessary. Because the claimant did not accurately answer the questionnaire concerning his back pain, GE was not afforded the opportunity to determine how and if the claimant could safely perform his job duties. (H.T. p. 37).

Hearing Testimony of the Claimant

The claimant testified that he is 33 years old with a high school education and some college. He began working at the GE facility in 2018 as a forklift driver. During that time, the claimant confirmed that he was employed by Thompson and Company. When he was later hired as a GE employee, the claimant testified he was given a medical questionnaire to complete. The claimant admitted that when he denied having back pain on the December 24, 2020, medical questionnaire his statement was not true. He admitted to having been to the emergency department on December 26, 2020, due to ongoing back pain and radicular left leg symptoms for one and a half months. The claimant admitted that he was taken out of work for a period of time due to this condition. (H.T. pp. 46-51).

According to the claimant's testimony, he was operating the crane to move an MRI onto the back of an 18-wheeler and felt a sharp pain in his back when he jumped off the back of the truck onto the dock on March 19, 2021. Claimant testified that he subsequently met with Kelley Prevatte on March 22, 2021, and explained that he had experienced back pain in December 2020, which had resolved until March 2021 when he was jumping off trucks. He stated that on March 23, 2021, he presented to MUSC's emergency room for back pain. He confirmed his report that the back pain in March 2021 was similar to the back pain

he experienced in December 2020 and that the pain from December 2020 had been on and off since that time. The claimant testified that he returned to the emergency room on March 23, 2021, at which time he reported having had lower back pain radiating to his left leg for several months. (H.T. pp. 52-56).

On cross-examination the claimant confirmed that he was not truthful when he denied having back pain on the December 24, 2020, medical questionnaire despite having gone to the emergency room two days later due to experiencing "10/10" back pain radiating down his left leg for a month and a half. Ultimately, the claimant admitted that despite this level of pain he lied on the medical questionnaire. (H.T. p. 59-61).

In reviewing his deposition testimony from June 15, 2021, the claimant confirmed that his testimony at that time was also untrue. Specifically, the claimant confirmed that in his deposition he testified that his back pain in December 2020 was a three to four out of ten which he agreed is inconsistent with what he told the doctor on December 26, 2020. (H.T. p. 62). The claimant also confirmed that his testimony and report to P.A. Huiet regarding complete resolution of his low back pain from December 2020, was inconsistent with the history of back pain he gave to the emergency room physician in March 2021, at which time he reported ongoing back pain radiating down his left leg for several months. He also admitted that the pain from December 2020 did not resolve after a couple of days as he had reported to P.A. Huiet in March 2021. (H.T. p. 67).

The claimant confirmed that he was hired by GE on January 11, 2021. He confirmed that prior to that, in December 2020, he had back problems which he suspected were either from working out or his strenuous work with a previous employer. He admitted that rather than filing a worker's compensation claim at that time, he lied on the GE medical questionnaire concerning his past and present back problems and went to work for GE and is now pursuing worker's compensation benefits from the defendant-employer. (H.T. p. 71).

Deposition Testimony of Dr. Willie Edwards taken September 23, 2021

Dr. Edwards was first deposed on September 23, 2021, by claimant's counsel, to establish causation. Dr. Edwards testified that the only time he had seen the claimant was on June 22, 2021, at which

time he had access to the claimant's medical records from P.A. Huiet. Dr. Edwards could not recall which dates of service he had reviewed from P.A. Huiet. (Dr. Edwards 9/23/2021, pp. 5-6). During the deposition, Dr. Edwards was presented with the claimant's APAs and asked to review the records from P.A. Huiet, after which, Dr. Edwards confirmed that the first date of service the claimant had with P.A. Huiet was April 1, 2021. Claimant's counsel then asked Dr. Edwards to review page 186 of his APAs which referenced a recommendation from P.A. Huiet for MRIs of the thoracic and lumbar spine. Dr. Edwards was then directed by claimant's counsel to page 193 of his APAs which was identified as the MRI report of the claimant's thoracic and lumbar spine. Dr. Edwards testified that the "only significant finding" in the report was "some bulging or disc protrusion" of the bottom two discs of the lumbar spine. He opined that the findings showed "some degenerative changes in the spine with the superimposed disc protrusion or disc herniation causing some pressure on the nerves, mostly on the left side." (Dr. Edwards 9/23/2021, pp. 6-8).

Claimant's counsel next directed Dr. Edwards to page 195 of his APAs, which Dr. Edwards noted to be the April 20, 2021, office report of P.A. Huiet. Dr. Edwards reviewed the report and noted that it mentioned complaints from the claimant of pain in his back and both legs, left greater than right, and some increased neck pain radiating to the shoulder blades and numbness and tingling in the hands since his last visit. (Dr. Edwards 9/23/2021, p. 8). Dr. Edwards was then referred by claimant's counsel back to page 184 of his APAs where Dr. Edwards notes the claimant's report that "on March 19, patient jumped out of an eighteen-wheeler at work and noticed an immediate onset of pain radiating from the upper back to the lower back and throughout the lower extremities." (Dr. Edwards 9/23/2021, p. 9). Dr. Edwards confirmed that these complaints were consistent with the complaints noted in the April 20, 2021, visit with P.A. Huiet during which time the claimant was placed out of work. After that appointment, Dr. Edwards confirmed that the claimant was referred by P.A. Huiet to his office. (Dr. Edwards 9/23/2021, p. 9).

Dr. Edwards confirmed that, according to page 208 of claimant's APAs, a cervical MRI was performed on May 4, 2021, per the order of P.A. Huiet. Dr. Edwards opined that the scan showed "loss of some of the normal curvature of the spine... [which] typically involves muscular tension or spasm in the

neck. There was a slight disc bulge in one of the discs between the 5th and 6th vertebrae.” (Dr. Edwards 9/23/2021, p. 10).

Claimant’s counsel next directed Dr. Edwards to claimant’s APA page 217(A)(10), which Dr. Edwards noted was a report from Dr. Bruce Johnson for an evaluation of the claimant on May 17, 2021. At the request of claimant’s counsel, Dr. Edwards testified that the report noted complaints from the claimant of “low back pain, worse on the left than right... patient hurts all over. He is a very complicated patient to figure out. He is having pain into his shoulders and down both arms. He is having weakness in his right arm. He’s having a lot of pain and weakness in his left leg.” Dr. Edwards notes that the report indicates these symptoms had been present his March 19th when the claimant reported he jumped off an eighteen-wheeler and “felt a sharp shooting pain in his back.” (Dr. Edwards 9/23/2021, p. 11). Dr. Edwards testified that the positive leg raise noted in Dr. Johnson’s report suggested some sciatic irritation most likely due to something compressing the lower part of the spine. Dr. Edwards notes that based on these findings Dr. Johnson recommended steroid injections. (Dr. Edwards 9/23/2021, p. 12).

Dr. Edwards testified that he evaluated the claimant based upon recommendations from P.A. Huiet and Dr. Johnson. At the time of his evaluation of the claimant, Dr. Edwards testified that he had reviewed the history from P.A. Huiet and Dr. Johnson which he found consistent with what the claimant reported to him concerning the location of symptoms and mechanism of injury. Dr. Edwards testified that the claimant’s reported symptoms were out of proportion with what he would have expected, particularly the claimant’s reported difficulty ambulating and going from sitting to standing. Dr. Edwards opined that the MRI findings did not explain these physical exam findings. (Dr. Edwards 9/23/2021, pp. 13-14).

Claimant’s counsel then directed Dr. Edwards to page 184 of his APAs, a report of P.A. Huiet which Dr. Edwards confirmed notes that the claimant denied any history of “axion spine problem.” Dr. Edwards goes on to testify that the report states that the claimant “denies previous history of axion spine trauma, reports history of low back spasms which began on December 23rd and he was evaluated on December 26th and CT scan of lumbar spine obtained. Patient states his symptoms one hundred percent

resolved after a few days.” Dr. Edwards could not testify to whether there was any change between the CT scan in December and the MRI studies he reviewed from May. (Dr. Edwards 9/23/2021, p. 16).

Dr. Edwards testified that on June 22, 2021, he placed the claimant out of work because the claimant told him he could not work. Dr. Edwards testified that the claimant had a disc protrusion which supported the claimant’s out of work status, but again testified that the claimant’s clinical complaints were out of proportion with what he would expect with the objective findings of a disc herniation at L5-S1. (Dr. Edwards 9/23/2021, p. 18).

Dr. Edwards testified that the lumbar MRI was the basis for his diagnosis of a disc herniation at L5-S1 and that he thought the claimant had “significant compression of the nerve root.” Dr. Edwards stated that these findings would result in buttock and leg pain radiating down in the nerve distribution of the posterior thigh and calf down to the foot and ankle. These findings were consistent with the positive straight leg raise. However, Dr. Edwards again confirmed that he felt there could be some other problem aside from a disc herniation given the claimant’s out of proportion complaints to the objective findings on exam—specifically, difficulty walking, difficulty getting up and down, and having pain up and down his whole spine—which “typically do not emanate from an isolated disc herniation at the very bottom disc of [the] back.” Dr. Edwards described alternative conditions which could affect the nerves without putting pressure on them such as neurologic conditions, a disc or bone spur, or peripheral neuropathy resulting from some disease in the nerve. To that end, Dr. Edwards testified that he recommended a neurological evaluation for the claimant. (Dr. Edwards 9/23/2021, pp. 19-20).

Dr. Edwards opined that the claimant’s cervical MRI revealed findings consistent with muscular tension and did not reveal any spinal cord compression. He testified that the thoracic and cervical MRIs confirmed that the claimant’s symptoms of difficulty walking, difficulty getting up and down, and pain up and down the spine were not coming from the cervical or thoracic region of the claimant’s spine because there was no pressure on the spinal cord and no abnormal signal in the nerves through those areas. “So, something wasn’t adding up and that’s why I recommended the formal neurologic examination by Dr. Skinner.” (Dr. Edwards 9/23/2021, p. 21).

Claimant's counsel then testified into the record over defense counsel's objection as follows:

“[O]ne of [the claimant's] jobs is taking the core of the MRI that's been brought to him on a forklift, he hooks up some chains to a lift, he has a remote-control device that lifts the thing up, the MRI core, and he directs it over to the center of a truck, a flatbed, that's been backed up to the pier. This time they backed it up there was about a two-foot gap between the truck and the pier where he's got to be. Once he gets it over there, there is a process of settling it down on a carrier, so he's got to jump over to get over there where he can guide the MRI core down. In the process of making that leap, he jerked from the jump and all the discs, whatever it was, anyways he experienced immediate onset of pain in the areas that he described... So, he's in the process of—he rests a little bit, he's hurting and lets it down and then he's got to disconnect it, take that forward and he moves off and brings it down and he takes off the crane device that was the ropes or whatever, steel beams, steel, anyways he takes those off and hands them up and then he picks up another set and he's supposed to put a box over the top of that so it can be secured for travel and that kind of stuff. So, he does the same thing, which is very similar, jumping back over, which, of course, aggravates his condition worse, but he completes the job, does what he's supposed to do and then he reports, there's no question he reported it to his employer and is out of work... Assuming that's how it happened and he started having pain after that point, went to the emergency room, went to Mr. Huiet, went to Dr. Johnson and on to you. Do you have an opinion to a reasonable degree of medical certainty whether that maneuver and jumping back when he was in pain and

anything else that happened after that point was causally related to the pain he was suffering?”

(Dr. Edwards 9/23/2021, pp. 23-26).

Dr. Edwards testified that he believed that, based upon the statements made by claimant’s counsel, the described occurrence caused the claimant’s condition such that he is unable to work until evaluated by Dr. Skinner and returns to Dr. Edwards for further evaluation. (Dr. Edwards 9/23/2021, pp. 26-27).

Cross Examination

Dr. Edwards testified that there were two potential issues with the claimant—the neck and the low back. As for the neck, Dr. Edwards testified that the cervical MRI did not demonstrate “any injury to the disc or any compressive pathology to the spine.” He did testify that he believed there was a muscular injury to the neck based on the MRI findings showing tension and the claimant’s report of neck pain. Dr. Edwards noted that he did not know there was any injury to the neck when he reviewed P.A. Huiet’s records, but rather that he thought the cervical MRI order was appropriate because of the claimant’s complaints of pain up and down the spine. However, Dr. Edwards testified that the mechanism of injury as testified to by claimant’s counsel and as reported by the claimant to Dr. Edwards “would have been fairly unlikely to cause a specific injury to the neck...” (Dr. Edwards 9/23/2021, pp. 27-28).

Dr. Edwards confirmed that the reason he referred the claimant for a neurological evaluation with Dr. Skinner is that he cannot explain the claimant’s subjective complaints with the objective findings of the MRIs and his examination of the claimant. (Dr. Edwards 9/23/2021, p. 28).

Dr. Edwards testified that, per his June 22, 2021, report, the claimant stated that he started having pain in his neck and both shoulders on March 19, 2021. He confirmed that, at the time of the deposition, he had not seen any emergency room reports after March 19, 2021. Defense counsel directed Dr. Edwards to review claimant’s APA pages 75-78, which is an emergency room report dated March 23, 2021. Upon review of the report, Dr. Edwards confirmed that the claimant had no complaints of neck pain or bilateral shoulder problems during that March 23rd emergency room visit. It was noted that the emergency room

physician ordered an x-ray of the claimant's lumbar spine but not the cervical spine during this visit. (Dr. Edwards 9/23/2021, pp. 29-31).

Dr. Edwards was then directed to claimant's APA page 106, which he confirmed was an emergency room report from March 24, 2021. Dr. Edwards testified that, at the time of the deposition, he was not aware that the claimant had made this return visit to the emergency room. However, Dr. Edwards confirmed that, again, there were no complaints of neck or shoulder pain anywhere in that report. (Dr. Edwards 9/23/2021, p. 31). Dr. Edwards next reviewed, for the first time, an emergency room report from March 29, 2021, which Dr. Edwards confirmed made no mention of any complaints of neck pain. He noted that the report does reflect a report from the claimant that his low back pain had been present for "several months." Dr. Edwards confirmed that report is not consistent with the March 19th injury date. (Dr. Edwards 9/23/2021, p. 32).

Dr. Edwards testified that, given the March 23rd, 24th, and 29th emergency room reports do not reflect any complaints of neck pain, and that "the causation of any neck symptoms [are] unrelated to the injury in question." (Dr. Edwards 9/23/2021, pp. 32-33).

Dr. Edwards confirmed that, at the time of the deposition, he had not seen any emergency room reports from December 2020. The only way he had knowledge of that visit would have been from the claimant telling him about it. (Dr. Edwards 9/23/2021, p. 33).

Defense counsel next directed Dr. Edwards back to P.A. Huiet's April 1, 2021, report. Dr. Edwards confirmed that the report contemplates complaints in the lower back and symptoms in the left leg, consistent with the complaints the claimant had when he saw Dr. Edwards on June 22nd. Dr. Edwards agreed that these complaints correlate with the findings in the lumbar MRI. He confirmed that the report states that the claimant reported a history of low back spasms beginning on December 23rd, that he was evaluated for these spasms on December 26th, and that his symptoms 100 percent resolved within a few days. Dr. Edwards confirmed that the History of Present Illness section of a medical report is what the patient specifically tells the provider. To that end, he confirmed that the claimant told P.A. Huiet that his low back symptoms in

December had completely resolved within a few days, as well as that the only nature of the symptoms were back spasms. (Dr. Edwards 9/23/2021, pp. 34-36).

Dr. Edwards opined that back spasms are the tightening of muscles around the lower part of the back. Back spasms do not include radicular pain down the leg or back pain. He would not consider a complaint of back pain running down a patient's leg at ten out of ten pain a back spasm. (Dr. Edwards 9/23/2021, pp. 35-36).

Dr. Edwards again reviewed the March 23, 2021, emergency room report. He confirmed that the report included an x-ray of the lumbar spine. That report, as confirmed by Dr. Edwards, notes "[l]ower back pain that started last Friday, states it shoots down both legs, up his back, pain started at work. Patient states it initially started last December and pain has been on and off since." Dr. Edwards testified that this report would not indicate 100 percent resolution of his low back symptoms after a few days in December 2020. He also agreed that the report was not consistent with what the claimant told P.A. Huiet on April 1, 2021, nor the March 29th report which indicates complaints of lower back pain with radiation into the left leg for several months. (Dr. Edwards 9/23/2021, pp. 36-37).

Defense counsel pointed out that during the claimant's deposition on June 15, 2021, he testified his pain was a three or four out of ten in December when he reported suffering back spasms versus a ten out of ten after the alleged work injury. Dr. Edwards reviewed and confirmed this testimony and went on to testify that three to four out of ten would be expected with muscle spasm type pain. Dr. Edwards opined that, as a physician, a patient who reports ten out of ten pain suggests "something that's seriously wrong [such as] cancer, infection, pressure on the spinal cord." He testified such a level of pain is "the worst you're looking for a building to jump off of kind of pain." (Dr. Edwards 9/23/2021, pp. 37-39).

Dr. Edwards was given the opportunity to review the emergency room report from December 26, 2020, which he confirmed he had never seen. Upon review Dr. Edwards testified that the claimant's complaints in December 2020 were identical to the complaints he presented to Dr. Edwards with on June 22, 2021. He confirmed that the report notes that the claimant reported ten out of ten pain in the lower back and radiating down the left leg, which Dr. Edwards agreed was not consistent with a muscle spasm.

Additionally, Dr. Edwards confirmed that the report notes that the claimant stated his symptoms had been present for a month and a half prior to the December 26, 2020, emergency room visit which would mean they started in early November 2020. He confirmed this would also be consistent with the timeline provided by the claimant in the March 29, 2021, emergency room report. Dr. Edwards testified that the December 26, 2020, report would be an important document to consider prior to opining on causation of the claimant's condition. He also testified that the report is inconsistent with the claimant's June 15, 2021, deposition testimony wherein he stated his low back pain in December had been a three to four out of ten. Dr. Edwards testified that, had an MRI been performed after this December 26, 2020, emergency room visit, it would have likely been identical to the lumbar MRI performed in May 2021. (Dr. Edwards 9/23/2021, pp. 39-41).

Dr. Edwards was presented with a pre-employment questionnaire which the claimant completed two days before the December 26, 2020, emergency room report. Defense counsel explained that the claimant had been hired by GE in January 2021, and as part of the hiring process was asked to complete the medical questionnaire. Dr. Edwards confirmed that the questionnaire was signed by the claimant on December 24, 2020, wherein the claimant denied any history of back pain or back trouble. Dr. Edwards testified that this response would be inconsistent with what the claimant reported to the emergency room on December 26, 2020, regarding when his back pain and left leg radicular symptoms began. This was also inconsistent with what the claimant reported to P.A. Huiet on April 1, 2021, during which time the claimant reported his pain began on December 23, 2020, just one day before the claimant executed the medical questionnaire. (Dr. Edwards 9/23/2021, pp. 41-43).

Based upon the records presented defense counsel, particularly those from December 26, 2020, March 23, 2021, March 24, 2021, and March 29, 2021, Dr. Edwards testified to a reasonable degree of medical certainty that it would be impossible for him to link causation of the claimant's alleged back and radicular leg problems to an incident on March 19, 2021. (Dr. Edwards 9/23/2021, p. 44).

Deposition Testimony of Dr. Willie Edwards taken April 20, 2023

Dr. Edwards confirmed that he recalled providing a prior deposition in 2021 in this case, though he admitted he did not recall his testimony and had not reviewed his testimony since giving the deposition. He confirmed on the date of the previously scheduled second deposition, he met with claimant's counsel to discuss this case and executed a letter addressing causation and future medical needs for the claimant's alleged injuries arising out of this claim. (Dr. Edwards 4/20/2023 pp. 4-9; see also Claimant's APA 4, pp. 217(A)(54-55)).

Dr. Edwards confirmed that during his meeting with claimant's counsel in October 2022, claimant's counsel did not review Dr. Edwards' prior September 2021 deposition testimony with him prior to his preparing the November 3, 2022, causation letter. He further testified that claimant's counsel did not advise him that the opinions he gave in his September 2021 deposition and the November 3, 2022, letter were contradictory, nor did claimant's counsel provide Dr. Edwards with any additional medical records other than Dr. Edwards' own records at the time of their October 2022 meeting. (Dr. Edwards 4/20/2023 p. 10).

Defense counsel and Dr. Edwards reviewed Dr. Edwards' file on the claimant which he testified he had received from claimant's counsel during this claim. The file included a letter from claimant's counsel dated August 21, 2022, which was notice of Dr. Edwards' deposition for October 27, 2022, a patient medical health questionnaire from GE, and medical records from Dr. Edwards' office only. Dr. Edwards agreed that his file did not contain any medical records that pre-dated the alleged date of injury nor any medical records from any other medical providers after the alleged injury. Ultimately, Dr. Edwards confirm that this file was the full extent of the information he had at the time he completed the November 3, 2022, letter for claimant's counsel. (Dr. Edwards 4/20/2023 pp. 11-13 and 22-23).

It was later determined that claimant's counsel may have provided Dr. Edwards with a copy of his September 2021 deposition on or about October 19, 2022. However, Dr. Edwards confirmed that he never reviewed it and did not recall the details of his testimony when he completed the November 3, 2022, letter for claimant's counsel. (Dr. Edwards 4/20/2023 pp. 14 and 22).

As for the deposition noticed by claimant's counsel on October 27, 2022, Dr. Edwards confirmed that claimant's counsel never advised him that the deposition did not go forward because the South Carolina

Workers' Compensation Commission had ordered claimant's counsel not to take the deposition. He was not made aware that this Order was the reason why defense counsel was not present and that defense counsel was not notified the claimant's counsel had converted the deposition into a meeting between himself and Dr. Edwards. (Dr. Edwards 4/20/2023 p. 17).

Dr. Edwards and defense counsel next turned to Dr. Edwards' September 2021 deposition for review. Dr. Edwards confirmed that his prior testimony was that the mechanism of injury as described by the claimant and claimant's counsel was unlikely to cause any injury to the cervical spine. (Dr. Edwards 4/20/2023 pp. 24-25).

Dr. Edwards again confirmed that he did not have a copy of the March 23, 2021, MUSC emergency room report. He reviewed his September 2021 testimony beginning on page 29 of the prior deposition regarding that report and was subsequently provided with a copy of the March 23, 2021, report for his review. Dr. Edwards confirmed that the report did not reflect any complaints by the claimant of neck pain four days after the alleged date of injury. Dr. Edwards was then directed to page 30 of his prior deposition which addresses the March 29, 2021, emergency room report which he confirms also does not include any complaints of neck pain. Based upon his review of these reports and his prior deposition testimony, Dr. Edwards testified that his opinion continues to be that the claimant did not sustain an injury to his neck as the result of the alleged March 19, 2021, accident. He confirmed that this opinion is contradictory to the opinion rendered in the November 3, 2022, letter and he retracted the opinion given in the letter that the claimant suffered any injury to his neck such that he required medical treatment as the result of the alleged March 19, 2021, accident. (Dr. Edwards 4/20/2023 pp. 25-32).

Dr. Edwards confirmed that at the time the November 3, 2022, letter was prepared, he did not have any additional medical records other than his own concerning the lumbar spine. He testified that the claimant told him that, prior to the alleged date of injury, he previously experienced minor back issues which had resolved at the time of the alleged accident. Dr. Edwards was directed to page 32 of his September 2021 deposition and the March 29, 2021, emergency room report. Dr. Edwards confirmed that the report states that the claimant reported his low back pain with left leg radiation had been occurring for

“several months” which he also confirmed was not consistent with the symptoms arising out of the alleged March 19, 2021, accident. Dr. Edwards testified that the history in the March 29, 2021, report was inconsistent with what the claimant told him regarding the low back. (Dr. Edwards 4/20/2023 pp. 32-33, 35-36).

Dr. Edwards reviewed the April 1, 2021, report of P.A. Huiet which he confirmed reflects complaints of back pain and left leg pain. The report also noted prior back spasms beginning December 23, 2020, which resolved 100 percent after a few days. According to page 35 of Dr. Edwards’ prior deposition, this was consistent with how Dr. Edwards reviewed the report when it was provided to him during at that time. Dr. Edwards again agreed that lower back spasms are different from severe lumbar pain with radicular symptoms. He would not consider a report of ten out of ten pain radiating down a patient’s leg to be a back spasm. This is consistent with page 36 of his September 2021 testimony. (Dr. Edwards 4/20/2023 pp. 37-38).

Dr. Edwards reviewed the December 26, 2020, emergency room report. He agreed he did not review this report when the November 3, 2022, letter was prepared. Dr. Edwards also again reviewed the March 23, 2021, emergency room report which included a x-ray of the lumbar spine. Dr. Edwards testified that the clinical indication for the x-ray was: “Lower back pain that started last Friday. Status it shoots down both legs, up his back. The pain started at work. Patient states it initially started last December. Pain has been on and off since.” Dr. Edwards confirmed that this description was inconsistent with the claimant’s reports of 100 percent resolution. He testified that this was his opinion at the time of his September 2021 deposition and confirmed that this opinion remained unchanged. He also confirmed that this was not part of the history provided to him at the time he met with claimant’s counsel on October 27, 2022, or when the November 3, 2022, letter was completed. (Dr. Edwards 4/20/2023 pp. 38-40).

Dr. Edwards further testified that the claimant’s report of 100 percent resolution of his back pain in December 2020 was also inconsistent with the March 29, 2021, emergency report that states the claimant reported low back pain radiating down his left leg for several months. He confirmed that this was also his opinion at the time of his September 2021 deposition. (Dr. Edwards 4/20/2023 p. 40).

Dr. Edwards next reviewed the claimant's June 2021 deposition testimony regarding his prior December 2020 low back pain. Dr. Edwards confirmed that the claimant testified that his back pain in December 2020 was a three or four out of ten which was inconsistent with his described pain level at the emergency department on December 26, 2020. On December 26, 2020, Dr. Edwards confirmed that the claimant reported ten out of ten severe radiating pain. Dr. Edwards testified that this was also his opinion when he was deposed in September 2021. (Dr. Edwards 4/20/2023 pp. 40-42).

Dr. Edwards testified that the timeline in the December 26, 2020, emergency room report wherein the claimant reported lower back pain beginning one and a half months ago after exercising is consistent with the March 29, 2021, emergency room report wherein the claimant reported the same symptoms occurring for several months. (Dr. Edwards 4/20/2023 p. 42). Dr. Edwards confirmed that the December 26th report goes on to say that the claimant reported sharp stabbing pain in his low back and left leg with ten out of ten severity which had continued to worsen such that the December 26, 2020, emergency room visit was the first time he sought treatment. Dr. Edwards also reviewed the CT scan from this emergency room visit. He testified that a CT scan is a radiographic finding which is not indicative of whether a person's reported symptoms have or have not resolved. It was unlikely that, given the level of symptomatic complaints made by the claimant on December 26, 2020, that his symptoms 100 percent resolved without any treatment. (Dr. Edwards 4/20/2023 pp. 42-44).

Dr. Edwards testified that the claimant's complaints regarding his low back and radicular left leg symptoms in December 2020 were the same complaints he had when he saw Dr. Edwards in June 2022. He opined that, had an MRI of the claimant's lumbar spine been performed in December 2020 it is "certainly very possible" that it would have looked the same as the MRI of the claimant's lumbar spine performed on April 16, 2021. Dr. Edwards further testified that the pathology in the claimant's spine that was causing the symptoms he reported to the emergency room on December 26, 2020, is likely the exact same pathology that caused the problems he presented with to Dr. Edwards in June of 2021. (Dr. Edwards 4/20/2023 pp. 44-45 and 46-47).

Dr. Edwards confirmed that prior to the September 2021 deposition and preparation of the November 3, 2022, letter he had not seen the December 26, 2020, emergency room report. He reviewed page 41 of his September 2021 deposition wherein he testified that the December 26, 2020, report is an important document to review in determining causation of the claimant's alleged injuries. At the time of the April 2023 deposition, Dr. Edwards maintained his opinion regarding the importance of the December 26, 2020, medical report in determining causation of the claimant's alleged injuries and agreed that the report was inconsistent with the claimant's deposition testimony regarding his pre-existing low back condition. (Dr. Edwards 4/20/2023 pp. 45-46).

Dr. Edwards reviewed the GE pre-employment questionnaire which was provided to him by claimant's counsel on October 27, 2022. He testified that the form was completed by the claimant on December 24, 2020, just two days before the December 26, 2020, emergency room visit. Dr. Edwards confirmed that the form indicates the claimant did not have any prior back problems. However, he testified that the document would not change his opinion as to causation of the claimant's alleged back injury. He further testified that the representation made by the claimant that he did not have any prior back problems at the time he completed the form was inconsistent with medical evidence from December 26, 2020, and is, therefore, inaccurate. This testimony is consistent with Dr. Edwards's September 2021 testimony. (Dr. Edwards 4/20/2023 pp. 47-50 and 57).

Dr. Edwards confirmed that at the time of his deposition in September 2021, based upon the evidence presented to him, it would be impossible to link causation of the claimant's alleged cervical and low back injuries to the alleged March 19, 2021, accident. He testified he was never asked by claimant's counsel or defense counsel during the prior deposition whether the alleged March 19, 2021, accident could have aggravated a pre-existing low back condition and, so, he did not provide an opinion on that matter. (Dr. Edwards 4/20/2023 pp. 51-52). He stated that the only way to know whether the claimant's current complaints regarding the low back are a continuation of his pre-existing condition versus an aggravation is to rely on what the claimant has told him. However, Dr. Edwards confirmed that the claimant's reports regarding the timing and symptomology of his low back condition varies between what he reported to GE

in the pre-hire questionnaire, what he told Dr. Edwards, the emergency room, and P.A. Huiet such that it would be “challenging” to rely on the claimant for that information. He further confirmed that he does not have any evidence to support the aggravation of a pre-existing condition. (Dr. Edwards 4/20/2023 pp. 52-54 and 58).

Dr. Edwards confirmed that nowhere in the November 3, 2022, letter does he opine that the claimant suffered an aggravation of a pre-existing condition. He did not offer this opinion because neither the claimant when he presented to Dr. Edwards, nor claimant’s counsel when he met with Dr. Edwards in October 2022, provided him with any complaints or evidence to suggest that the claimant even had a pre-existing condition of the low back to be aggravated by the alleged work accident. (Dr. Edwards 4/20/2023 pp. 57-58).

Ultimately, Dr. Edwards confirmed that defense counsel has been the only party to this claim to provide him with medical records indicating the claimant had pre-existing low back problems. He testified that due to the lack of full disclosure of the medical evidence in this case, it was impossible for him to render an opinion on causation of the claimant’s alleged injuries at the time of his September 2021 deposition and it remained impossible for him to render an opinion on causation of the claimant’s alleged injuries as of the April 2023 deposition. (Dr. Edwards 4/20/2023 pp. 58-59).

Dr. Edwards confirmed his understanding that the claimant’s job for GE was a physically demanding position. The purpose of the medical questionnaire was to confirm that he was physically capable of performing the job and, if not, that accommodations could be made to ensure he was not injured. Dr. Edwards testified that if an individual did not accurately complete the pre-hire medical questionnaire, the individual would be at an increased risk for injury. Dr. Edwards opined that in the claimant’s case, not notifying GE of his ongoing low back problems when he completed the medical questionnaire created an increased likelihood that he would be injured on the job. (Dr. Edwards 4/20/2023 pp. 60-62).

On cross examination, claimant’s counsel presented Dr. Edwards with the CT scan report from December 26, 2020, and the lumbar MRI reports from April 16, 2021, and January 7, 2022. Dr. Edwards confirmed that he had never reviewed the actual CT film from December 2020. However, he testified there

was gradual worsening of the lumbar spine with each of the three studies. (Dr. Edwards 4/20/2023 pp. 63-67). Based upon the three studies, Dr. Edwards testified that he believed the claimant's low back condition was exacerbated by the alleged March 19, 2021, accident. (Dr. Edwards 4/20/2023 p. 68).

On redirect, Dr. Edwards testified that a CT scan is "less ideal in terms of looking at the disc material, herniations, that type of thing" which does not give "as much information as an MRI scan as it relates to disc herniation." Dr. Edwards confirmed that he would never rely on a CT scan to determine whether to operate on a patient's spine, but rather he would look to the results of an MRI. He testified that a disc herniation would not necessarily show up on a CT scan. (Dr. Edwards 4/20/2023 pp. 69-71).

Regardless of the CT scan report from December 2020, Dr. Edwards confirmed that the actual emergency room report reflected complaints by the claimant of ten out of ten back pain with left leg radiculopathy. Thus, given that a CT scan could fail to reveal a disc herniation, Dr. Edwards agreed that it was possible that the disc herniation that appeared in the 2021 and 2022 MRIs could have been present at the time of the December 2020 CT scan and been the cause of his complaints as reflected in the emergency room report. (Dr. Edwards 4/20/2023 p. 70-71).

Dr. Edwards agreed that this deposition was the first time he'd offered any opinion concerning an aggravation of a pre-existing condition. He further agreed, pursuant to his earlier testimony, that the claimant's inconsistent reporting of his medical history prevented Dr. Edwards from giving an opinion that the claimant had suffered an aggravation of his pre-existing low back condition. (Dr. Edwards 4/20/2023 pp. 71-72).

Dr. Edwards testified that, although a disc herniation was not referenced in the December 2020 CT report, a CT scan is "suboptimal as it relates to the presence of the disc herniation." Thus, the pathology causing the claimant's low back and left leg pain in 2020 is the same pathology causing that pain in 2021. He further opined: "I don't think that the symptoms that you've had me review in these records that predated the injury were anything other than the same thing I've been treating him for." (Dr. Edwards 4/20/2023 pp. 74-75).

Concerning the claimant's status at the time of the deposition, Dr. Edwards opined that the recent lumbar discectomy he performed on December 3, 2022, had gone well and had resolved the condition for which he was treating the claimant. However, post-operatively, the claimant spent three weeks in the hospital due to the claimant's reports of "intolerable" pain and numbness and tingling in the legs which could not be related to the surgery. The post-operative MRI did not reveal any issues. Dr. Edwards testified there were some challenges with the claimant's cooperativeness in terms of following recommendations to get up and move around. (Dr. Edwards 4/20/2023 p. 76 and 78-80). Based upon the claimant's continued complaints, Dr. Edwards testified that they obtained an additional MRI of the thoracic spine which revealed an abnormality around the sixth thoracic vertebrae and was ultimately determined to be a type of cyst which was putting pressure on the spinal cord. Dr. Edwards testified that the cyst could be the cause of the claimant's pain in "the middle part of the back all the way down" and the "inconsistent, vague symptoms of numbness and tingling in both legs," whereas the disc herniations he repaired were causing pain into the left buttock and leg. The disc herniations were central and to the left, so Dr. Edwards did not believe the symptoms on the right were related to the herniations. (Dr. Edwards 4/20/2023 pp. 80-81).

When asked if the right sided symptoms had developed post-operatively, Dr. Edwards testified: "Yeah, right... he then gave us additional history that he had had some of these symptoms all along...there were some challenges of the history...that we get from him and that makes it harder to care for him because we don't know when these symptoms really began...In other words, there were symptoms that he complaints of, but there was no way of determining were they real, were they magnified?...It just didn't seem to add up." (Dr. Edwards 4/20/2023 p. 81-82). To that end, Dr. Edwards testified that the claimant was evaluated by Dr. Tripp Hines who, Dr. Edwards testified, felt the thoracic cyst was causing a lot of the claimant's symptoms. (Dr. Edwards 4/20/2023 p. 82). Dr. Edwards testified that he could not opine as to whether the alleged mechanism of injury would have caused the thoracic cyst. However, he confirmed that the cyst would not show up on a CT scan or x-ray. (Dr. Edwards 4/20/2023 pp. 85-86).

MEDICAL EVIDENCE

The claimant presented to McLeod Regional Medical Center (“MRMC”) on December 26, 2020. (Claimant’s APA 1). He reported lower back pain beginning one and a half months ago after exercising and complained of pain with bending and twisting. (Claimant’s APA 1 p. 5). The claimant stated that, in addition to lower back pain, he experienced numbness and pain in the left leg. He described the pain as stabbing in the low back and left leg at a ten out of ten severity. He also complained of some numbness in the left leg. During this visit he reported taking five ibuprofen at a time without any relief. This was his first medical visit for these symptoms because they had progressively been getting worse. (Claimant’s APA 1 p. 9). A CT scan demonstrated degenerative changes of the lumbar spine at L5-S1. (Claimant’s APA 1, p. 54).

The claimant presented to MUSC Florence (“MUSC”) on March 23, 2021, with complaints of lower back pain shooting down both legs and up his back. It is noted that the onset was gradual and that the claimant stated he may have jumped off a truck wrong. He reported the pain started at work, but that it initially started in December 2020 and has been “on and off since.” The claimant did not report any neck pain during this visit. (Claimant’s APA 2, pp. 75-76 and 80). The claimant returned to MUSC on March 24, 2021. He reported low back pain radiating to the left leg. He did not have any complaints regarding the neck. (Claimant’s APA 2, pp. 108-109).

The claimant presented to MUSC again on March 29, 2021. He reported left lower back pain with radiation to the left lower leg for “several months.” He did not make any complaints of neck pain. (Claimant’s APA 2, p. 145).

The claimant presented to McLeod Orthopedics-Florence on April 1, 2021, where he was evaluated by P.A. Huiet. During this appointment the claimant reported that “on March 19, 2021, he jumped out of an 18-wheeler at work and noticed immediate onset of pain radiating from the upper back to lower back and throughout the lower extremities.” He reported a history of back spasms beginning on December 23, 2020, both otherwise denied a history of “axial spine” injuries. He reported that his symptoms in December “100% resolved after a few days.” P.A. Huiet ordered a MRI of the thoracic and lumbar spine. (Claimant’s

APA 3, pp. 184 and 186). The MRI of the thoracic and lumbar spine took place on April 16, 2021. (Claimant's APA 3, pp. 193-194).

The claimant returned to P.A. Huiet on April 20, 2021. He reported "diffuse pain throughout the axial spine and bilateral leg pain left greater than right." He also reported neck pain radiating between the shoulder blades with intermittent numbness and tingling in his hands. P.A. Huiet reviewed the MRI. The thoracic MRI was noted to be unremarkable. The lumbar MRI was noted to be "consistent with an extruded L5-S1 left paracentral disc which results in severe left neuroforaminal stenosis and moderate compression of the thecal sac." P.A. Huiet ordered an MRI of the cervical spine and referred the claimant to Dr. Bruce Johnson for a L4-5 epidural steroid injection ("ESI"). (Claimant's APA 3, pp. 195-197). The cervical MRI took place on May 4, 2021. (Claimant's APA 3, pp. 208-209).

The claimant presented to McLeod Spine Center where he was seen by Dr. Bruce Johnson on May 17, 2021. He reported low back and bilateral lower extremity pain with the left worse than right. Dr. Johnson noted: "He is a very difficult patient to figure out." The claimant also reported pain in his shoulders and down both arms, weakness in the right arm, and weakness in the left leg with difficulty walking. He told Dr. Johnson that these symptoms all started on March 19th when he jumped off an 18-wheeler at work and felt a sharp shooting pain in his back. Dr. Johnson opined that the cervical MRI showed "mild degenerative changes but no significant neuroforaminal or central canal stenosis. The thoracic MRI did not show any significant neuroforaminal or central canal stenosis. MRI of the lumbar spine shows at the L4-5 location there is a moderate disc bulge that extends into the lateral recess... [that] puts pressure... on the L5 nerve root." Dr. Johnson administered a lumbar ESI. (Claimant's APA 4, pp. 217(A)(10-12)).

Dr. Willie Edwards of McLeod Spine Center first evaluated the claimant on June 22, 2021. The claimant reported neck pain radiating to both shoulders which began on March 19, 2021, when he jumped from an 18-wheeler to a loading dock and felt a sharp pain in his neck. He denied any radicular discomfort. He denied any prior neck issues but did report "some previous back issues..." (Claimant's APA 4, p. 217(A)(15)). On exam, Dr. Edwards noted full range of motion of the neck and shoulders. He reviewed

the cervical, thoracic, and lumbar MRIs. Ultimately, he opined: “Patient has perplexing symptoms that seem out of proportion to MRI findings.” Dr. Edwards referred him for a full neurologic evaluation. (Claimant’s APA 4, pp. 217(A)(16-17)).

The Claimant was evaluated by Dr. Roland Skinner of McLeod Neurological Associates on October 21, 2021. He reported an incident on March 19 where he jumped from a truck bed onto a loading dock causing a “shock like sensation from the lower part of his back all the way up his back and into his neck.” He reported that his legs felt numb the next day. He also complained of pain in his neck radiating to his shoulders. He denied any bowel or bladder dysfunction associated with his condition. Dr. Skinner conducted a neurological examination which he opined was “relatively unremarkable.” However, he recommended an EMG of the left leg and left arm to address concerns of radiculopathy. He noted: “I do not believe that there is any reason to think that there is any other neurological process going on here apart from his apparent lumbar, thoracic, and cervical sprain and the disc problems in his back.” Dr. Skinner recommended physical therapy. (Claimant’s APA 5, p. 225). The EMG/NCS took place on November 22, 2021. It showed bilateral ulnar nerve damage in the elbow consistent with ulnar compression at the elbow. Dr. Skinner noted the study was otherwise normal in the left leg, and both arms. There was no evidence of radiculopathy. He was referred back to Dr. Edwards. (Claimant’s APA 5, pp. 227-228).

The claimant returned to McLeod Spine Center on October 26, 2021, at which time he complained of continued neck pain radiating into both shoulders. P.A. Sonia Wicker referred him to physical therapy. (Claimant’s APA 4, pp. 217(A)(26)). On December 26, 2021, P.A. Ashley Anderson opined that a recent nerve conduction study (“NCS”) on November 22, 2021, demonstrated mild bilateral ulnar neuropathy. He was encouraged to continue with physical therapy for the neck and also the low back. (Claimant’s APA 4, pp. 217(A)(29-30)).

Dr. Edwards next evaluated the claimant on February 17, 2022. He presented with “low back pain and non-dermatomal symptoms in both legs.” The claimant reported he did not feel physical therapy was

helping. Dr. Edwards opined that a recent nerve examination with neurologist, Dr. Skinner, showed “no evidence of nerve damage in the left leg.” Dr. Edwards again reviewed an updated MRI of the claimant’s lumbar spine from January 17, 2022. He opined that it demonstrated a worsening disc herniation at L5-S1 on the left side and degenerative changes at L4-5 with mild bulging on the left side. According to Dr. Edwards’ report, “this represent[ed] a significant worsening from previous MRI scans.” The claimant elected to proceed with surgical intervention of the lumbar spine in the form of a lumbar discectomy at L5-S1 on the left and possibly L4-5. (Claimant’s APA 4, pp. 217(A)(34-36)).

The claimant underwent an updated cervical MRI on March 12, 2022. This was reviewed by Dr. Edwards on March 22, 2022, at which time Dr. Edwards opined that the MRI did not show any evidence of instability, disc herniation, or compressive pathology. He was “reassured that his is not in any danger neurologically.” (Claimant’s APA 4, pp. 217(A)(47)).

The claimant was last seen by Dr. Edwards on July 14, 2022. He reported continued low back pain and bilateral leg pain, right greater than left. Dr. Edwards notes that the claimant “does complain of some chronic urinary and now bowel dysfunction that conceivably may have a neurologic basis, but some symptoms were present even before the herniation.” (Claimant’s APA 4, pp. 217(A)(50-51)).

On November 3, 2022, Dr. Edwards signed a letter wherein the opinion is rendered that the claimant’s L5-S1 disc herniation and need for surgery, as well as a C5-6 disc protrusion are causally related to the claimant’s “industrial injury.” (Claimant’s APA 4, pp. 217(A)(54-55)).

EXHIBITS

Claimant’s GE Personnel File

On December 24, 2020, the claimant completed a GE Healthcare Medical History questionnaire prior to beginning his employment with GE in January 2021. In the questionnaire, the claimant was asked: “Have you ever had or have you now any of the following...back pain or trouble?” The claimant checked “no” in response to that question. (Def. Ex. C, p. 1).

Claimant presented to GE Medical on March 22, 2021. He reported having injured his back “some months ago.” He was initially unable to recall how he injured his back but stated a few months ago his back “just started hurting.” He then reported that he recalled having been to the emergency room on December 26, 2020, after his lower back had started hurting the Friday before. This would have been Christmas Day and the claimant stated that he was uncertain as to whether he had actually worked that day. Nevertheless, he stated that he felt the condition was related to work because his body was not used to lifting and crating. The claimant reported that he did not tell his supervisor that he thought he had injured his back at work. He then stated that his back pain from December improved until the Friday before this March 22, 2021, visit when he was jumping on and off trucks. (Def. Ex. C, pp. 7-8).

V. FINDINGS OF FACT

The undersigned has carefully considered all the evidence presented by the parties in this claim, including the medical records and exhibits properly included by the parties through APA Submissions. From this evidence, **IT IS FOUND AS A FACT THAT:**

1. The claimant alleges injuries to his neck and lumbar spine affecting his legs due to radiculopathy by accident occurring on March 19, 2021, arising out of the course and scope of his employment when he jumped from an 18-wheeler to a loading dock. (See Statement of the Case).
2. The claimant worked at GE through at temp agency beginning in 2018. He was hired as an employee of GE effective January 11, 2021. As part of the onboarding process of the claimant’s hiring with GE, the claimant was asked to complete a medical questionnaire in which he was asked about any past or current health issues including back problems. The claimant completed the form on December 24, 2020. In that form, the claimant denied any past or current back pain or trouble. The claimant’s response in this document was relied upon by GE in determining the claimant’s job placement and whether any accommodations should be made so that he could safely perform his job duties as an employee of GE. Had the claimant indicated he had prior or current back issues, GE would have consulted a physician to determine whether the claimant was fit for duty in the job he had been hired to perform and whether he required any accommodations to perform that job safely. The claimant’s failure to disclose his low back condition in the questionnaire created an increased likelihood that he would be injured on the job. (Prevatte Hearing Testimony; Claimant’s Hearing Testimony; Def. Ex. C p. 1; Dr. Edwards 4/20/23, pp. 60-62).
3. The defendants assert the employer/employee relationship is brought into question by the claimant’s false representations as to his physical condition in inducing his employment such that the question of whether the facts support a defense under *Cooper v. McDevitt & St. Co.* is jurisdictional. However, the Supreme Court in *Cooper* held “The fact that the appellant knowingly and willfully made a false representation as to his physical condition thereby inducing his employment, did not make the contract for his services void, but voidable; and the employer, having

been deceived, could terminate the contract whenever it discovered the deception.” *Cooper v. McDevitt & St. Co.* 260 S.C. 463, 469, 196 S.E.2d 833, 836 (1973). The contract for employment is rendered voidable, and not void ab initio. The employer/employee relationship must first exist before a fraud in the application of employment defense can be pled. Therefore, I do not find that a question of fraud in the application for employment is jurisdictional. As such, I find the defendant failed to plead it as an affirmative defense on at least two Form 51’s and therefore the defense is waived.

4. I further decline to consider the affirmative defense pursuant to 42-1-705(B) as I find that decision within my discretion.
5. Even were I to consider the defense, the defendant fails to satisfy the second prong of *Cooper v. McDevitt & St. Co.* in that the employer clearly did not rely upon the misrepresentation in the “HIRING” process.
6. The affirmative defense having been waived and not considered by the undersigned pursuant to Section 42-1-705(B), I am left with determining whether claimant suffered compensable injuries to his neck and back affecting both legs by way of radiculopathy pursuant to Sections 42-1-160 or 42-9-35.
7. I find claimant properly pled a Section 42-9-35 claim by checking the “Injury” box on the Form 50.
8. On December 26, 2020, the claimant sought medical evaluation and treatment at MRMC for ten out of ten stabbing lower back pain with radicular pain and numbness in his left leg beginning one and a half months prior to the hospital visit. These symptoms had been progressively worsening. The claimant underwent a CT scan of his lumbar spine which showed degenerative changes at the L5-S1. The claimant was taken out of work for a period of time as the result of this emergency room visit. (Claimant’s Hearing Testimony; Claimant’s APA 1).
9. Claimant presented to Kelley Prevatte on March 22, 2021. He reported that he injured his back “some months ago” but was unable to identify the cause of his initial back pain at this meeting with Prevatte. He reported having been to the hospital on December 26, 2020, for his lower back pain. He felt it was related to work because his body was not used to the job he was performing at that time. The claimant told Prevatte that he did not report this back pain to his supervisor in December 2020. He told Prevatte that the back pain from December had improved until the Friday before this March meeting when he was jumping on and off trucks. (Def. Ex. C).
10. The claimant presented to MUSC on March 23, 2021. He reported gradual onset of lower back pain shooting down both legs and up his back. The claimant thought he may have jumped off of a truck wrong. This same pain initially started in December 2020 and had been on and off since that time. The claimant returned to MUSC on March 24, 2021, and complained of low back pain radiating to his left leg. The claimant returned to MUSC on March 29, 2021, at which time he reported low back pain with radiation to his left leg for “several months.” On April 1, 2021, the claimant reported to P.A. Huie a history of back spasms beginning December 23, 2020, and fully resolving after a few days. (Claimant’s Hearing Testimony; Claimant’s APA 2).
11. The claimant did not report neck pain to MUSC on March 23, 24, or 29, 2021, nor did he report neck pain to P.A. Huie on April 1, 2021. (Claimant’s APAs 2 and 3)

12. The claimant presented to Dr. Willie Edwards of McLeod Spine Center on June 22, 2021. Based upon his consultation with the claimant and review of the claimant's prior thoracic and lumbar MRIs of April 16, 2021, and cervical MRI of May 4, 2021, Dr. Edwards opined: "Patient has perplexing symptoms that seem out of proportion to MRI findings." (Claimant's APA 4).
13. As it relates to compensability, the decision turns on three documents:
 - a. The 9-23-21 deposition of Dr. Edwards,
 - b. The 11-3-22 written statement of Dr. Edwards; and
 - c. The 4-20-23 deposition of Dr. Edwards.
14. As it relates to the September 23, 2021, deposition set by the claimant, Dr. Edwards initially establishes compensability of both the claimant's neck and back and then on cross examination by defendant, Dr. Edwards recanted.
15. Dr. Edwards did not have the opportunity to review the claimant's complete, relevant medical records prior to making his initial assertion that the claimant sustained compensable injuries to his neck and lower back during the alleged work accident, despite his opinion that, specifically, the December 26, 2020, medical record is an important document in determining causation of the claimant's alleged injuries. (Dr. Edwards 9/23/2021, pp. 5-6, 29, 31, 33, and 40).
16. Upon review of the claimant's medical records from MUSC on March 23, 24, and 29, 2021, as well as P.A. Huiet's report from April 1, 2021, Dr. Edwards determined that based upon the lack of complaints of neck pain in these records combined with the claimant's description of the alleged work accident and lack of objective findings to support a neck injury in the May 4, 2021, cervical MRI, the claimant's alleged neck injury is not causally related to the alleged accident. (Dr. Edwards 9/23/2021, pp. 27-28 and 32-33).
17. Upon review of the claimant's medical record dated December 26, 2020, and the claimant's June 15, 2021, deposition testimony, Dr. Edwards confirmed that the extent claimant's low back and radicular left leg pain and complaints in December 2020 were not consistent with his deposition testimony regarding those symptoms. Moreover, the claimant's December 26, 2020, complaints are identical to the complaints the claimant presented with to Dr. Edwards on June 22, 2021, such that an MRI of the lumbar spine in December 2020 would have likely been identical to the lumbar MRI performed in May 2021. Edwards confirmed that the claimant's reports as reflected in the December 26, 2020, and March 29, 2021, are inconsistent with the alleged March 19, 2021, date of injury. Further, the March 23, 2021, medical report wherein the claimant reported low back pain on and off since December 2020, is inconsistent with the claimant's reports to P.A. Huiet and his deposition testimony that his December 2020 back problems completely resolved shortly thereafter. Based upon the records from December 26, 2020, March 23, 2021, March 24, 2021, and March 29, 2021, as well as the claimant's deposition testimony, it is impossible for Dr. Edwards to link causation of the claimant's alleged back and radicular leg problems to an incident on March 19, 2021. (Dr. Edwards 9/23/2021, pp. 35-41 and 44).
18. The defendants filed a Form 19 with the commission on October 5, 2021. Claimant's counsel subsequently attempted to re-depose Dr. Edwards almost one year later on August 25, 2022, to address the same issues on which he had previously deposed Dr. Edwards in September 2021. The defendants filed a Motion to Quash the second deposition of Dr. Edwards. The Motion was granted by Commissioner Dooley by Order dated August 30, 2022. Claimant's counsel subsequently notified defense counsel that he intended to move forward with the deposition anyway. The defendants filed a Motion for Rule to Show Cause to enforce the terms of Commissioner Dooley's

Order. This Motion was granted by Commissioner McCaskill by Order dated October 27, 2022. The defendants later learned that in October 2022, claimant's counsel privately met with Dr. Edwards to the exclusion of defense counsel. (See Procedural History). This meeting resulted in a November 3, 2022, statement that was the subject of much controversy (and resulting in orders from 2 Commissioners), wherein Dr. Edwards changes his mind again and finds both the back and the neck compensable.

19. The defendants contend that the November 3, 2022, document is an inadmissible hearsay statement and filed a Motion to Exclude the statement as evidence at any future hearing. The defendants' Motion was denied by Commissioner Beck and the defendants were instructed to depose Dr. Edwards if they wished to cross examine him regarding the hearsay document. The defendants filed a Form 30 with the commission to appeal Commissioner Beck's Order. The appeal was dismissed as interlocutory on July 20, 2023.
20. And finally, Dr. Edwards is deposed on April 20, 2023, by the defendants. In that deposition, he reneged his opinion on the neck finding it not compensable. However, as it relates to the back, he found the back compensable via an unsolicited opinion that it was an aggravation of claimants pre-existing condition (an issue of great discussion on both depositions).
21. Dr. Edwards did not review his September 23, 2021, deposition testimony prior to the execution of the November 3, 2022, causation statement. Claimant's counsel did not review this prior testimony with Dr. Edwards at their October 2022 meeting, nor did claimant's counsel provide Dr. Edwards with any additional medical records other than Dr. Edwards' own records during said meeting. Dr. Edwards reiterated the importance particularly of the December 26, 2020, medical report in determining causation of the claimant's alleged injuries. (Dr. Edwards 4/20/23, pp. 4-10, 22-23 and 45-46).
22. When Dr. Edwards met with claimant's counsel in October 2022, he was not advised that the South Carolina Workers' Compensation Commission had ordered claimant's counsel not to re-depose Dr. Edwards. (Dr. Edwards 4/20/23, p. 17).
23. Dr. Edwards confirmed that the mechanism of injury as described by claimant and claimant's counsel was unlikely to cause an injury to the claimant's cervical spine. Upon review of the MUSC records dated March 23, 2021, and March 29, 2021, as well as his prior testimony regarding these reports, Dr. Edwards reiterated his opinion that the claimant did not sustain an injury to his neck as the result of the alleged March 19, 2021, accident. He retracted his opinion noted in the November 3, 2021, letter regarding causation of any alleged neck injury and the need for any medical treatment to the neck arising out of the alleged accident. (Dr. Edwards 4/20/22, pp. 24-32).
24. Dr. Edwards confirmed that the claimant's report to him of minor back issues prior to the alleged work accident is inconsistent with the claimant's complaints as reflected in the March 29, 2021, MUSC record. The claimant's complaints in the March 29, 2021, MUSC record are also inconsistent with the claimant's symptoms arising out of the alleged March 19, 2021, accident. (Dr. Edwards 4/20/23, pp. 32-33 and 35-36).
25. Dr. Edwards reiterated that the claimant's reports of prior lower back muscle spasms to P.A. Huiet on April 1, 2021, and during his June 15, 2021, deposition are inconsistent with medical records from December 26, 2020, and March 23, 2021. Dr. Edwards confirmed that a muscle spasm and severe low back pain with radicular symptoms are two different conditions. Further, he confirmed that the claimant's report on March 23, 2021, that the low back pain and radicular symptoms had

occurred on and off since December 2020 is inconsistent with his report to P.A. Huiet that his low back pain from December 2020 had completely resolved prior to March 19, 2021. (Dr. Edwards 4/20/23, pp. 37-42). Moreover, the claimant's low back and radicular leg symptoms as noted in the December 26, 2020, medical report are identical to his complaints to Dr. Edwards in June of 2021. Further, given the level of symptomatic complaints made by the claimant in December 2020, it is unlikely that his symptoms had completely resolved prior to the alleged date of accident. pathology in the claimant's lumbar spine that was causing his symptoms in December 2020, is likely the exact same pathology he reported to Dr. Edwards in June 2021 such that, had an MRI been performed in December 2020 it would have been identical to the lumbar MRI of April 16, 2021. (Dr. Edwards 4/20/23, pp. 42-47 and 74-75).

26. As it relates to the aggravation theory, Dr. Edwards relied upon claimant's statements to him. However, on examination by the defendant, admitted that claimant's statements to him had been "inconsistent." (Dr. Edwards 4/20/23, p. 74)
27. Dr Edwards was never asked either via deposition in September 2021 nor during his meeting with claimant's counsel in October 2022, to render an opinion regarding the possible aggravation of a pre-existing condition. He did not opine in the November 3, 2021, letter that the claimant's alleged injuries resulted from an aggravation of a pre-existing condition. The only way Dr. Edwards could know whether the claimant's alleged injuries resulted from a continuation versus aggravation of a pre-existing condition would be through the claimant's subjective reporting. The claimant's reports regarding timing and symptomology of his low back condition varies between the GE medical questionnaire and what he told Dr. Edwards, the emergency room, and P.A. Huiet such that the claimant is not a reliable source for that information. Further, Dr. Edwards testifies there is no evidence to support the aggravation of a pre-existing condition. (Dr. Edwards 4/20/23, pp. 52-54 and 57-58).
28. Claimant's counsel then addressed the issue of objective evidence by comparing a CT prior to the date of injury and two MRI's taken after. However, defense counsel examined Dr. Edwards and he subsequently testified the CT was not the appropriate test for determining whether claimants' condition on the MRI pre-dated the injury. (Dr. Edwards 4/20/23, pp. 71-72)
29. A CT scan does not provide as much information as an MRI, including disc herniations. Thus, the lumbar disc herniation that appeared on the claimant's lumbar MRIs from 2021 and 2022 could have been present at the time of the claimant's December 26, 2020, CT scan given the severity of the claimant's complaints at that time. (Dr. Edwards 4/20/23, pp. 70-72).
30. The claimants neck condition is not compensable. This Finding is based on the greater weight of the evidence outlined above. (See FOF 10, 15 and 22).
31. Because the claimant's statements to Dr Edwards are not reliable, they cannot be relied upon for establishing compensability for an aggravation claim. This Finding is based on the greater weight of the evidence outlined above. (See FOF 7-9, 11, 16, 23, and 26).
32. Likewise, because of the lack of an "apples to apples" objective testing, I cannot rely on the objective test to make a finding of compensability for an aggravation claim. (See FOF 28).
33. Claimants request for benefits is denied as I find he has not satisfied his burden of proof for neither the neck or back under both a 42-1-160 and 42-9-35 standard. (See FOF 15, 16, 22, and 25-26).

VI. CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, and as provided by the Code of Laws of South Carolina, § 42-17-40, it is the determination of this Commissioner that:

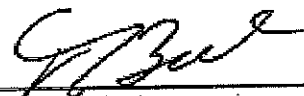
1. Pursuant to § 42-1-130, the claimant was a covered employee at the time in question; and under § 42-1-140, the defendant employer was a covered employer.
2. Pursuant to § 42-1-160 the claimant did not sustain a compensable injury to his neck or low back causing radicular symptoms in his legs on March 19, 2021, as he has failed to meet his burden of proof regarding same and is therefore not entitled to any benefits under the Act.
3. Pursuant to § 42-9-35 the claimant did not sustain an aggravation of a pre-existing condition to his neck or low back causing radicular symptoms in his legs on March 19, 2021, as he has failed to meet his burden of proof regarding same and is therefore not entitled to any benefits under the Act.
4. Pursuant to § 42-15-60, the claimant is not entitled to medical treatment.
5. Pursuant to § 42-9-10 and 42-9-260, the claimant is not entitled to temporary total disability benefits.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the claimant has failed to meet his burden of proof pursuant to § 42-1-160 and § 42-9-35 regarding alleged injuries to his neck and low back with radicular leg symptoms based upon my review of the greater weight of the evidence and is, therefore, not entitled to any benefits under the Act.

No hearing costs are assessed in this matter.

AND SO IT IS ORDERED.



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 Shawnee DeBruhl on February 16, 2024

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable Cynthia C. Dooley; The Honorable Melody James;
and The Honorable Aisha Taylor.

SCWCC File No.: 2104833

Qushon Inman,

Claimant,

v.

GE Healthcare, Inc.,

Employer,

and

Riverstone International Ins.,

Carrier,

Defendants.

AFFIRMED

Hearing held in Richland County, South Carolina,
July 15, 2024

Per notice timely and properly served upon all Parties of Interest.

Appearances: Stephen J. Wukela, Esq., of Wukela Law Firm, appeared on
behalf of Claimant/1st Appellant.

Nicolas L. Haigler, Esq., of Robinson Gray Stepp & Laffitte,
LLC, appeared on behalf of Defendants/2nd Appellants.

Court Reporter: Amber Scarborough, 1230 Richland St, Columbia, SC 29201,
803-252-3445, contact@creelreporting.com.

Filed: September 19, 2024

I. STATEMENT OF THE CASE

Procedural History

On August 29, 2023, a hearing was set before a Single Commissioner to determine issues set forth on the parties' Forms 50 and 51. Qushon Inman (Claimant) asserted he sustained injuries on March 19, 2021, to his neck, thoracic spine, lumbar spine, arms and legs after jumping from the trailer of an 18-wheeler to the loading dock of GE Healthcare's (Employer's) facility. Claimant further asserted that he was not at maximum medical improvement (MMI) for his injuries. Claimant sought a medical evaluation and treatment for his injuries. Claimant also sought temporary total disability (TTD) benefits.

Employer and Riverstone International Ins. (Carrier) (hereinafter collectively known as "Defendants") denied Claimant's alleged injuries. Defendants sought a finding that Claimant did not sustain compensable injuries on March 19, 2021, and was therefore not entitled to benefits under the Act. Defendants further sought to assert the Fraud in the Application defense under *Cooper v. McDevitt & Street Co.*, 196 S.E.2d 833 (1973).

Prior to the hearing, Defendants challenged the admission of the second deposition testimony of Dr. William Edwards by filing a Motion to Quash. On August 30, 2022, the Commission granted Defendants' Motion. The parties continued to dispute this issue until Claimant sought to submit a written statement by Dr. Edwards dated November 3, 2022, in lieu of taking a second deposition. Defendants objected to this submission as hearsay.

The Single Commissioner determined:

[D]efendants contend that the November 3, 2022, document is an inadmissible hearsay statement and filed in a Motion to exclude the statement as evidence at any future hearing. [D]efendants' Motion was denied by Commissioner Beck and Defendants were instructed to depose Dr. Edwards if they wished to cross examine him regarding the hearsay document. Defendants filed a Form 30 with the Commission to appeal Commissioner Beck's Order. The appeal was dismissed as interlocutory on July 20, 2023.

(Single Commissioner's Decision and Order filed on February 16, 2024; Finding of

Fact No. 19, p. 31.)

On April 20, 2023, Defendants deposed Dr. Edwards.

The hearing before the Single Commissioner proceeded as scheduled on the merits of Claimant's claim.

The Single Commissioner determined:

[C]laimant has failed to meet his burden of proof pursuant to § 42-1-160 and § 42-9-35 regarding the alleged injuries to his neck and low back with radicular leg symptoms based upon my review of the greater weight of the evidence and is, therefore, not entitled to any benefits under the Act.

(Single Commissioner's Decision and Order filed on February 16, 2024, p. 33.)

Full Commission Review

This matter is now before the South Carolina Workers' Compensation Commission's Appellate Panel pursuant to issues raised on appeal by the parties. Within the statutory period, Claimant and Defendants each filed a Form 30, Request for Commission Review. Accordingly, the parties presented for oral arguments before the Appellate Panel on July 15, 2024.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACT

The [Single Commissioner] has carefully considered all the evidence presented by the parties in this claim, including the medical records and exhibits properly included by the parties through APA Submissions. From this evidence, **IT IS FOUND AS A FACT THAT:**

1. Claimant alleges injuries to his neck and lumbar spine affecting his legs due to radiculopathy by accident occurring on March 19, 2021, arising out of the course and scope of his employment when he jumped from an 18-wheeler to a loading dock. (See Statement of the Case).
2. Claimant worked at GE through a temp agency beginning in 2018. He was hired as an employee of GE effective January 11, 2021. As part of the onboarding process of Claimant's hiring with GE, Claimant was asked to complete a medical questionnaire in which he was asked about any past or current health issues including back problems. Claimant completed the form on December 24, 2020. In that form, Claimant denied any past or current back pain or trouble. Claimant's response in this document was relied upon by GE in determining Claimant's job placement and whether any accommodations should be made so that he could safely perform

his job duties as an employee of GE. Had Claimant indicated he had prior or current back issues, GE would have consulted a physician to determine whether Claimant was fit for duty in the job he had been hired to perform and whether he required any accommodations to perform that job safely. Claimant's failure to disclose his low back condition in the questionnaire created an increased likelihood that he would be injured on the job. (Prevatte Hearing Testimony; Claimant's Hearing Testimony; Def. Ex. C p. 1; Dr. Edwards 4/20/23, pp. 60-62).

3. Defendants assert the employer/employee relationship is brought into question by Claimant's false representations as to his physical condition in inducing his employment such that the question of whether the facts support a defense under *Cooper v. McDevitt & St. Co.* is jurisdictional. However, the Supreme Court in *Cooper* held "The fact that the appellant knowingly and willfully made a false representation as to his physical condition thereby inducing his employment, did not make the contract for his services void, but voidable; and the employer, having been deceived, could terminate the contract whenever it discovered the deception." *Cooper v. McDevitt & St. Co.* 260 S.C. 463, 469, 196 S.E.2d 833, 836 (1973). The contract for employment is rendered voidable, and not void ab initio. The employer/employee relationship must first exist before a fraud in the application of employment defense can be pled. Therefore, I do not find that a question of fraud in the application for employment is jurisdictional. As such, I find Defendants failed to plead it as an affirmative defense on at least two Form 51s and therefore the defense is waived.
4. I further decline to consider the affirmative defense pursuant to 42-1-705(B) as I find that decision within my discretion.
5. Even were I to consider the defense, Defendants fails to satisfy the second prong of *Cooper v. McDevitt & St. Co.* in that the employer clearly did not rely upon the misrepresentation in the "HIRING" process.
6. The affirmative defense having been waived and not considered by the [Single Commissioner] pursuant to S.C. Code Ann. § 42-1-705(B), I am left with determining whether Claimant suffered compensable injuries to his neck and back affecting both legs by way of radiculopathy pursuant to S.C. Code Ann. § 42-1-160 or § 42-9-35.
7. I find Claimant properly pled a S.C. Code Ann. § 42-9-35 claim by checking the "Injury" box on the Form 50.
8. On December 26, 2020, Claimant sought medical evaluation and treatment at MRMC for ten out of ten stabbing lower back pain with radicular pain and numbness in his left leg beginning one and a half months prior to the hospital visit. These symptoms had been progressively worsening. Claimant underwent a CT scan of his lumbar spine which showed degenerative changes at the L5-S1. Claimant was taken out of work for a period of time as the result of this emergency room visit. (Claimant's Hearing Testimony; Claimant's APA 1).
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pain. He felt it was related to work because his body was not used to the job he was performing at that time. Claimant told Prevatte that he did not report this back pain to his supervisor in December 2020. He told Prevatte that the back pain from December had improved until the Friday before this March meeting when he was jumping on and off trucks. (Def. Ex. C).

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19. Defendants contend that the November 3, 2022, document is an inadmissible hearsay statement and filed a Motion to Exclude the statement as evidence at any future hearing. Defendants' Motion was denied by Commissioner Beck and Defendants were instructed to depose Dr. Edwards if they wished to cross examine him regarding the hearsay document. Defendants filed a Form 30 with the commission to appeal Commissioner Beck's Order. The appeal was dismissed as interlocutory on July 20, 2023.
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21. Dr. Edwards did not review his September 23, 2021, deposition testimony prior to the execution of the November 3, 2022, causation statement. Claimant's counsel did not review this prior testimony with Dr. Edwards at their October 2022 meeting, nor did Claimant's counsel provide Dr. Edwards with any additional medical records other than Dr. Edwards' own records during said meeting. Dr. Edwards reiterated the importance particularly of the December 26, 2020, medical report in determining causation of Claimant's alleged injuries. (Dr. Edwards 4/20/23, pp. 4-10, 22-23 and 45-46).
22. When Dr. Edwards met with Claimant's counsel in October 2022, he was not advised that the

South Carolina Workers' Compensation Commission had ordered Claimant's counsel not to re-depose Dr. Edwards. (Dr. Edwards 4/20/23, p. 17).

23. Dr. Edwards confirmed that the mechanism of injury as described by Claimant and Claimant's counsel was unlikely to cause an injury to Claimant's cervical spine. Upon review of the MUSC records dated March 23, 2021, and March 29, 2021, as well as his prior testimony regarding these reports, Dr. Edwards reiterated his opinion that Claimant did not sustain an injury to his neck as the result of the alleged March 19, 2021, accident. He retracted his opinion noted in the November 3, 2021, letter regarding causation of any alleged neck injury and the need for any medical treatment to the neck arising out of the alleged accident. (Dr. Edwards 4/20/22, pp. 24-32).
24. Dr. Edwards confirmed that Claimant's report to him of minor back issues prior to the alleged work accident is inconsistent with Claimant's complaints as reflected in the March 29, 2021, MUSC record. Claimant's complaints in the March 29, 2021, MUSC record are also inconsistent with Claimant's symptoms arising out of the alleged March 19, 2021, accident. (Dr. Edwards 4/20/23, pp. 32-33 and 35-36).
25. Dr. Edwards reiterated that Claimant's reports of prior lower back muscle spasms to P.A. Huiet on April 1, 2021, and during his June 15, 2021, deposition are inconsistent with medical records from December 26, 2020, and March 23, 2021. Dr. Edwards confirmed that a muscle spasm and severe low back pain with radicular symptoms are two different conditions. Further, he confirmed that Claimant's report on March 23, 2021, that the low back pain and radicular symptoms had occurred on and off since December 2020 is inconsistent with his report to P.A. Huiet that his low back pain from December 2020 had completely resolved prior to March 19, 2021. (Dr. Edwards 4/20/23, pp. 37-42). Moreover, Claimant's low back and radicular leg symptoms as noted in the December 26, 2020, medical report are identical to his complaints to Dr. Edwards in June of 2021. Further, given the level of symptomatic complaints made by Claimant in December 2020, it is unlikely that his symptoms had completely resolved prior to the alleged date of accident. Pathology in Claimant's lumbar spine that was causing his symptoms in December 2020, is likely the exact same pathology he reported to Dr. Edwards in June 2021 such that, had an MRI been performed in December 2020 it would have been identical to the lumbar MRI of April 16, 2021. (Dr. Edwards 4/20/23, pp. 42-47 and 74-75).
26. As it relates to the aggravation theory, Dr. Edwards relied upon Claimant's statements to him. However, on examination by Defendant, admitted that Claimant's statements to him had been "inconsistent." (Dr. Edwards 4/20/23, p. 74).
27. Dr. Edwards was never asked either via deposition in September 2021 or during his meeting with Claimant's counsel in October 2022, to render an opinion regarding the possible aggravation of a preexisting condition. He did not opine in the November 3, 2021, letter that Claimant's alleged injuries resulted from an aggravation of a preexisting condition. The only way Dr. Edwards could know whether Claimant's alleged injuries resulted from a continuation versus aggravation of a preexisting condition would be through Claimant's subjective reporting. Claimant's reports regarding timing and symptomology of his low back condition varies between the GE medical questionnaire and what he told Dr. Edwards, the emergency room, and P.A. Huiet such that Claimant is not a reliable source for that information. Further, Dr. Edwards testified there is no

evidence to support the aggravation of a preexisting condition. (Dr. Edwards 4/20/23, pp. 52-54 and 57-58).

28. Claimant's counsel then addressed the issue of objective evidence by comparing a CT prior to the date of injury and two MRIs taken after. However, defense counsel examined Dr. Edwards and he subsequently testified the CT was not the appropriate test for determining whether Claimants' condition on the MRI pre-dated the injury. (Dr. Edwards 4/20/23, pp. 71-72)
29. A CT scan does not provide as much information as an MRI, including disc herniations. Thus, the lumbar disc herniation that appeared on Claimant's lumbar MRIs is from 2021 and 2022 could have been present at the time of Claimant's December 26, 2020, CT scan given the severity of Claimant's complaints at that time. (Dr. Edwards 4/20/23, pp. 70-72).
30. Claimants neck condition is not compensable. This Finding is based on the greater weight of the evidence outlined above. (See FOF 10, 15 and 22).
31. Because Claimant's statements to Dr Edwards are not reliable, they cannot be relied upon for establishing compensability for an aggravation claim. This Finding is based on the greater weight of the evidence outlined above. (See FOF 7-9, 11, 16, 23, and 26).
32. Likewise, because of the lack of an "apples to apples" objective testing, I cannot rely on the objective test to make a finding of compensability for an aggravation claim. (See FOF 28).
33. Claimants request for benefits is denied as I find he has not satisfied his burden of proof for neither the neck or back under both a 42-1-160 and 42-9-35 standard. (See FOF 15, 16, 22, and 25-26).

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, and as provided by the Code of Laws of South Carolina, § 42-17-40, it is the determination of [the Single] Commissioner that:

1. Pursuant to S.C. Code Ann. § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant-Employer was a covered employer.
2. Pursuant to S.C. Code Ann. § 42-1-160 Claimant did not sustain a compensable injury to his neck or low back causing radicular symptoms in his legs on March 19, 2021, as he has failed to meet his burden of proof regarding same and is therefore not entitled to any benefits under the Act.
3. Pursuant to S.C. Code Ann. § 42-9-35 Claimant did not sustain an aggravation of a preexisting condition to his neck or low back causing radicular symptoms in his legs on March 19, 2021, as he has failed to meet his burden of proof regarding same and is therefore not entitled

to any benefits under the Act.

4. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is not entitled to medical treatment.
5. Pursuant to S.C. Code Ann. § 42-9-10 and § 42-9-260, Claimant is not entitled to temporary total disability benefits.

III. ISSUES ON APPEAL

Claimant/1st Appellant

1. Did the Single Commissioner err in failing to find, as a matter of fact and conclusion of law, that Claimant sustained compensable injury, by accident, to his back, which aggravated the preexisting condition of his back?
2. Did the Single Commissioner err in failing to find, as a matter of fact and conclusion of law, that as result of Claimant's compensable injury, he is entitled to temporary total disability benefits and medical treatment?

Defendants/2nd Appellants

1. Did the Single Commissioner err in Finding of Fact No. 7 that Claimant properly pled a claim under S.C. Code Ann. § 42-15-35 of the South Carolina Workers' Compensation Act?
2. Did the Single Commissioner err in Finding of Fact Nos. 3 and 6 and Conclusion of Law No. 1 Defendants of Fraud in the Application of Employment pursuant to *Cooper v. McDevitt & Street Co.*, 260 S.C. 463, 196 S.E.2d 833 (1973) was waived by Defendants when it was not included in Defendants' Form 51? The error being that Fraud in the Application of Employment is a jurisdictional issue which cannot be waived rather than an affirmative defense governed by S.C. Code Regs. § 67-603?
3. Did the Single Commissioner err in Finding of Fact Nos. 4 and 6 and Conclusion of Law No. 1 to exercise his discretion as afforded to him by S.C. Code Ann. § 42-1-705(B) to consider the defense of Fraud in the Application of Employment pursuant to *Cooper v. McDevitt & Street Co.*, S.C. 463, 196 S.E.2d 833 (1973)?
4. Did the Single Commissioner err in Finding of Fact No. 5 and Conclusion of Law No. 1 that, should he consider Fraud in the Application of Employment as a defense, that Defendants failed to satisfy the second prong of *Cooper v. McDevitt & Street Co.*, S.C. 463, 196 S.E.2d 833 (1973) in that Defendants did not prove that Claimant's misrepresentation was relied upon in the hiring process?

5. Did the Single Commissioner err in Finding of Fact No. 13 and in denying Defendants' Motion to Exclude the November 3, 2022, hearsay statement of Dr. Edwards by admitting the hearsay statement as evidence, said error being:
- a. The document dated November 3, 2022, is not an expert report as contemplated by S.C. Code Regs. § 67-612;
 - b. The document dated November 3, 2022, violates the previous Orders of Commissioners Dooley and McCaskill precluding further causation evidence from Dr. Edwards;
 - c. Consideration of the hearsay statement dated November 3, 2022, violates Defendants' constitutional right of due process; and/or
 - d. The document dated November 3, 2022, was not corroborated by other evidence as is required by our Supreme Court in *Hamilton v. Bob Bennett Ford*, 528 S.E.2d 667, 339 S.C. 68 (2000)?
6. As the result of the Single Commissioner's error in admitting the hearsay statement of Dr. Edwards, did the Single Commissioner also err in Finding of Fact No. 20 by admitting Dr. Edwards' April 20, 2023, deposition testimony as evidence of the hearing, said error being that this second deposition of Dr. Edwards' was necessitated only by the admission of the improper November 3, 2022, hearsay statement as evidence for the hearing?

IV. DECISION OF THE APPELLATE PANEL

Pursuant to S.C. Code Ann. §42-17-50, we, the Appellate Panel, have reviewed the Decision and Order of the Single Commissioner and weighed the evidence as presented at the initial hearing. We have also considered all issues raised in the respective Appellant and Respondent briefs of the parties, as well as those issues raised at the Full Commission Review Hearing.

After careful review, the Appellate Panel of the South Carolina Workers' Compensation Commission, by unanimous vote, does hereby fully **AFFIRM** the Decision and Order of the Single Commissioner filed on February 16, 2024.

Below are set out the Findings of Fact and Conclusions of Law of the Appellate Panel as to this claim.

FINDINGS OF FACT

1. Claimant alleges injuries to his neck and lumbar spine affecting his legs due to radiculopathy by

accident occurring on March 19, 2021, arising out of the course and scope of his employment when he jumped from an 18-wheeler to a loading dock. (See Statement of the Case).

2. Claimant worked at GE through a temp agency beginning in 2018. He was hired as an employee of GE effective January 11, 2021. As part of the onboarding process of Claimant's hiring with GE, Claimant was asked to complete a medical questionnaire in which he was asked about any past or current health issues including back problems. Claimant completed the form on December 24, 2020. In that form, Claimant denied any past or current back pain or trouble. Claimant's response in this document was relied upon by GE in determining Claimant's job placement and whether any accommodations should be made so that he could safely perform his job duties as an employee of GE. Had Claimant indicated he had prior or current back issues, GE would have consulted a physician to determine whether Claimant was fit for duty in the job he had been hired to perform and whether he required any accommodations to perform that job safely. Claimant's failure to disclose his low back condition in the questionnaire created an increased likelihood that he would be injured on the job. (Prevatte Hearing Testimony; Claimant's Hearing Testimony; Def. Ex. C p. 1; Dr. Edwards 4/20/23, pp. 60-62).
3. Defendants assert the employer/employee relationship is brought into question by Claimant's false representations as to his physical condition in inducing his employment such that the question of whether the facts support a defense under *Cooper v. McDevitt & St. Co.* is jurisdictional. However, the Supreme Court in *Cooper* held "The fact that the appellant knowingly and willfully made a false representation as to his physical condition thereby inducing his employment, did not make the contract for his services void, but voidable; and the employer, having been deceived, could terminate the contract whenever it discovered the deception." *Cooper v. McDevitt & St. Co.* 260 S.C. 463, 469, 196 S.E.2d 833, 836 (1973). The contract for employment is rendered voidable, and not void ab initio. The employer/employee relationship must first exist before a fraud in the application of employment defense can be pled. Therefore, we do not find that a question of fraud in the application for employment is jurisdictional. As such, we find Defendants failed to plead it as an affirmative defense on at least two Form 51s and therefore the defense is waived.
4. We further decline to consider the affirmative defense pursuant to 42-1-705(B) as we find that decision within our discretion.
5. Even were we to consider the defense, Defendants fails to satisfy the second prong of *Cooper v. McDevitt & St. Co.* in that the employer clearly did not rely upon the misrepresentation in the "HIRING" process.
6. The affirmative defense having been waived and not considered by the Single Commissioner pursuant to S.C. Code Ann. § 42-1-705(B), we are left with determining whether Claimant suffered compensable injuries to his neck and back affecting both legs by why of radiculopathy pursuant to S.C. Code Ann. § 42-1-160 or § 42-9-35.
7. We find Claimant properly pled a S.C. Code Ann. § 42-9-35 claim by checking the "Injury" box on the Form 50.

8. On December 26, 2020, Claimant sought medical evaluation and treatment at MRMHC for ten out of ten stabbing lower back pain with radicular pain and numbness in his left leg beginning one and a half months prior to the hospital visit. These symptoms had been progressively worsening. Claimant underwent a CT scan of his lumbar spine which showed degenerative changes at the L5-S1. Claimant was taken out of work for a period of time as the result of this emergency room visit. (Claimant's Hearing Testimony; Claimant's APA 1).
9. Claimant presented to Kelley Prevatte on March 22, 2021; He reported that he injured his back "some months ago" but was unable to identify the cause of his initial back pain at this meeting with Prevatte. He reported having been to the hospital on December 26, 2020, for his lower back pain. He felt it was related to work because his body was not used to the job he was performing at that time. Claimant told Prevatte that he did not report this back pain to his supervisor in December 2020. He told Prevatte that the back pain from December had improved until the Friday before this March meeting when he was jumping on and off trucks. (Def. Ex. C).
10. Claimant presented to MUSC on March 23, 2021. He reported gradual onset of lower back pain shooting down both legs and up his back. Claimant thought he may have jumped off of a truck wrong. This same pain initially started in December 2020 and had been on and off since that time. Claimant returned to MUSC on March 24, 2021, and complained of low back pain radiating to his left leg. Claimant returned to MUSC on March 29, 2021, at which time he reported low back pain with radiation to his left leg for "several months." On April 1, 2021, Claimant reported to P.A. Huie a history of back spasms beginning December 23, 2020, and fully resolving after a few days. (Claimant's Hearing Testimony; Claimant's APA 2).
11. Claimant did not report neck pain to MUSC on March 23, 24, or 29, 2021, nor did he report neck pain to P.A. Huie on April 1, 2021. (Claimant's APAs 2 and 3)
12. Claimant presented to Dr. Willie Edwards of McLeod Spine Center on June 22, 2021. Based upon his consultation with Claimant and review of Claimant's prior thoracic and lumbar MRIs of April 16, 2021, and cervical MRI of May 4, 2021, Dr. Edwards opined: "Patient has perplexing symptoms that seem out of proportion to MRI findings." (Claimant's APA 4).
13. As it relates to compensability, the decision turns on three documents:
 - a. The 9-23-21 deposition of Dr. Edwards,
 - b. The 11-3-22 written statement of Dr. Edwards; and
 - c. The 4-20-23 deposition of Dr. Edwards.
14. As it relates to the September 23, 2021, deposition set by Claimant, Dr. Edwards initially establishes compensability of both Claimant's neck and back and then on cross examination by Defendants, Dr. Edwards recanted.
15. Dr. Edwards did not have the opportunity to review Claimant's complete, relevant medical records prior to making his initial assertion that Claimant sustained compensable injuries to his neck and lower back during the alleged work accident, despite his opinion that, specifically, the December 26, 2020, medical record is an important document in determining causation of Claimant's alleged injuries. (Dr. Edwards 9/23/2021, pp. 5-6, 29, 31, 33, and 40).

16. Upon review of Claimant's medical records from MUSC on March 23, 24, and 29, 2021, as well as P.A. Huiet's report from April 1, 2021, Dr. Edwards determined that based upon the lack of complaints of neck pain in these records combined with Claimant's description of the alleged work accident and lack of objective findings to support a neck injury in the May 4, 2021, cervical MRI, Claimant's alleged neck injury is not causally related to the alleged accident. (Dr. Edwards 9/23/2021, pp. 27-28 and 32-33).
17. Upon review of Claimant's medical record dated December 26, 2020, and Claimant's June 15, 2021, deposition testimony, Dr. Edwards confirmed that the extent claimant's low back and radicular left leg pain and complaints in December 2020 were not consistent with his deposition testimony regarding those symptoms. Moreover, Claimant's December 26, 2020, complaints are identical to the complaints Claimant presented with to Dr. Edwards on June 22, 2021, such that an MRI of the lumbar spine in December 2020 would have likely been identical to the lumbar MRI performed in May 2021. Edwards confirmed that Claimant's reports as reflected in the December 26, 2020, and March 29, 2021, are inconsistent with the alleged March 19, 2021, date of injury. Further, the March 23, 2021, medical report wherein Claimant reported low back pain on and off since December 2020, is inconsistent with Claimant's reports to P.A. Huiet and his deposition testimony that his December 2020 back problems completely resolved shortly thereafter. Based upon the records from December 26, 2020, March 23, 2021, March 24, 2021, and March 29, 2021, as well as Claimant's deposition testimony, it is impossible for Dr. Edwards to link causation of Claimant's alleged back and radicular leg problems to an incident on March 19, 2021. (Dr. Edwards 9/23/2021, pp. 35-41 and 44).
18. Defendants filed a Form 19 with the commission on October 5, 2021. Claimant's counsel subsequently attempted to re-depose Dr. Edwards almost one year later on August 25, 2022, to address the same issues on which he had previously depose Dr. Edwards in September 2021. Defendants filed a Motion to Quash the second deposition of Dr. Edwards. The Motion was granted by Commissioner Dooley by Order dated August 30, 2022. Claimant's counsel subsequently notified defense counsel that he intended to move forward with the deposition anyway. Defendants filed a Motion for Rule to Show Cause to enforce the terms of Commissioner Dooley's Order. This Motion was granted by Commissioner McCaskill by Order dated October 27, 2022. Defendants later learned that in October 2022, Claimant's counsel privately met with Dr. Edwards to the exclusion of defense counsel. (See Procedural History). This meeting resulted in a November 3, 2022, statement that was the subject of much controversy (and resulting in orders from 2 Commissioners), wherein Dr. Edwards changes his mind again and finds both the back and the neck compensable.
19. Defendants contend that the November 3, 2022, document is an inadmissible hearsay statement and filed a Motion to Exclude the statement as evidence at any future hearing. Defendants' Motion was denied by Commissioner Beck and Defendants were instructed to depose Dr. Edwards if they wished to cross examine him regarding the hearsay document. Defendants filed a Form 30 with the commission to appeal Commissioner Beck's Order. The appeal was dismissed as interlocutory on July 20, 2023.
20. And finally, Dr. Edwards is depose on April 20, 2023, by Defendants. In that deposition, he reneged his opinion on the neck finding it not compensable. However, as it relates to the back, he found the back compensable via an unsolicited opinion that it was an aggravation of Claimant's preexisting condition (an issue of great discussion on both depositions).

21. Dr. Edwards did not review his September 23, 2021, deposition testimony prior to the execution of the November 3, 2022, causation statement. Claimant's counsel did not review this prior testimony with Dr. Edwards at their October 2022 meeting, nor did claimant's counsel provide Dr. Edwards with any additional medical records other than Dr. Edwards' own records during said meeting. Dr. Edwards reiterated the importance particularly of the December 26, 2020, medical report in determining causation of Claimant's alleged injuries. (Dr. Edwards 4/20/23, pp. 4-10, 22-23 and 45-46).
22. When Dr. Edwards met with Claimant's counsel in October 2022, he was not advised that the South Carolina Workers' Compensation Commission had ordered Claimant's counsel not to re-depose Dr. Edwards. (Dr. Edwards 4/20/23, p. 17).
23. Dr. Edwards confirmed that the mechanism of injury as described by Claimant and Claimant's counsel was unlikely to cause an injury to Claimant's cervical spine. Upon review of the MUSC records dated March 23, 2021, and March 29, 2021, as well as his prior testimony regarding these reports, Dr. Edwards reiterated his opinion that Claimant did not sustain an injury to his neck as the result of the alleged March 19, 2021, accident. He retracted his opinion noted in the November 3, 2021, letter regarding causation of any alleged neck injury and the need for any medical treatment to the neck arising out of the alleged accident. (Dr. Edwards 4/20/22, pp. 24-32).
24. Dr. Edwards confirmed that Claimant's report to him of minor back issues prior to the alleged work accident is inconsistent with Claimant's complaints as reflected in the March 29, 2021, MUSC record. Claimant's complaints in the March 29, 2021, MUSC record are also inconsistent with Claimant's symptoms arising out of the alleged March 19, 2021, accident. (Dr. Edwards 4/20/23, pp. 32-33 and 35-36).
25. Dr. Edwards reiterated that Claimant's reports of prior lower back muscle spasms to P.A. Huie on April 1, 2021, and during his June 15, 2021, deposition are inconsistent with medical records from December 26, 2020, and March 23, 2021. Dr. Edwards confirmed that a muscle spasm and severe low back pain with radicular symptoms are two different conditions. Further, he confirmed that Claimant's report on March 23, 2021, that the low back pain and radicular symptoms had occurred on and off since December 2020 is inconsistent with his report to P.A. Huie that his low back pain from December 2020 had completely resolved prior to March 19, 2021. (Dr. Edwards 4/20/23, pp. 37-42). Moreover, Claimant's low back and radicular leg symptoms as noted in the December 26, 2020, medical report are identical to his complaints to Dr. Edwards in June of 2021. Further, given the level of symptomatic complaints made by Claimant in December 2020, it is unlikely that his symptoms had completely resolved prior to the alleged date of accident. pathology in Claimant's lumbar spine that was causing his symptoms in December 2020, is likely the exact same pathology he reported to Dr. Edwards in June 2021 such that, had an MRI been performed in December 2020 it would have been identical to the lumbar MRI of April 16, 2021. (Dr. Edwards 4/20/23, pp. 42-47 and 74-75).
26. As it relates to the aggravation theory, Dr. Edwards relied upon Claimant's statements to him. However, on examination by Defendant, admitted that Claimant's statements to him had been "inconsistent." (Dr. Edwards 4/20/23, p. 74).

27. Dr Edwards was never asked either via deposition in September 2021 or during his meeting with Claimant's counsel in October 2022, to render an opinion regarding the possible aggravation of a preexisting condition. He did not opine in the November 3, 2021, letter that Claimant's alleged injuries resulted from an aggravation of a preexisting condition. The only way Dr. Edwards could know whether Claimant's alleged injuries resulted from a continuation versus aggravation of a preexisting condition would be through Claimant's subjective reporting. Claimant's reports regarding timing and symptomology of his low back condition varies between the GE medical questionnaire and what he told Dr. Edwards, the emergency room, and P.A. Huie such that Claimant is not a reliable source for that information. Further, Dr. Edwards testified there is no evidence to support the aggravation of a preexisting condition. (Dr. Edwards 4/20/23, pp. 52-54 and 57-58).
28. Claimant's counsel then addressed the issue of objective evidence by comparing a CT prior to the date of injury and two MRIs taken after. However, defense counsel examined Dr. Edwards and he subsequently testified the CT was not the appropriate test for determining whether Claimants' condition on the MRI pre-dated the injury. (Dr. Edwards 4/20/23, pp. 71-72)
29. A CT scan does not provide as much information as an MRI, including disc herniations. Thus, the lumbar disc herniation that appeared on Claimant's lumbar MRIs is from 2021 and 2022 could have been present at the time of Claimant's December 26, 2020, CT scan given the severity of Claimant's complaints at that time. (Dr. Edwards 4/20/23, pp. 70-72).
30. Claimants neck condition is not compensable. This Finding is based on the greater weight of the evidence outlined above. (See FOF 10, 15 and 22).
31. Because Claimant's statements to Dr Edwards are not reliable, they cannot be relied upon for establishing compensability for an aggravation claim. This Finding is based on the greater weight of the evidence outlined above. (See FOF 7-9, 11, 16, 23, and 26).
32. Likewise, because of the lack of an "apples to apples" objective testing, we cannot rely on the objective test to make a finding of compensability for an aggravation claim. (See FOF 28).
33. Claimants request for benefits is denied as we find he has not satisfied his burden of proof for neither the neck or back under both a 42-1-160 and 42-9-35 standard. (See FOF 15, 16, 22, and 25-26).

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant-Employer was a covered employer.
2. Pursuant to S.C. Code Ann. § 42-1-160 Claimant did not sustain a compensable injury to his neck or low back causing radicular symptoms in his legs on March 19, 2021, as he has failed to meet his burden of proof regarding same and is therefore not entitled to any benefits under the Act.
3. Pursuant to S.C. Code Ann. § 42-9-35 Claimant did not sustain an aggravation of a preexisting

condition to his neck or low back causing radicular symptoms in his legs on March 19, 2021, as he has failed to meet his burden of proof regarding same and is therefore not entitled to any benefits under the Act.

4. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is not entitled to medical treatment.
5. Pursuant to S.C. Code Ann. § 42-9-10 and § 42-9-260, Claimant is not entitled to temporary total disability benefits.

ORDER

THEREFORE IT IS HEREBY ORDERED that the Decision of the Single Commissioner filed in the above-captioned matter on February 16, 2024, is hereby fully **AFFIRMED**.

ACCORDINGLY:

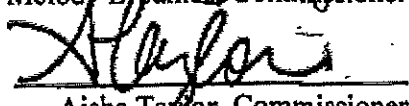
IT IS FURTHER ORDERED that Claimant has failed to meet his burden of proof pursuant to S.C. Code Ann. § 42-1-160 and § 42-9-35 regarding alleged injuries to his neck and low back with radicular leg symptoms based upon my review of the greater weight of the evidence and is, therefore, not entitled to any benefits under the Act.

AND SO IT IS ORDERED.

_____(date)
Columbia, SC


Cynthia C. Dooley, Commissioner


Melody L. James, Commissioner


Aisha Taylor, Commissioner

Order Served via email:

Nicolas L. Haigler Robinson Gray Stepp & Laffitte, LLC nhaigler@robinsongray.com	Steve Wukela, Jr. Stephen J. Wukela Wukela Law Firm steve@wukelalaw.com stephen@wukelalaw.com

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 September 19, 2024

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NUMBER: 2104833

Qushon Inman, Employee,

Claimant,

vs.

General Electric-Florence,

Employer,

and

Electric Insurance Company,
Carrier,

Defendants.

=====)

DEPOSITION OF:

W.S. EDWARDS, JR., M.D.

Deposition of WILLIE STANLEY EDWARDS, JR., M.D.,
taken before Laura W. Little, Verbatim Reporter and
Notary Public in and for the State of South Carolina,
at McLeod Spine Center, 800 East Cheves Street, Suite
480, Florence, South Carolina commencing at 3:14 p.m.
on the 23rd day of September 2021.

Laura W. Little
Laura Little Reporting Service
345 Potato House Road
Darlington, South Carolina 29532
843-393-6466(home/office) 843-260-0333(cell)
act4court@bellsouth.net

 **COPY**

APPEARANCES OF COUNSEL

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Brandon Rattray, Esquire

Robinson Gray Stepp & Laffitte, LLC

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In Attendance:

Qushon Inman

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EXHIBITS

NUMBER	DESCRIPTION	PAGE-LINE
	(No exhibits proffered.)	

COURT REPORTER'S NOTES:

---Indicates Interruption;

--Incomplete Sentences; Trailing Off.

STIPULATIONS

1
2 Prior to the giving of any testimony by the
3 witness, it was expressly stipulated and agreed between
4 the parties to this action, through their respective
5 counsel, that:

6 By Notice and/or Consent, said deposition is being
7 taken in accordance with Section 42-3-160, Code of Laws
8 of South Carolina 1976, and Rule 30 of the South
9 Carolina Rules of Civil Procedure, which shall control
10 the taking of said deposition and its use thereof;

11 Said deposition shall be taken for the purpose of
12 discovery and/or for use as evidence in the above-
13 entitled action, or for both purposes;

14 That all objections would be reserved until the
15 time of the trial except as to the form of the
16 question;

17 Reading and signing of the transcript of testimony
18 by the witness was waived.
19
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25

1 WILLIE STANLEY EDWARDS, JR., M.D.,
2 after first being duly sworn, was deposed as follows:

3 DIRECT EXAMINATION BY MR. WUKELA:

4 Q. Dr. Edwards, if you would, for the record,
5 give us your educational background as it relates to
6 the practice of medicine?

7 MR. HAIGLER: I'll stipulate he's a Board
8 certified orthopaedic surgeon, if you want me to do
9 that.

10 Q. Is that fine with you?

11 A. Yes, sir. It's certainly fine.

12 Q. All right, we'll go on to the next thing.

13 MR. HAIGLER: I threw you off, didn't I?

14 MR. WUKELA: Yes, you did.

15 Q. Doctor, when was the first time that you saw
16 Mr. Inman?

17 A. I think the only time I've seen him is on
18 June 22nd of this year.

19 Q. All right. At that time, did you have any
20 medical records---

21 A. Yes, sir.

22 Q. ---that you had access to?

23 A. I did.

24 Q. Okay. Did you have Nurse Practitioner
25 Huiet's records?

1 A. Yes. He's a P.A..

2 Q. What's the proper designation?

3 A. Physicians Assistant. Yes, sir.

4 Q. Okay. That's what the "P" is for. Okay.

5 All right. And I assume that record was for April the
6 1st of 2021?

7 A. I don't have that, all his records in front
8 of me at all but, I did review them. I don't have them
9 today.

10 Q. Dr. Edwards, if you would, what you have here
11 is my APAs to the Commission, okay, the South Carolina
12 Workers' Compensation Commission and on the bottom
13 right-hand corner of each page, you'll see where it's
14 Bate stamped?

15 A. Yes, sir.

16 Q. Okay. And I believe Dr. Huiet's records
17 begin on APA page 217 -- no, that's wrong, 184 -- they
18 begin on page 184, is that right?

19 A. Yes, sir, from April 1st, 2021.

20 Q. Okay. If you would, you don't have to do it
21 verbally, if you could just familiarize yourself with
22 what he calls constitutes history of present illness.

23 A. (Deponent complies) Okay.

24 Q. And the next time if you'll go to page 186?

25 A. All right.

1 Q. Where it says notes, could you read that for
2 us, please?

3 A. Recommend a Medrol dose pack for six days and
4 then repeat a Medrol dose pack. Patient is unable to
5 work at this time. Recommend stat MRI of the thoracic
6 and lumbar spine. Recommend over the counter Tylenol
7 and Voltaren Gel and continue Tizanidine.

8 Q. Okay. Do you recall seeing either one of
9 those MRIs?

10 A. Yes, sir.

11 Q. Okay. I'm going to send you on to page 193.

12 A. Got it.

13 Q. What is significant about the MRIs? First of
14 all, what was MRI'ed?

15 A. The thoracic or middle part of the spine and
16 the lumbar or the low back part of the spine.

17 Q. And what is significant about these MRIs on
18 this page and on the following page?

19 A. You mean the abnormal findings?

20 Q. Yes, sir.

21 A. The bottom two discs in the lumbar spine
22 showed some bulging or disc protrusion. That was
23 really the only significant finding.

24 Q. I'm looking at page 194 when it says L5/S1
25 moderate circumferential disc bulge with super imposed

1 left central disc protrusion. This narrows the central
2 canal with mass effect on the transversing central left
3 S1 nerve. Mild bilateral neuroforaminal narrowing
4 facet arthropathy, if that's the way you pronounce it,
5 with a small amount of fluid in both facets. What's
6 the significance of that finding?

7 A. To summarize your reading of that description
8 is basically some degenerative changes in the spine
9 with the superimposed disc protrusion or disc
10 herniation causing some pressure on the nerves, mostly
11 on the left side.

12 Q. All right. Now, I'm looking at the following
13 page on page 195. What do you glean from there?

14 A. This is the office note from April the 20th
15 of 2021 of Dean Huiet, P.A.

16 Q. And what do glean from that finding Dean
17 Huiet made at that time?

18 A. Well, the history was he complained of pain
19 throughout his back and in both legs, left greater than
20 right side, and since his last visit Dean said he's
21 having some increased pain in his neck that radiates
22 into the -- between his shoulder blade area with some
23 numbness and tingling in his hands.

24 Q. On page 184, how did Physicians Assistant
25 Huiet describe the patient's description of the injury?

1 A. Say it again. I'm sorry, I missed the
2 question.

3 Q. When he described the nature of his injury
4 when he first talked to Dean Huiet, what was that
5 description?

6 A. The history says on March 19, patient jumped
7 out of an eighteen-wheeler at work and noticed an
8 immediate onset of pain radiating from the upper back
9 to the lower back and throughout the lower extremities.

10 Q. Okay. Now, if we go back to the April 20
11 visit, when you saw the claimant was he complaining of
12 the same pain?

13 A. Yes, sir.

14 Q. Okay. And I believe he put him out of work
15 on page 200, on other times, but particularly on that
16 date?

17 A. Yes, sir.

18 Q. Okay. And my records don't show him seeing
19 him anymore, but it was my understanding from my client
20 that he was referred by Dr. Huiet or Mr. Huiet to this
21 office?

22 A. Yes, sir.

23 Q. Is that correct?

24 A. It is.

25 Q. Okay. And the first person to see him in

1 this office was - well, I'm looking on page 210.

2 That's an out of work slip?

3 A. Yes, sir.

4 Q. And that's dated June the 22nd of '21?

5 A. Yes, sir.

6 Q. And who put him out of work at that time?

7 A. That looks like I did.

8 Q. Okay. Just give me a second. It looks like
9 there was a cervical MRI done on May the 4th that was
10 reviewed on page, I believe, 208?

11 A. That's right.

12 Q. Can you tell who ordered that?

13 A. Look like Dean Huiet ordered it.

14 Q. And what are your reviews of that MRI
15 finding?

16 A. The main thing that I saw on that scan was a
17 loss of some of the normal curvature of the spine and
18 that typically involves muscular tension or spasm in
19 the neck. There was a slight disc bulge in one of the
20 discs between the 5th and 6th vertebrae as well.

21 Q. And then I believe the next thing that I see
22 of relevance would be 217 Sub-A-Sub 10, that's in that
23 other packet I believe.

24 A. It is. What page now?

25 Q. 217 Sub-A-Sub-12. Now, wait a minute, I tell

1 you what, Sub-A-Sub-10.

2 A. Okay.

3 Q. Can you tell us what that is?

4 A. It looks like a note from Bruce Johnson in
5 our office, the pain management specialist, the
6 evaluation he performed of Mr. Inman of May the 17th of
7 this at the request of Dean Huiet.

8 Q. If you could, read that in some detail and
9 tell me what description the claimant gave to Mr.
10 Johnson or Dr. Johnson when he was evaluating him?

11 A. What do you want me to tell you?

12 Q. What was the description of his pain to Dr.
13 Johnson or at least what Dr. Johnson recorded?

14 A. It looks like he said he's having low back
15 pain and bilateral lower extremity pain, worse on the
16 left than the right and then he said the patient hurts
17 all over. He is a very complicated patient to figure
18 out. He's having pain into his shoulders and down both
19 his arms. He's having weakness in his right arm. He's
20 having a lot of pain and weakness in his left leg.

21 Q. And how long does he indicate that that
22 condition is going on?

23 A. It says it's been going on since March 19.
24 He said he was at work when he jumped off an eighteen-
25 wheeler and felt a sharp shooting pain in his back.

1 Q. Okay. And I assume from the last part of
2 that paragraph that Dr. Johnson had access to the MRI
3 of the lumbar spine?

4 A. It looks like he reviewed his thoracic and
5 lumbar MRI scan and cervical spine.

6 Q. And as a result of that - well, on the
7 following page I believe he notes great leg raising,
8 positive left lower extremity limbs on that left leg?

9 A. Yes, sir.

10 Q. What's the significance of that finding?

11 A. Well, it suggests that there's some sciatic
12 irritation to the nerve that travels in that area most
13 likely from something compressing in the lower part of
14 the spine.

15 Q. What is the treatment that he recommended at
16 that time, where it says "notes?"

17 A. He recommended steroid injections.

18 Q. Okay. Now, that's A-Sub 11. I believe I need
19 for you to go to A-Sub15. What is that?

20 A. That's my office note.

21 Q. Finally, I'm going to get to you.

22 A. It's about time.

23 Q. What were your findings when -- let me ask
24 you this, how did he get to you?

25 A. A combination of Dean Huiet and Bruce Johnson

1 making that recommendation. I specifically believe Dr.
2 Johnson recommended him to see me.

3 Q. All right. Dr. Johnson is pain management?

4 A. Yes, sir.

5 Q. As a general rule?

6 A. Yes, sir.

7 Q. And he recommended that you see him for
8 surgical evaluation?

9 A. Yes, sir.

10 Q. Is that what I'm to understand? All right.
11 Tell us what you evaluated him as.

12 A. Well, I thought the history that had been
13 obtained that we've already reviewed from Dean Huiet
14 and from Bruce Johnson was consistent with what the
15 patient told me in terms of the location of the
16 symptoms, the mechanism of the injury that led to the
17 symptoms and the concern that I had was that his
18 symptoms seemed to be a little bit more out of
19 proportion than what I would have expected. In other
20 words, he was having difficulty ambulating. He was
21 having a hard time going from sitting to standing and I
22 didn't see where the findings of the MRI scans that
23 you've already talked about could have necessarily
24 caused these physical exam findings. In other words,
25 he seemed to be much more disabled from his symptoms

1 than what I would typically expect with a disc
2 protrusion in the lumbar spine or even a small disc
3 bulge in the neck.

4 Q. I note that there's a statement here: "Has
5 actually had an epidural steroid injection by Dr.
6 Johnson" and you say back in December of last year for
7 this. Were you referring to the epidural steroid
8 injection we just read from?

9 A. I don't have any independent recollection of
10 that statement or being aware that there had been
11 injections done previously. It may have been a
12 typographical error or something that got confused on
13 the electronic record. I don't think he's told me
14 anything about an injection. I didn't see anything in
15 Dr. Johnson's notes, but the way my note history reads
16 is, is that he denies any previous issues related to
17 his neck but admits to some previous back issues and
18 has actually had epidural steroid injection by Dr.
19 Johnson back in December of last year for this. I
20 mean, if I recorded that, I wouldn't have had any way
21 to know that had the patient not told me that, so I'm
22 assuming that was in the history given to me by Mr.
23 Inman.

24 Q. But there's no question he did receive an
25 epidural steroid injection from Mr. Johnson -- from Dr.

1 Johnson. That would have been---

2 A. Well, that was on May 17th of this year.

3 Q. Yeah.

4 A. Yeah.

5 Q. Okay. You don't make any reference to the
6 May the 17th injection?

7 A. Yes, I think I'm a little perplexed by that
8 too. That's why I'm just wondering if it could be some
9 typographical or some omission that didn't get
10 recorded. Of course, I had the benefit of Dr.

11 Johnson's note when I saw the patient on June the 22nd
12 because it had been done literally a month beforehand.
13 I'm not sure why I didn't say that. It could have been
14 just an oversight when I -- between the time that I saw
15 the patient, took notes and then dictated later that
16 day so it could have been just an error of omission.

17 Q. Okay. I'm looking on page 184, Dean Huiet's
18 records.

19 A. (Deponent complies) Okay.

20 Q. And where it says denies, right smack dab in
21 the middle, denies previous history of axion spine
22 problem.

23 A. Yes.

24 Q. If you could read from that forward for us,
25 please?

1 A. "Denies previous history of axion spine
2 trauma, reports history of low back spasms which began
3 on December the 23rd and he was evaluated on the 26th
4 and CT scan of the lumbar spinal obtained. Patient
5 states that his symptoms one hundred percent resolved
6 after a few days. No further complaints. Patient
7 rates his pain at a ten on a visual analog scale.
8 Previous CT of the abdomen and pelvis from December 26,
9 2021, shows no definitive acute boney changes L5/S1
10 discs degenerative changes."

11 Q. Do you know if there were any changes between
12 that CT scan and the MRI studies that you were
13 reviewing?

14 A. The short answer is no, I don't.

15 Q. There's no mention of an epidural steroid
16 injection in that entry or that history, but December
17 26, '21, is there, and there was an epidural steroid
18 injection in May of '21? You see what I'm saying?

19 A. Yes.

20 Q. Is that where you---

21 A. Well, I think I mean there's an error in the
22 medical record from either Dean Huiet or from my
23 history, either. Clearly, he appears to have had some
24 spine issues back in December. Dean's note could have
25 omitted the fact that he had an epidural steroid

1 injection, or in my note where I said he had an
2 epidural steroid injection in December, he may have
3 just had that previous symptomatic issue with his back
4 and not had an injection and I don't know. I guess you
5 might even have to break down and we'd have to ask the
6 patient, but I don't know the right answer but one of
7 those is wrong and you're correct to point it out.

8 Q. Well, it doesn't appear in Dr. Johnson's
9 records that he had an epidural before?

10 A. The lack of any of us three mentioning that
11 doesn't necessarily mean that it didn't happen.

12 Q. Okay. All right. As a result of your
13 evaluation on June 22, you note that there was on page
14 217,

15 A-11, L4/5 location in the lumbar spine does show some
16 degenerative changes with an L5 neural compression.

17 A. What page you on?

18 Q. Page 217, A-11 in that packet there, I
19 believe.

20 A. So, you're in Dr. Johnson's note?

21 Q. Yes, sir.

22 A. Okay. I'm sorry, I forgot the question.

23 Q. What did he do as a result of that note? It
24 goes on to say I'm going to proceed

25 A. Yes, sir, that's when he did the injection in

1 his spine on that day.

2 Q. Okay. All right. Now, you saw him on June
3 the 22nd, and you put him out of work at that time or
4 you continued him out of work?

5 A. Yes, sir.

6 Q. Why did you do that?

7 A. Say that again.

8 Q. Why did you do that?

9 A. He told me he couldn't work, and I just wrote
10 him a note supporting that.

11 Q. Did he have the symptoms or the objective
12 findings to support those complaints?

13 A. Well, he had some findings to support it of a
14 disc protrusion but as I indicated earlier, I was
15 perplexed by the degree of clinical complaints that he
16 manifested because it seemed to be more than what we
17 would expect generally with a disc herniation at L5/S1.

18 Q. Just out of curiosity, when you made that
19 diagnosis, you were relying on what?

20 A. The MRI scan predominately, in terms of the
21 disc herniation, yes, sir.

22 Q. What is the accuracy factor or the percent of
23 times that the MRI is accurate?

24 A. I think it's pretty darn high. I mean
25 sometimes the MRI scan can overestimate or sometimes

1 underestimate the degree of pathology at a particular
2 level, but I think it's incredibly unusual for an MRI
3 scan to say that an area is normal and it be abnormal.

4 Q. Well, compression of the nerve root, how
5 would you describe that?

6 A. I thought he had significant compression of
7 the nerve root.

8 Q. And what would be the manifestation of
9 symptoms as a result of that?

10 A. Buttock and leg pain radiating down in the
11 distribution of where that nerve goes down into the
12 posterior thigh and calf down to the foot and ankle.

13 Q. And that's similar to what the findings were
14 when there was a straight leg raise testing?

15 A. Yes, sir. That part was very consistent with
16 a disc herniation.

17 Q. So, you continued him out of work and then
18 what did you recommend for further treatment?

19 A. Well, I gave him some pain medication, kept
20 him out of work and I felt like there could be
21 something else going on other than just the disc
22 herniation because the symptoms, again, seemed to be
23 out of proportion with what one would typically expect
24 and by that, I mean difficulty getting up and down, not
25 being able to walk, having pain up and down your whole

1 spine. Those things typically don't emanate from an
2 isolated disc herniation at the very bottom disc of
3 your back and so it was my concern that there may be
4 something else going on and nerves can demonstrate some
5 abnormality without having pressure on them. People
6 have neurologic conditions that are not related to
7 compression on a nerve from, for example, a disc or a
8 bone spur or something like that. The nerves just get
9 out of whack. We see it, for example, in peripheral
10 neuropathy, you've heard that term, it gets used
11 commonly in the real world, that's not from pressure on
12 a nerve, that's just from the nerve itself that's not
13 doing well physiologically, some disease in the nerve
14 itself and it was my concern since his symptoms seemed
15 to be a lot more significant than what I would
16 typically expect with a unilateral disc herniation that
17 I recommended a neurologic examination and I made that
18 referral.

19 Q. Did the condition of his neck MRI indicate
20 anything to you?

21 A. No. I mean his neck was straight and just
22 looking at the spine from the side view should have a
23 general curve we call lordosis, but his MRI scan
24 demonstrated a very straight neck and that typically
25 relates to muscular tension or muscular spasm. For

1 example, somebody has a whiplash injury, that's the way
2 their neck looks, their neck is straight, that curve is
3 gone because the muscles are so tight. I didn't see
4 anything pressing on the spinal cord. Looking at his
5 symptoms and the presentation, I was comforted by what
6 Dean Huiet had done very thoroughly in terms of his
7 evaluation and work up by getting a scan of his
8 cervical spine and the thoracic spine where the spinal
9 cord is and pressure on the nerves in either of those
10 areas can certainly cause the types of symptoms he was
11 presenting to me with, that difficulty walking, that
12 pain up and down the whole spine, that type of thing.
13 So, that's why I was reassured from my prospective as a
14 spine specialist that those symptoms weren't coming
15 from his neck or his thoracic spine because there was
16 no pressure on the spinal cord, there was not abnormal
17 signal in the nerves themselves through there. So,
18 something wasn't adding up and that's why I recommended
19 the formal neurologic examination by Dr. Skinner.

20 Q. Okay. Do you know if he's had that
21 examination yet?

22 A. No, sir, I don't.

23 Q. Did you notify the workers' compensation
24 carrier?

25 A. Well, I'm assuming they got a copy of these

1 notes. I don't know.

2 Q. Do you know whether or not workers'
3 compensation paid for your evaluation and Dr. Johnson's
4 evaluation?

5 A. I don't know.

6 Q. Okay. Normally, how long does it take from
7 the time you make an appointment with Dr. Skinner's
8 office for the neurologic evaluation before it's done?

9 A. It can, unfortunately, be quite a delay.
10 That's disheartening in many ways but the neurologist
11 don't see the volume of patients we see, and it just
12 takes a lot longer to get somebody in.

13 Q. Okay. Did you continue him out of work, at
14 least, until he sees Dr. Skinner?

15 A. Well, I don't -- I'll have to go look back at
16 that note that you referenced that I signed earlier but
17 did I -- I don't -- Did I have a time on it?

18 Q. I don't think you had a time.

19 A. I haven't seen him since then. You know, my
20 recommendation was to get that evaluation to make sure
21 we're not missing something else. I'd hate for him to
22 have an operation or some further treatment for this
23 disc herniation and it not be what's causing all of his
24 trouble. So, it was an effort just to have a thorough
25 workup before considering some type of intervention

1 surgically. Until I get that information, I'm not
2 going to feel comfortable recommending anything else be
3 done.

4 Q. Okay. I'm looking at page 217, Sub-A-Sub-20,
5 that's it, I believe that's the one we were talking
6 about before?

7 A. Yes, sir, it is, and it just says out of work
8 until next appointment down at the bottom.

9 Q. What does that mean, next appointment with
10 Skinner or next appointment with you?

11 A. With me.

12 Q. Until he sees you back, he's out of work?

13 A. Yes, sir.

14 Q. Okay. Doctor, it's my understanding how this
15 accident happened, he works out at General Electric.

16 A. Yes, sir.

17 Q. And they make MRIs as luck would have it.

18 A. Yes, sir.

19 Q. And one of his jobs is taking the core of the
20 MRI that's been brought to him on a forklift, he hooks
21 up some chains to a lift, he has a remote-control
22 device that lifts the thing up, the MRI core, and he
23 directs it over to the center of a truck, a flatbed,
24 that's been backed up to the pier. This time they
25 backed it up there was about a two-foot gap between the

1 truck and the pier where he's got to be. Once he gets
2 it over there, there is a process of settling it down
3 on a carrier, so he's got to jump over to get over
4 there where he can guide the MRI core down. In the
5 process of making that leap, he jerked from the jump
6 and all the discs, whatever it was, anyways he
7 experienced immediate onset of pain in the areas that
8 he described.

9 MR. HAIGLER: Is that a question?

10 MR. WUKELA: That's the beginning of the
11 question.

12 Q. If you assume that hypothetical presentation
13 by me, if you assume that I can prove that in court,
14 then I'd like to ask you a question, but there's
15 another thing that happens that I want to inject. So,
16 he's in the process of -- he rests a little bit, he's
17 hurting and he lets it down and then he's got to
18 disconnect it, take that forward and he moves off and
19 brings it down and he takes off the crane device that
20 was the ropes or whatever, steel beams, steel, anyways
21 he takes those off and hangs them up and then he picks
22 up another set and he's supposed to put a box over the
23 top of that so it can be secured for travel and that
24 kind of stuff. So, he does the same thing, which is
25 very similar, jumping back over, which, of course,

1 aggravates his condition worse, but he completes the
2 job, does what he's supposed to do and then he reports,
3 there's no question he reported it to his employer and
4 is out of work.

5 MR. HAIGLER: Steve, I've got to object.
6 You literally are just testifying into the record. You
7 haven't asked a question in three or four minutes.

8 MR. WUKELA: I'm just talking about the
9 timeline.

10 MR. HAIGLER: I know. I hear you, but
11 you're testifying. You're literally just testifying
12 into the record. You're not even---

13 MR. WUKELA: That's a hypothetical.

14 MR. HAIGLER: Okay. All right. I'll
15 place my objection on the record.

16 MR. WUKELA CONTINUES:

17 Q. Assuming that that's how it happened and he
18 started having pain after that point, went to the
19 emergency room, went to Mr. Huiet, went to Mr. Johnson
20 and on to you. Do you have an opinion to a reasonable
21 degree of medical certainty whether that maneuver and
22 jumping back when he was in pain and anything else that
23 happened after that point was causally related to the
24 pain he was suffering?

25 A. I believe that it was.

1 MR. HAIGLER: I need to object. Hold on,
2 Doctor. Hold on, Doctor. I need to object. That
3 entire question is, one, leading and two, it's asking
4 the doctor to assume facts that are not into evidence.

5 MR. WUKELA: They will be in evidence.

6 MR. HAIGLER: Well, and that's fine but
7 they're not currently.

8 MR. WUKELA: Well, he testified to it in
9 his deposition, but be that as it may.

10 MR. HAIGLER: Just an objection.

11 MR. WUKELA: Just an objection.

12 MR. WUKELA CONTINUES:

13 Q. Do you have an opinion to a reasonable degree
14 of medical certainty that the conditions that you've
15 diagnosed are casually related to that maneuver?

16 A. Yes, I believe it was.

17 Q. To a reasonable degree of amount of
18 certainty?

19 A. Yes.

20 Q. As of today, subject to him seeing Dr.
21 Skinner and any findings Dr. Skinner makes that he
22 reports to you, today he is unable to work, is that
23 correct?

24 A. Yes.

25 Q. And he'll be continued to be unable to work

1 as far as you're concerned until he's evaluated by Dr.
2 Skinner and he does whatever tests that he's going to
3 do and then he reports back to you for your evaluation?

4 A. Yes, sir.

5 Q. And that's all the questions I have.

6 CROSS EXAMINATION BY MR. HAIGLER:

7 Q. Dr. Edwards, my name is Nick Haigler. I've
8 taken your deposition a few times in the past.

9 A. Yes.

10 Q. I represent General Electric in this
11 particular workers' comp claim. I've read your report
12 and I want to kind of separate this into the neck and
13 to the low back because it appears there's two separate
14 potential issues, is that fair?

15 A. Yes, sir.

16 Q. Do you believe there is a neck injury?

17 A. Well, I think he's got some pain in his neck,
18 but the MRI scan didn't really demonstrate any injury
19 to the disc or any compressive pathology in the spine
20 but if you want to generalize do I believe there was an
21 injury to his neck, there was certainly muscular
22 tension showing on that MRI scan that would be
23 consistent with neck pain. Now, I didn't know that
24 there was any injury specifically to the neck when I
25 was reviewing Dean Huiet's records. I think the

1 reason, and I think he was correct in doing this, the
2 patient complained of pain up and down his entire
3 spine. I think the mechanism of injury that Mr. Wukela
4 referencing basically that's kind of what the patient
5 told me as well, would have been fairly unlikely to
6 cause a specific injury to the neck and be more likely
7 to cause an injury to the back.

8 Q. If it were going to cause an injury to
9 either, you would expect it to be a lumbar spine issue?

10 A. Yes, sir.

11 Q. And not cervical spine?

12 A. That's right.

13 Q. Okay. You mentioned earlier that -- and you
14 said it a few times, that there is, there's some
15 disconnect between what he's subjectively reporting and
16 what you're objectively saying?

17 A. That's right.

18 Q. And you've basically referred him to the
19 neurologist because you can't necessarily explain what
20 you're seeing about what you have objectively, is that
21 fair?

22 A. A hundred percent, correct.

23 Q. Okay. Do you know that he's being honest
24 with you?

25 A. We never know that. Unfortunately, with

1 patients we have to assume that.

2 Q. Let me ask you this question, I'm reading
3 your first report and it says or your only report, and
4 it starts out that he basically tells you that he's
5 having pain in his neck and both shoulders that started
6 on March 19th of this year, is that right?

7 A. Yes, sir.

8 Q. Did you see any of the emergency room records
9 that occurred after March 19th?

10 A. No, sir.

11 Q. Do you mind if I show this to you?

12 A. I'll be happy to look at them.

13 MR. WUKELA: From March? You might want
14 to give him the page to look at.

15 MR. HAIGLER: I've got it. Thank you.

16 Q. The first one is March 23rd.

17 MR. WUKELA: I believe that's page 168,
18 is that right?

19 MR. HAIGLER: I believe. I don't have
20 mine. I'm using the APAs at this point.

21 MR. WUKELA: Because these are going to
22 be the APAs.

23 MR. HAIGLER: If you have it. I don't
24 have yours with me so.

25 MR. WUKELA: Here's the report I've got.

1 MR. HAIGLER CONTINUES:

2 A. (Deponent reviews document) Okay.

3 Q. Had you seen that report before today?

4 A. No.

5 Q. Can you show me where in that report he
6 complains of any, any problems with his neck?

7 A. Well, complain with low back pain down both
8 legs. It says up his back, but it doesn't say into the
9 neck.

10 Q. Is there anywhere mentioned in there where
11 there's a complaint of neck, a specific complaint of
12 neck pain?

13 A. No, sir.

14 Q. What about shoulder problems or pain?

15 A. I don't see any complaints of that.

16 Q. And that's -- just for Steve's reference
17 that's pages 75, 76, 77, 78, of Claimant's APAs. I also
18 wanted to ask you, there was actually a physical exam
19 done on the third page of that report and in there it
20 says there's no neck pain, correct?

21 A. That's correct.

22 Q. Okay. So, we're four days after March 19th
23 when he told you that his neck started hurting and
24 there's no complaints of neck pain, is that fair?

25 A. That's fair.

1 Q. Did you know on that visit they did an x-ray
2 of the lumbar spine but nothing -- no x-rays of his
3 cervical spine?

4 A. I didn't see specifically what was done.

5 Q. Okay. Fair enough. He then went back to the
6 emergency room the very next day, I assume you didn't
7 know that either?

8 A. No, sir.

9 Q. Okay.

10 MR. WUKELA: That's page 106.

11 MR. HAIGLER: In the Claimant's APAs.

12 Q. All right. Here's that report. Anywhere in
13 there is there a mention of neck pain or shoulder pain
14 or anything of that nature?

15 A. No, sir.

16 Q. None whatsoever, correct?

17 A. That's correct.

18 Q. So, five days later he still didn't have any
19 complaints of neck pain according to two medical
20 reports I've shown you, is that right?

21 A. That's right.

22 Q. All right. He then goes back to the same
23 exact hospital on the 29th of March, which would have
24 been before he ever stepped foot into your practice or
25 Dr. -- Mr. Huiet or to see Dr. Johnson. He goes back

1 on March 29th, ten days after this alleged injury.

2 I'll show you this.

3 MR. WUKELA: That's page 143.

4 Q. Any complaints of neck pain in that report?

5 A. No, sir.

6 Q. It does mention in there, though -- they do
7 reference -- there's a reference in here, the very
8 first line, about his low back pain and how long that
9 had been going on. What does that say?

10 A. It says for several months.

11 Q. That's not really consistent with March 19th,
12 is it?

13 A. No.

14 Q. Okay. You didn't have this before today, did
15 you?

16 A. No, sir.

17 Q. So, ten days after the alleged injury no
18 complaints of neck pain?

19 A. It doesn't appear that he made those
20 complaints, no.

21 Q. That makes it kind of difficult to causally
22 relate any neck issues he's having now to something
23 that happened on March 19th, does it not?

24 A. A lot of times the day of or the day after,
25 maybe not, but certainly by a week or so if you're

1 going to have some symptoms emanating from a specific
2 injury, I think you would have symptoms by then so I
3 would say that that makes the causation of any neck
4 symptoms unrelated to the injury in question.

5 Q. Okay. Do you have any sort of history as to
6 his -- I know there was a mention of him going to see
7 an ER or going somewhere for back problems back in
8 December. We talked about that earlier or you and Mr.
9 Wukela talked about that earlier?

10 A. Yes, sir.

11 Q. Have you seen any of those actual reports?

12 A. No.

13 Q. Okay. Did he mention that to you
14 specifically?

15 A. I wouldn't have gotten it from anybody else.

16 Q. Okay. So, in your report it says some
17 previous back issues and there's a mention of something
18 in December of last year. We're a little unclear if
19 there was maybe a typo or something in this report.
20 Would you agree (simultaneous speaking).

21 A. Well, I was thinking that I wouldn't have
22 just invented this and putting it in the record. I
23 think where the error that Mr. Wukela probably
24 correctly pointed out is, I was thinking that his
25 epidural steroid injection had been done back in

1 December instead of shortly before I'd seen him in
2 June.

3 Q. Got you. Got you.

4 A. I think that's probably the most likely
5 scenario. You know, I take handwritten notes when I
6 see patients and then at a later date in that day it's
7 dictated, so.

8 Q. Fair enough.

9 A. It's not a perfect deal sometimes.

10 Q. I understand. And having electronic records
11 make it all more difficult?

12 A. Absolutely.

13 Q. Okay. If you'll go back, and I don't know if
14 you have Dean Huie's report, April 1st report. I
15 don't know what page.

16 MR. WUKELA: Page 184.

17 MR. HAIGLER: You've got this memorized.

18 Q. Let me know when you get there. It was April
19 1st, I think.

20 A. Yes, sir, I have it.

21 Q. In this report, we're really talking about
22 the lower back here, is that right?

23 A. Yes.

24 Q. And it appears that the left leg was and has
25 been, even when you saw him, the more predominant side

1 of his symptoms, is that fair?

2 A. Yes.

3 Q. Which actually does correlate to what you saw
4 on MRI?

5 A. It does.

6 Q. Okay. Now, he then gets a little more
7 specific with Mr. Huiet, on the 1st of April and says
8 that he had a history of low back spasms which began on
9 December 23rd, was evaluated on the 26th, had a CT scan
10 of the lumbar spine, his symptoms 100 percent resolved
11 within a few days.

12 A. Yes.

13 Q. That's what this report says?

14 A. It does.

15 Q. I know you didn't -- You weren't here, but
16 the History of Present Illness is normally what the
17 patient specifically tells the provider, is that
18 correct?

19 A. 100 percent correct.

20 Q. All right. So can we assume that this is --
21 that he told Dean Huiet that his problems were 100
22 percent resolved a few days after this incident on the
23 23rd of December?

24 A. I think you can assume that.

25 Q. Okay. And that the only nature of those

1 symptoms were back spasms?

2 A. Yes, sir.

3 Q. What is a back spasm?

4 A. It's just some muscles getting tight around
5 the lower part of your back.

6 Q. It's not radicular pain down your leg or back
7 pain? Really, it's---

8 A. It's just some muscles on either side of the
9 spine get tight and sometimes lockup.

10 Q. If I came to you and said I've got pain
11 running down my leg at a ten out of ten rate, would you
12 call that a back spasm?

13 A. No.

14 Q. Okay. That's a different thing?

15 A. Yes.

16 Q. All right. Now, one of the ER notes and I
17 know I just showed it to you briefly but I'm going to
18 show it to you again, the very first one from March
19 23rd, he actually had an x-ray of his lumbar spine done
20 and I don't think you've ever seen this either, but I'm
21 going to show it to you now. And it's a typical x-ray
22 that we do at ER, I assume. In that clinical data
23 part, what does it say as far as his symptomology for
24 the lumbar spine?

25 A. It says, "Lower back pain that started last

1 Friday, states it shoots down both legs, up his back,
2 pain started at work. Patient states it initially
3 started last December and pain has been on and off
4 since."

5 Q. Okay. That's not a hundred percent
6 resolution after a few days, is it?

7 A. No.

8 Q. It's on and off since then, correct?

9 A. That's what that says, yes.

10 Q. And I know we're relying on what was taken
11 here but it's not consistent with what he told Dean
12 Huiet?

13 A. Does not appear to be, no, sir.

14 Q. Okay. It's also not consistent with the
15 March 29th report that I showed you where he said that
16 he's got lower back pain radiating into his left lower
17 leg for several months. Remember when I showed you
18 that?

19 A. Yes, sir.

20 Q. It's not consistent with that either, is it?

21 A. No.

22 Q. Just a second, Doctor. I took his
23 deposition, excuse me I didn't take his deposition, my
24 associate took his deposition back on June 15th of this
25 year and we asked him what the level of his pain was in

1 December when he had the muscle spasms that he told
2 everyone about.

3 A. Yes, sir.

4 Q. And he testified that his pain was three out
5 of four of ten, three to four out of ten, which was
6 different than his presentation after this alleged
7 injury being at more like the ten out of ten level, is
8 that correct?

9 A. Yes.

10 Q. Okay. Before I go to my next question about
11 this, when someone comes in with ten out of ten pain,
12 what are you thinking as a doctor?

13 A. Well, something that's seriously wrong:
14 cancer, infection, pressure on the spinal cord with
15 impending paralysis or

16 Q. It's pretty bad?

17 A. Yes. That's like the worst you're looking
18 for a building to jump off of kind of pain.

19 Q. Okay. Folks sometimes come in here telling
20 you that there in ten out of ten pain, but you know
21 that's not really true, not that their faking but
22 they're just trying to explain to you how bad of a pain
23 they're in?

24 A. That's right.

25 Q. Is that right?

1 A. That's a hundred percent correct.

2 Q. Okay. Sometimes they come in and tell you
3 they're in ten out of ten pain, and they are
4 exaggerating for other purposes, is that fair?

5 A. That's fair.

6 Q. You've treated a lot of workers' comp people
7 over the years, haven't you?

8 A. Yes.

9 Q. That happens occasionally, doesn't it?

10 A. In all types of patients it can happen.

11 Q. Okay. Fair enough. So, when we asked him
12 about his December issue, he testified that it was
13 three to four out of ten, which is substantially less
14 than ten. Is that more of muscle spasm type pain?

15 A. Yes, sir. I mean to be honest the rating
16 scale is incredibly subjective and many things play
17 into someone's self perception of how much discomfort
18 they have.

19 Q. Okay. Well, I'm going to show you the ER
20 note from December the 26th, 2020, which I presume
21 you've not seen before today, is that fair?

22 A. That's correct, I have not seen it.

23 Q. I'll give you a chance to look at that.

24 A. (Deponent complies)

25 MR. WUKELA: Do you have a copy?

1 MR. HAIGLER: It's in your APAs.

2 MR. WUKELA: I don't believe so.

3 MR. HAIGLER: It is.

4 MR. WUKELA: December?

5 MR. HAIGLER CONTINUES:

6 A. Okay.

7 Q. Did you have a chance to look at that,
8 Doctor?

9 A. Yes, sir.

10 Q. He complains of exactly the same symptoms he
11 came to see you about in that report, does he not?

12 A. He does.

13 Q. Ten out of ten pain in his lower back with
14 pain running down his left leg, is that correct?

15 A. That's correct.

16 Q. Not a muscle spasm, correct?

17 A. No.

18 Q. And he says, in that report, at least
19 according to that report, Mr. Inman says that those
20 problems had been going on for a month and a half,
21 which would have been early November, is that right?

22 A. Yes.

23 Q. Which would also be consistent with that
24 March 29th report which said that he had been having
25 those symptoms for several months?

1 A. Yes, sir.

2 Q. Is that correct?

3 A. Yes.

4 Q. This would have been a fairly important
5 document for you to see prior to providing a causation
6 opinion, would it not?

7 A. Yes.

8 Q. And it's also quite inconsistent with his
9 deposition testimony that his pain was three out of
10 four, three to four out of ten, is it not?

11 A. Yes.

12 Q. Okay. I assume it's possible, if not likely,
13 that had you done that MRI right after this appointment
14 it might have looked just like the one that you got in
15 May, is that right?

16 A. Yes, sir.

17 Q. I want to show you one more document. This
18 is a questionnaire that he was given two days before
19 this report. He was actually hired by General Electric
20 in January of this year. As part of the hiring process
21 he was given a medical questionnaire that he was asked
22 to fill out. One of the questions on this
23 questionnaire was do you have, or do you now have or
24 have you ever had any back pain or back trouble? This
25 was two days before this emergency room visit. I'm

1 going to show that to you. If you'll look to the next.
2 page, he signed and dated that Christmas Eve of 2020.

3 A. Yes.

4 Q. Okay. And on the question that asked about
5 back pain or back trouble what was his response? It's
6 on the first page, Doctor.

7 A. He checked no when it asked about back pain
8 or trouble.

9 Q. Okay. So, he in this report or in this
10 questionnaire denied ever having or now having,
11 currently as of Christmas Eve in 2020, any back pain or
12 back trouble. Is that what this says?

13 A. That's what it says.

14 Q. And then he signed and dated it on the next
15 page?

16 A. Yes, sir.

17 Q. All right. But yet, and then two days later,
18 goes to the doctor's office or to the emergency room
19 saying he's been -- for a month and a half he's been
20 having severe ten out of ten pain in his back, running
21 down his left leg?

22 A. That's right.

23 Q. That would be inconsistent with that
24 questionnaire, would it not?

25 A. It would be inconsistent.

1 Q. Okay. And then if you look at the very first
2 report from Mr. Huiet, I'll show it to you, just so you
3 don't have to look for it, he mentions in there that
4 his problems started on the 23rd of December?

5 A. Yes.

6 Q. Which is the day before that questionnaire
7 was done?

8 A. Yes.

9 Q. So he was, he was having back pain when he
10 denied it in that questionnaire according to the
11 records I've shown you, is that right?

12 A. Yes.

13 Q. Okay. So, this questionnaire was not
14 accurately completed based on the records I've shown
15 you, is that right?

16 A. Based on the records it is not.

17 MR. WUKELA: May I see that, please?

18 MR. HAIGLER: This?

19 MR. WUKELA: The questionnaire.

20 MR. HAIGLER: Sure.

21 MR. WUKELA: Thank you.

22 MR. HAIGLER CONTINUES:

23 Q. Doctor, the records I've shown you today,
24 particularly the December report and the ER reports
25 from after his alleged injury, they paint a different

1 picture as to causation, don't they?

2 A. Yes.

3 Q. They make it impossible for you to give a
4 causation opinion relating this to March 19th, don't
5 they?

6 A. I would agree with that.

7 Q. Okay. Is that opinion to a reasonable degree
8 of certainty?

9 A. Yes.

10 Q. Thank you, sir. Those are all the questions
11 I have for you.

12 REDIRECT EXAMINATION BY MR. WUKELA:

13 Q. Doctor, he'd been working at that job for two
14 years before he filled this form out. He was a temp
15 out there at GE doing the same job.

16 MR. HAIGLER: I'll object. That's a
17 mischaracterization of the evidence.

18 MR. WUKELA: Huh?

19 MR. HAIGLER: It's not true, that's how
20 it is. It wasn't the same job.

21 MR. WUKELA: It wasn't?

22 MR. HAIGLER; Not according to his
23 deposition, Steve.

24 MR. WUKELA: You're saying he wasn't
25 working for a temp out there for two years?

1 MR. HAIGLER: I'm saying he wasn't doing
2 the same job and he wasn't working for my client.

3 Q. I have no further questions, Doctor.

4 MR. HAIGLER: Thank you, Doctor.

5 DR. EDWARDS: Okay.

6 MR. WUKELA: Thank you, Doctor.

7 (THERE BEING NO FURTHER QUESTIONS,
8 DEPOSITION CONCLUDED AT 4:15 P.M.)
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1 CERTIFICATE OF REPORTER

2 STATE OF SOUTH CAROLINA)

3 COUNTY OF DARLINGTON)

4 I, Laura W. Little, Verbatim Reporter and
5 Notary Public in and for the State of South Carolina,
6 certify that I did have Willie Stanley Edwards, Jr.,
7 M.D., appear before me at 3:14 p.m. on the 23rd day of
8 September 2021 at McLeod Spine Center, 800 East Cheves
9 Street, Suite 480, Florence, South Carolina; that the
10 witness was duly sworn and cautioned to tell the truth;
11 that the foregoing pages constitute a true and accurate
12 transcript of his testimony given at that time and
13 place.

14 I certify that I am not of counsel or kin to
15 any of the parties, nor am I interested in any manner
16 in its outcome.

17 IN WITNESS WHEREOF I have hereunto set my
18 hand and seal this the 8th day of October, 2021.

19 Laura W. Little

20 Laura W. Little, Verbatim Reporter

21 Notary Public, State of South Carolina

22 My Commission Expires August 19, 2025.

23

24

25

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 2104833

Qushon Inman,)
)
Claimant,)
)
v.)
)
General Electric,)
)
Employer,)
)
and)
)
Electric Insurance Company,)
)
Carrier/Defendants.)
_____)

MOTION

Wednesday, October 19, 2022
2:39 p.m. - 3:09 p.m.

The Commission Hearing was heard before Commissioner Gene McCaskill at the Kershaw County Courthouse, 1121 Broad Street, Gold Courtroom, Room 102, Camden, South Carolina on the 19th day of October, 2022, before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
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Attorney for the Carrier

Also present:

Qushon Inman

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EXHIBITS

(No Exhibits were marked during this portion of 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 **COMMISSIONER MCCASKILL:** Today's date is October
3 19th, 2022. This is Worker's Compensation
4 Commission File Number 2104833. This is the
5 case of Qushon, is that correct?

6 **MR. HAIGLER:** Yes, sir.

7 **COMMISSIONER MCCASKILL:** Inman versus General
8 Electric GE Healthcare, Incorporated. The
9 Carrier is Electric Insurance Company and
10 that's listed twice, Mr. Haigler, I don't know
11 why, but it is. The Claimant is represented
12 today by Steve Wukela, Junior and the
13 Employer/Carrier is represented by Nicholas L.
14 Haigler, and that's listed twice. The date of
15 the accident is March 19th, 2021, and we are
16 here on a Motion. Are there any objections
17 before we hear -- it was your Motion and we're
18 going to hear from Mr. Haigler. Are there
19 objections of any kind that we need to address?

20 **MR. HAIGLER:** None, Your Honor.

21 **OBJECTION:**

22 **MR. WUKELA:** To answer your question, Your Honor,
23 because obviously I object to the Motion.

24 **COMMISSIONER MCCASKILL:** I would rather, if we had
25 any, to deal with them now than later.



1 **MR. WUKELA:** Your Honor, just a question you -- we
2 responded with a Claimant's response to
3 Defendant's Motion for Rule to Show Cause dated
4 September 12th, 2022. I assume you've got that
5 before you and its attachments?

6 **COMMISSIONER MCCASKILL:** September what?

7 **MR. WUKELA:** September the 12th, 2022. Do you have
8 that Motion in front of you?

9 **COMMISSIONER MCCASKILL:** I'm trying to pull it up
10 right now and see if I do.

11 **MR. WUKELA:** Okay. Thank you.

12 **COMMISSIONER MCCASKILL:** I have a letter dated
13 September 14th.

14 **MR. HAIGLER:** Attached to that is the Motion with a
15 certificate of service date of September 12th
16 so that's the right document.

17 **COMMISSIONER MCCASKILL:** All right. So I do have
18 that.

19 **MR. WUKELA:** Do you have all the attachments?

20 **COMMISSIONER MCCASKILL:** Are they -- yes. My guess
21 is that if you sent it, we got it.

22 **MR. WUKELA:** Good. 'Cause I'll be relying on that.
23 Additionally, Your Honor, there was a Motion to
24 Quash in this case the deposition of Dr.
25 Edwards which is why we're here today also.



1 COMMISSIONER MCCASKILL: That's right.

2 MR. WUKELA: We appealed that Motion to Quash.

3 MR. HAIGLER: Well, the Commissioner ruled it
4 interlocutory.

5 MR. WUKELA: Yes, sir. Have you got a copy of the
6 interlocutory ruling?

7 COMMISSIONER MCCASKILL: I was present for that so
8 I'm sure it's in here.

9 MR. WUKELA: Okay, that's fine. Now we're all in
10 the same boat.

11 COMMISSIONER MCCASKILL: All right. It's your
12 Motion, Mr. Haigler.

13 MOTION:

14 MR. HAIGLER: Thank you Commissioner. This is a
15 case, it's been a denied case. Mr. Wukela
16 noticed the deposition of Dr. Edwards last
17 September as you may know from what you have
18 read or what you will read to address causation
19 in this case. Again, this was Mr. Wukela's
20 deposition, I did not notice this deposition.
21 Mr. Wukela deposed Dr. Edwards. I cross-
22 examined Dr. Edwards. Mr. Wukela asked some
23 follow-up questions. Without -- it doesn't
24 really matter for the purposes of why we're
25 here today, but he did not prove causation and



1 that deposition is fairly clear. It doesn't
2 really matter.

3 **COMMISSIONER MCCASKILL:** We don't need to go down the
4 merits road.

5 **MR. HAIGLER:** Correct. The deposition was such in
6 my favor in Nick's opinion that I filed a Form
7 19 twelve days later to close the case, to
8 close the file so my client did not have to
9 continue to file Form 18s. I thought the case
10 was over. I didn't hear another word from Mr.
11 Wukela's office for nine months when they
12 called and asked if they can schedule Dr.
13 Edwards deposition. And to be honest with you
14 I forgot about it. I said, yeah, let's get --
15 put it on the calendar sure and then I looked
16 at it and I was like wait a second, we've
17 already done this. This case is over. No,
18 we're not doing that. So I said we're not
19 doing the deposition. I moved to quash the
20 deposition. The Rules of Civil Procedure allow
21 for a witness to be deposed one time unless the
22 other party agrees that we should take the
23 deposition again or a Judge or a Commissioner
24 decides that another deposition is appropriate.
25 The Workers' Comp Commission -- I'll stop. The



1 statute addressing depositions in the Act
2 relies on the Rules of Civil Procedure on this
3 issue. So the Rule is very simple. You can --
4 either party can take the deposition of a
5 witness or a party one time and not a second
6 time unless there's leave of Court or the other
7 party agrees to do so. I clearly did not agree
8 and I asked -- I filed a Rule to Show Cause, I
9 mean a Motion to Quash the deposition. It was
10 never asked of the Court to take the deposition
11 again. Commissioner Dooley heard the Motion to
12 Quash and granted the Motion to Quash.
13 Therefore, the deposition cannot proceed by
14 law. There's an Order saying it cannot
15 proceed. Immediately following that I get a
16 notice, an email from Steve's office saying
17 we're going to go ahead and notice the
18 deposition which is scheduled for next week by
19 the way.

20 **COMMISSIONER MCCASKILL:** That's why we're hearing
21 this now.

22 **MR. HAIGLER:** Correct. And, I'm thinking wait a
23 second, why did -- what was the Order. That's
24 called contempt of Court. That is how you
25 become held in contempt of Court. You are



1 disobeying an Order of a Commissioner. And, I
2 mean it would be the equivalent of me asking a
3 question of a Claimant or any witness on the
4 witness stand, Mr. Wukela objecting to that
5 question, you saying I sustain that objection,
6 Mr. Haigler do not ask that question, and Mr.
7 Haigler does what, but goes and asks the
8 question anyway. I don't think, Your Honor,
9 would be very happy with me if I did that. I'm
10 just guessing. Nor should you be. And that's
11 exactly what's happened here. There was a
12 deposition that was scheduled, noticed
13 properly. I moved to quash the deposition.
14 The Commissioner who heard that felt that I was
15 correct and ruled in my favor. It is an
16 interlocutory so the fact that it was appealed
17 is irrelevant at this point. I've now filed a
18 Motion to Quash because that evidently we --
19 the Claimant doesn't feel like they need to
20 obey the Order of the Commissioner. I do not
21 feel I should have to show up at that
22 deposition next week otherwise the exercise of
23 going to that Motion is a complete waste of
24 time. So my -- the fact that I'm even having
25 to drive to Camden to defend this is frankly



1 should warrant a -- I mean this is a frivolous
2 defense of this issue and it should warrant
3 cost from the Commission to Mr. Wukela's office
4 for having to defend this. I -- it's just that
5 simple. So I'm asking that you do what you
6 need to do and grant -- well, there's a
7 contempt issue here, so I'm asking that you
8 rule in my favor and I don't think there's any
9 way that there can be any ruling that allows
10 the deposition to go forward tomorrow -- next
11 week. It's literally already been ruled on.
12 So they're just -- I guess your decision is are
13 you going to let them violate the Order or are
14 we not. And that's about all you can decide
15 today because the Order has already been issued
16 quashing that deposition next week. Thank you,
17 Commissioner.

18 **COMMISSIONER MCCASKILL:** All right. Mr. Wukela, I'm
19 going to hear from you but, you know, I've done
20 some reading and there is an Order from
21 Commissioner Dooley that says you cannot take
22 the further deposition of Dr. Edwards. It went
23 to the Full Commission. The Full Commission
24 rules that it was interlocutory. It is what it
25 is.



1 REPLY:

2 **MR. WUKELA:** I don't want to be contemptuous of the
3 Commission. I am not contemptuous of the
4 Commission. Dr. Edwards in his latest reports
5 indicates, they are in the record, that my
6 client's physical condition has gotten worse,
7 that he is in need of surgery. We haven't
8 filed a Form 50 hearing because frankly I don't
9 know what he's going to say was the reasoning
10 for him saying now that the Claimant is, in my
11 reading of his reports, extreme need of surgery
12 of his spine. Now I can't control, cannot
13 control the changes that have happened between
14 the last deposition we took and the deposition
15 that we're in need of in order to go forward
16 with trying this case. If that were the case,
17 effectively that Motion to Quash ends the case,
18 that's not where we're at. The medical records
19 don't show that. The only thing that can be
20 accomplished by not letting the Claimant take
21 the deposition of the orthopedic is to deprive
22 the Claimant of the opportunity to prove his
23 case. Now, it may be that the doctor won't
24 change any of his testimony. I do not know.
25 He indicates in his, I believe it is page 69 of



1 our response, that the Claimant's condition has
2 worsened, that he's going to contact the
3 Workers' Compensation people. I would like to
4 know whether he had personal contact with the
5 insurance Carrier, it's not my practice to talk
6 to doctors about an ongoing case unless the
7 other attorney is there. If he doesn't want to
8 come he doesn't have to come. At the very
9 least I would be permitted to take that
10 deposition in order to proffer it at the trial
11 of the case. There's nothing wrong with that.

12 **COMMISSIONER MCCASKILL:** Except as an Order from the
13 Commission that says you can't do that.

14 **MR. WUKELA:** Then there's -- that's the way the
15 Order's read. The Order would violate the my
16 client from being able to establish his case.

17 **COMMISSIONER MCCASKILL:** You can go to another
18 doctor and ask that doctor to review Dr.
19 Edwards records but Commissioner Dooley was
20 very direct when she said you cannot take the
21 further deposition of Dr. Edwards.

22 **MR. WUKELA:** That may be and we appealed that.

23 **COMMISSIONER MCCASKILL:** And it's interlocutory. Now
24 if you go in and have a hearing and you don't
25 prevail at the hearing you should could argue



1 that on appeal.

2 **MR. WUKELA:** Than the Appellate Court is going to
3 say what was in that deposition. If the trial
4 ---

5 **COMMISSIONER MCCASKILL:** The deposition's been taken,
6 could be put into evidence.

7 **MR. WUKELA:** The first deposition.

8 **COMMISSIONER MCCASKILL:** That's right.

9 **MR. WUKELA:** What about the one that's being
10 schedule for Thursday?

11 **COMMISSIONER MCCASKILL:** The Commission has ruled you
12 cannot take that. I mean, it's -- her Order is
13 clear.

14 **MR. WUKELA:** That may be but I appealed it.

15 **COMMISSIONER MCCASKILL:** And it was found to be
16 interlocutory.

17 **MR. WUKELA:** Which means I don't get an appeal.

18 **COMMISSIONER MCCASKILL:** Until -- once the case is
19 heard on the merits you can get an appeal.

20 **MR. WUKELA:** That is what I'm saying, this is in
21 preparation for the hearing on the merits and
22 there ---

23 **COMMISSIONER MCCASKILL:** She has ruled you cannot do
24 that. If we were to allow either party to come
25 behind a ruling of the Commission -- I had it



1 one time down in Georgetown over a hearing case
2 and the attorney who doesn't do much comp said
3 well, I thought you might see it differently
4 than Commissioner so-and-so, and that's not the
5 way it works. This is not Commissioner
6 Dooley's Order, it's an Order of the Commission
7 that she as a Commissioner ordered. We don't
8 change the Order of the Commission.

9 **MR. WUKELA:** But in effect the way it's saying is
10 developed you've deprived the Claimant of an
11 appeal of that Order.

12 **COMMISSIONER MCCASKILL:** That's not true. Well, of
13 that Order, yes, but in the interim, but to
14 accomplish what you want to accomplish you can
15 present Dr. Edwards records before another
16 doctor and that's totally admissible. But, she
17 has ruled that you cannot take the further
18 deposition of Dr. Edwards. Now, if you go to
19 merit's hearing and it doesn't turn out the way
20 you want it to turn out you can appeal that and
21 cite that Order as being what you asserting
22 here today.

23 **MR. WUKELA:** But as a practical matter, Your Honor,
24 I need to take the doctor's deposition to find
25 out what has changed. I do not want to go over



1 to the doctor's office without the attorney for
2 the Defendant being present.

3 **COMMISSIONER MCCASKILL:** I've heard your argument and
4 I don't know how I can be any clearer. You
5 cannot, pursuant to the Order from Commissioner
6 Dooley, take the further deposition of Dr.
7 Edwards. Now, and I will issue an Order that
8 says if you do it, it's inadmissible.

9 **MR. WUKELA:** Well, it may be inadmissible but I have
10 the right to offer it.

11 **COMMISSIONER MCCASKILL:** It says you can't take it.

12 **MR. WUKELA:** Well, Commissioner Dooley and when we
13 had this discussion over the phone prior to her
14 ruling said I could submit it for offer
15 proffer.

16 **COMMISSIONER MCCASKILL:** Is that an oral order?

17 **MR. WUKELA:** Well, that's interesting because ---

18 **COMMISSIONER MCCASKILL:** I don't think so.

19 **MR. WUKELA:** Well, ---

20 **REPLY:**

21 **MR. HAIGLER:** That's not what she said,
22 Commissioner, for the record although there is
23 no record. Commissioner, if I may respond
24 briefly. I know this is probably beating a
25 horse that's dead, but we're not here to re-



1 litigate the issue of whether he gets to take
2 the deposition. We've already litigated that
3 issue. The issue simply is if he's going to
4 take it he's in contempt period. And we're --
5 this is an enforcement hearing, we're enforcing
6 the Order. We're not re-litigating the issue
7 that was the basis of the Order so either
8 you're going -- either the Claimant has to
9 comply with that order or there are
10 consequences. There is -- and I'm just trying
11 to enforce that so I don't have to take a
12 deposition that has been ordered to not happen
13 by a Commissioner in this administrative
14 agency. So, to me there is not sense in re-
15 litigating. He has a remedy. If he wants to
16 appeal this down the road there's a remedy for
17 that, but his opportunity to take Dr. Edwards
18 deposition, in fact, it's almost absurd to
19 argue that this is some sort of violation of
20 due process. We have a rule that says you can
21 get to depose someone one time and then either
22 the other side or a Judge gets to decide if you
23 get to do it again. That's not a violation of
24 due process. You have to prove your right or
25 the reason why you need to do that. He had an



1 opportunity to do that. He didn't do it. So
2 we're only here deciding whether he's going to
3 be in contempt or whether he's not, and I
4 cannot keep him from showing up next week, nor
5 can you except for what happens if he does.
6 But, I'm not going to be there and I'm asking
7 you to say if you show up to do that deposition
8 and there's a record of it, this is what's
9 going to happen. Thank you, Commissioner.

10 REPLY:

11 **MR. WUKELA:** Your Honor, I'm looking at Commissioner
12 Dooley's Motion report. The following
13 deposition has been -- disposition has been
14 made: Defendants Motion to Quash the deposition
15 of Dr. William Edwards for causation issues is
16 granted based on the fact that Dr. Edwards was
17 deposed on September 23, '21 for causation of
18 disposition. That's not -- the reasons we took
19 that deposition are multiple. One, forces
20 causation. And I'm not sure that we haven't
21 proved causation. Be that as it may, I can go
22 perhaps and find another doctor which I don't
23 see the benefit doing that because the obvious
24 question is to him: why have you changed your
25 mind if you have changed your mind? That has



1 to be a mechanism by which that answer to that
2 question from that doctor to be introduced into
3 the trial of this case. You're telling me that
4 if I ask the doctor that question I'm in
5 contempt of court?

6 **COMMISSIONER MCCASKILL:** No, he said that. I didn't
7 say that.

8 **MR. WUKELA:** Well, I could ---

9 **COMMISSIONER MCCASKILL:** He has a very valid point.
10 Understand this, Mr. Wukela, I hold you in the
11 highest regard personally and professionally --
12 -

13 **MR. WUKELA:** Thank you, sir.

14 **COMMISSIONER MCCASKILL:** And I'm trying to ---

15 **MR. HAIGLER:** As do I, by the way.

16 **COMMISSIONER MCCASKILL:** --- well, I know you do.
17 To not go there but you've taken it one time
18 and that's what it says and that's what she's
19 ruled and that's it. You can take his notes or
20 medical records and go to another doctor and
21 get him to opine, but you cannot take the
22 further deposition of Dr. Edwards, and if you
23 do, I will rule that -- well, in fact I'll do
24 it prospectively that if you do, that
25 deposition testimony is inadmissible pursuant



1 to Commissioner Dooley's Order. I'm trying to
2 do the very best I can here to help you out
3 given what I believe the real answer is. And
4 the real answer is you just can't do it.

5 **MR. WUKELA:** Your Honor, I hold you in high esteem
6 in your knowledge of the Workers' Compensation
7 Act but as a practical matter somehow the
8 Appellate Court -- remember this has been a
9 ruling on the merits.

10 **COMMISSIONER MCCASKILL:** That's what I'm saying.
11 Once you have a ruling on the merits if it
12 doesn't go your way you can say well, the
13 reason I didn't get a ruling on the merits is
14 because they wouldn't let me take the further
15 deposition of Dr. Edwards and if it could, not
16 necessarily would, could get remanded and it
17 would be a reset, but she's ruled and that's an
18 Order of the Commission and I can't go behind
19 her. I'm not going to go behind her.

20 **MR. WUKELA:** Then, Your Honor, how do we appeal that
21 Order?

22 **COMMISSIONER MCCASKILL:** You have a hearing on the
23 merits and if you do not prevail you can make
24 an appellate argument that the reason we were
25 unsuccessful in carrying the burden is because



1 Commissioners Dooley and McCaskill wouldn't let
2 us.

3 **MR. WUKELA:** And the Appellate Court is going to say
4 did you proffer that testimony. I mean, the
5 Commissions remedy is simple, don't open the --
6 don't tear the paper open, refuse to take the
7 deposition ---

8 **COMMISSIONER MCCASKILL:** I'm telling you can't do
9 it. I -- no ---

10 **MR. WUKELA:** I can understand ---

11 **COMMISSIONER MCCASKILL:** What Commissioner Dooley is
12 telling you, you can't do it. I am just
13 telling you I'm not going behind Commissioner
14 Dooley.

15 **MR. WUKELA:** All right.

16 **COMMISSIONER MCCASKILL:** I mean, I will happily not
17 rule from the bench today and think about it
18 but I cannot think that I would change my mind.

19 **MR. WUKELA:** So how do you propose I proffer the
20 doctor's testimony?

21 **COMMISSIONER MCCASKILL:** I don't think you can take
22 it to proffer it.

23 **MR. WUKELA:** Well, that's what I'm saying, how do I
24 proffer?

25 **COMMISSIONER MCCASKILL:** I don't think you can take



1 it. I think that, that supposed that you took
2 it and I'm telling you she said you can't take
3 it.

4 **MR. WUKELA:** And I appealed that and it was called -
5 --

6 **COMMISSIONER MCCASKILL:** Interlocutory.

7 **MR. WUKELA:** That's right.

8 **COMMISSIONER MCCASKILL:** That's what the Commission
9 said. So you got to come with a different game
10 plan. I set one out at least twice already;
11 take Dr. Edwards records to somebody else. I
12 mean there are other people in the Pee Dee and
13 you know all of them cause you have a wonderful
14 reputation.

15 **MR. WUKELA:** Well, thank you, Your Honor.

16 **COMMISSIONER MCCASKILL:** I mean, we're replaying on
17 the same ground over and over again. Anything
18 else?

19 **MR. HAIGLER:** Nothing, Your Honor.

20 **COMMISSIONER MCCASKILL:** Anything new or different?

21 **MR. WUKELA:** This is not an evidentiary hearing.

22 **COMMISSIONER MCCASKILL:** I understand that.

23 **MR. WUKELA:** And neither was Commissioner Dooley's
24 an evidentiary hearing.

25 **COMMISSIONER MCCASKILL:** I can't comment about what



1 was or wasn't there.

2 **MR. WUKELA:** I know.

3 **COMMISSIONER MCCASKILL:** I just know what she
4 ordered.

5 **MR. WUKELA:** She only addresses the issue of
6 causation but as to the other issues before the
7 Commission the development of a deteriorating
8 condition. Can I take the deposition for that?

9 **REPLY:**

10 **MR. HAIGLER:** Commissioner, it's not your -- we've
11 already addressed -- you can't and I'm not
12 trying to speak for what you can and can't do
13 -- this is not a re-litigation of that issue.
14 It's already been litigated, Steve. He can't
15 change her opinion. You cannot take the
16 deposition without consequences.

17 **COMMISSIONER MCCASKILL:** It would be -- and I'm
18 speaking in a broader sense than just this
19 Motion. If we allowed either side to go behind
20 what a Commissioner ordered in any motion at
21 any time that would devolve into chaos. I
22 mean, okay, I shouldn't get what I wanted from
23 this Commissioner so I'm going to ask this
24 Commissioner and if they don't agree I'm going
25 to go ask this -- huh-huh. No. No. She has



1 spoken. She has written an Order. It is
2 congruent with the Rules of Civil Procedure and
3 I'm not going behind her.

4 REPLY:

5 MR. WUKELA: May I ask if I can go talk to the
6 doctor?

7 COMMISSIONER MCCASKILL: I don't see how you can do
8 that because then I just -- that talk can come
9 into evidence.

10 MR. WUKELA: All right. So let ---

11 COMMISSIONER MCCASKILL: I imagine Mr. Haigler would
12 ---

13 MR. HAIGLER: Steve, that I mean that's -- he's not
14 your lawyer. I mean, if you want to go deal
15 with your -- you do your case. I'll deal with
16 what you do but you can't take his deposition
17 next week. It's just that simple.

18 COMMISSIONER MCCASKILL: That's what she's Ordered
19 and I will affirm that in writing, and I'm not
20 -- I hear what you're asking, Mr. Haigler. I'm
21 not going to find him in contempt but I am
22 going to say if he does it that it cannot come
23 into evidence.

24 MR. WUKELA: But asking my question of being held in
25 contempt if I go to the doctor's office to talk



1 to him about what exactly is going on.

2 **COMMISSIONER MCCASKILL:** That's -- if you do that,
3 that's a question for another day.

4 **MR. WUKELA:** But that doesn't violate your Order?

5 **MR. HAIGLER:** It's not his Order.

6 **MR. WUKELA:** Your decision here today.

7 **COMMISSIONER MCCASKILL:** My decision here today is
8 you cannot take the deposition ---

9 **MR. WUKELA:** All right.

10 **COMMISSIONER MCCASKILL:** --- it's the very narrow
11 question before me is whether or not you can go
12 take the deposition and Commissioner Dooley's
13 already answered that. No, and I'm going to
14 say I concur. I have no reason not to and if
15 you do, that further deposition would be
16 inadmissible.

17 **MR. WUKELA:** And if we bring this case to a hearing
18 on the merits and Dr. Edwards actually comes to
19 the hearing will he be heard?

20 **COMMISSIONER MCCASKILL:** That's a question for
21 another day, that's not before me today.

22 **MR. WUKELA:** Well, to be absolutely candid with Your
23 Honor, I do not like going to doctors offices
24 to talk about a patient without the other
25 attorney being present.



1 **COMMISSIONER MCCASKILL:** My guess is the other
2 attorney would have great objection to that,
3 but that too is a question for another day.
4 That's not what -- what we are here for right
5 now in this Motion is what I have just said
6 several times now. You cannot take the further
7 deposition of Dr. Edwards, and if you do I will
8 -- it will be inadmissible.

9 **MR. WUKELA:** Well, then can I talk to the doctor?

10 **COMMISSIONER MCCASKILL:** That's a question for
11 another day. I -- that's not the question
12 before me today.

13 **MR. WUKELA:** I don't want to be argumentative ---

14 **COMMISSIONER MCCASKILL:** Nor do I.

15 **MR. WUKELA:** But how can it be ---

16 **COMMISSIONER MCCASKILL:** We're going round and round.

17 **MR. WUKELA:** How can it be in the interest of
18 justice for the Commission not to listen to
19 what the authorized treating physician has got
20 to say about the condition of the Claimant?

21 **COMMISSIONER MCCASKILL:** Well, that's a question for
22 a merits hearing.

23 **MR. WUKELA:** So you're ---

24 **COMMISSIONER MCCASKILL:** What is before me today for
25 the last time is whether or not you can take



1 the further deposition of Dr. Edwards and you
2 can't, not because I said it, but because
3 Commissioner Dooley spoke for the Commission
4 already on that issue and I'm saying that if
5 you defy Commissioner Dooley's Order then I am
6 going to rule that that further deposition will
7 be inadmissible. That's all that's before me
8 today.

9 **MR. WUKELA:** But if I go to Dr. Edwards' office ---

10 **COMMISSIONER MCCASKILL:** I'm not going to answer
11 that question.

12 **MR. WUKELA:** All right. Well, I just wanted to make
13 sure that I don't ---

14 **COMMISSIONER MCCASKILL:** That's just not before me
15 today.

16 **MR. WUKELA:** So your ruling doesn't affect that?

17 **COMMISSIONER MCCASKILL:** I didn't say that either.
18 I said I'm not going to address that today.
19 You are a very good lawyer and you have the
20 advantage there but I have been doing this for
21 11 years.

22 **MR. WUKELA:** There's no question about that
23 Commissioner and doing it well I might add.

24 **COMMISSIONER MCCASKILL:** All right. I think we're
25 done.



1 MR. WUKELA: Thank you, Your Honor.

2 COMMISSIONER MCCASKILL: Thank y'all very much.

3 MR. HAIGLER: Thank you, Commissioner.

4 (There being nothing further, the hearing concluded
5 at 3:09 p.m.)
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1 Before the South Carolina
2 Before the
3 South Carolina Workers' Compensation Commission
4 WCC File No.: 2104833

4 QUSHON INMAN,
5 Employee,
6 Claimant,

6 vs.

7 GENERAL ELECTRIC,
8 Employer,
9 and

9 ELECTRIC INSURANCE COMPANY,
10 Carrier,
11 Defendants.

COPY

11 DEPOSITION OF: W.S. EDWARDS, JR., M.D.
12 DATE: THURSDAY, APRIL 20, 2023

13
14 Deposition on oral examination of
15 W.S. EDWARDS, JR., M.D., reported by Heather L.
16 Hagood, Court Reporter and Notary Public in and
17 for the State of South Carolina; said deposition
18 taken pursuant to notice of deposition and in
19 accordance with the South Carolina Rules of
20 Civil Procedure, at McLeod Spine Center, 800
21 East Cheves Street, Suite 480, Florence, South
22 Carolina, commencing on April 20, 2023, at the
23 hour of 3:00 p.m.

W.S. EDWARDS, JR., MD 4/20/2023

1 A P P E A R A N C E S

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W.S. EDWARDS, JR., MD 4/20/2023

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C O N T E N T S

(Deposition of W.S. EDWARDS, JR., M.D.)

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E X H I B I T I N D E X

DESCRIPTION

Claimant's Exh. No. 1, Letter PREMARKED

** Uh-huh = Affirmative

Huh-uh = Negative

W.S. EDWARDS, JR., MD 4/20/2023

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This deposition is taken in
accordance with the South Carolina Rules of
Civil Procedure.

It is agreed and stipulated by the
deponent and respective counsel that the reading
and signing of the deposition is waived.

WHEREUPON:

W.S. EDWARDS, JR., M.D., being duly
sworn and cautioned to speak the truth, the
whole truth and nothing but the truth, testified
as follows:

E X A M I N A T I O N

BY MR. HAIGLER:

Q All right, Dr. Edwards. Please
state your full name for the record.

A Willie Stanley Edwards, Jr.

Q All right, Dr. Edwards. My name is
Nick Haigler. I have deposed -- I haven't
deposed you. Mr. Wukela has deposed you in this
case before. And I -- I cross-examined you in
that deposition. So I know that you're familiar
with a deposition. You're familiar with this
case intimately.

A Yes.

W.S. EDWARDS, JR., MD 4/20/2023

1 Q And we had an off-the-record
2 discussion about some things that have gone on
3 that neither attorney knew about before today.
4 We'll get into that in a few minutes. But in
5 this particular case, your patient is Qushon
6 Inman. And I represent General Electric
7 Florence. Do you recall giving your deposition
8 in September of 2021?

9 A Yes.

10 Q All right. Subsequent to that
11 deposition, the file was closed. His worker's
12 comp file was closed at the commission by way of
13 a form that I filed. You probably did not know
14 that. It was subsequently opened back up by his
15 attorney and then in November of 2022, after a
16 few procedural issues at the compensation -- the
17 worker's comp commission, I received this letter
18 dated November 3rd, 2022 that appears to have
19 been authored by you. Do you recall this
20 letter?

21 A Yes.

22 Q Okay. It's my understanding that
23 you had an in-person meeting with Mr. Wukela in
24 preparation of this letter. Do you recall that?

25 A Not specifically.

W.S. EDWARDS, JR., MD 4/20/2023

1 Q He -- he stated such. So --

2 A I wouldn't deny it, but I don't have
3 any independent recollection of meeting with him
4 specifically about that. It -- it -- it -- now,
5 it does jog my memory a little bit. It seems
6 like we were -- or he was trying to set up a
7 deposition and he came over to do that. Perhaps
8 if -- if I remember correctly --

9 Q That's correct. I think the
10 deposition was actually -- I'm pretty sure it
11 was scheduled on the date of this letter.

12 A Yes, sir.

13 Q And --

14 A So then he may have come and we may
15 have had a meeting that resulted in that report.

16 Q All right.

17 A Yes, sir.

18 Q Well, I -- do you have a copy of
19 this document?

20 A Not -- not right here with me, no.

21 Q Okay.

22 MR. WUKELA: I've got one here.

23 MR. HAIGLER: Oh, this is actually
24 marked as -- as an exhibit already. Can we just
25 call it --

W.S. EDWARDS, JR., MD 4/20/2023

1 MR. WUKELA: I'm ahead of the game.

2 MR. HAIGLER: Can we call it
3 Claimant's Exhibit 1?

4 MR. WUKELA: Sure.

5 BY MR. HAIGLER:

6 Q All right. We'll go -- we'll let
7 you look at what has been referred to as
8 Claimant's Exhibit 1. Is that the letter I
9 showed you before we started?

10 A Yes.

11 Q Just a non-highlighted version of --
12 of the letter; is that right?

13 A Yes, sir.

14 Q Okay. I want to go through this, if
15 I can. In this letter, you say this letter is a
16 -- in follow-up to our meeting last Thursday. So
17 I'm going to assume you actually had a meeting.

18 A Yes. So that does sound reasonable
19 to assume that.

20 Q Okay. Then you said to summarize --
21 and I -- I assume you're saying to summarize our
22 meeting from last Thursday. It's my opinion,
23 based on a reasonable degree of medical
24 certainty, that Mr. Inman in is need of surgical
25 intervention at L5-S1 and L4-5. You also

W.S. EDWARDS, JR., MD 4/20/2023

1 comment that he may need -- that he has a disc
2 herniate -- or protrusion at C5-C6 in the
3 cervical spine, and that surgery hasn't been
4 recommended for the neck but may in the future.
5 Is that right?

6 A Yes, sir.

7 Q Okay. And you then -- then you --
8 you then state that Mr. Inman admitted that he
9 had some issues with his back that predated the
10 work injury but was doing fine at the time of the
11 injury in March. Initial studies suggested you
12 go through kind of what the MRI showed. Then
13 you say, quote, It is my opinion based on a
14 reasonable degree of medical certainty that the
15 current condition relates to his industrial
16 injury and the need for surgery is also causally
17 related to that injury.

18 A Yes, sir.

19 Q Okay. I assume you're referring to
20 the lumbar spine injury.

21 A I am.

22 Q Okay. You then go on to say -- to
23 discuss an MRI scan that was done in March
24 of, I assume '22, regarding the cervical spine.
25 And then you indicate that that -- that cervical

W.S. EDWARDS, JR., MD 4/20/2023

1 spine issues are also causally related to the
2 injury.

3 A Yes.

4 Q Is that fair?

5 A Yes.

6 Q All right. Let me go through this
7 paragraph first. Did you review -- have you
8 seen this deposition that you gave in September
9 of '21 since you gave it? Have you --

10 A I don't -- no, sir.

11 Q So you've never seen your testimony
12 from 2021?

13 A I don't think I have.

14 Q Well, you met with Mr. Wukela in
15 November. Did you -- did he provide this to you
16 to review before you answered this -- before you
17 wrote this letter?

18 A I don't think so.

19 Q Okay. Did he discuss to you -- do
20 you recall him discussing anything in -- about
21 this deposition when you completed this letter?

22 A I don't have any recollection about
23 that.

24 Q Do you -- do you even remember -- do
25 you know when you completed this -- did you even

W.S. EDWARDS, JR., MD 4/20/2023

1 remember that you'd given a deposition in this
2 case?

3 A I'm pretty sure I remember that I
4 had had a deposition with -- with him.

5 Q Did Mr. Wukela, when you authored
6 this letter, advise you that the letter that you
7 were writing was completely contrary to the
8 deposition testimony that you gave in September
9 of 2021?

10 A I don't recall remembering that.

11 Q Okay. When you -- when you met with
12 him in -- like I said, it would have been
13 October of '22. The letter was authored
14 November 3rd. Whenever -- when you met with
15 him, whatever day it was, it doesn't really
16 matter. Do you know whether he provided you
17 with any medical records that you had in
18 addition to the ones that you have -- in
19 addition to your own records, do you know if he
20 provided you with any other records?

21 A I don't think so.

22 Q Is that a copy of your file?

23 A Yes, sir.

24 Q Would that be including -- is that
25 file -- does that file include every document

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1 that's ever come in here from this gentleman?

2 A I doubt it does.

3 Q Okay. And what is -- what is in
4 there?

5 A They are the medical --

6 Q Do you mind if I see it?

7 A Absolutely. There are some
8 handwritten notes from review of some studies,
9 and the rest of it I think are pretty much
10 office notes and maybe some correspondence with
11 Mr. Wukela. Perhaps even from your office.

12 Q All right. Okay. Did you review
13 any of this before this deposition?

14 A Today?

15 Q Yeah.

16 A No.

17 Q Okay. All right. All right. So
18 what I have here -- and this is your -- this is
19 a copy of -- of your file. These are actually
20 two letters from Mr. Wukela's office that were
21 sent to you; is that right?

22 A Yes, sir.

23 Q All right. The first letter is
24 dated August 21st, 2022. Would you agree with
25 that?

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1 A Yeah. Yes. That's correct.

2 Q Okay. And I'll have you look at it,
3 and that letter is from Mr. Wukela's office
4 noticing your deposition for October 27th, 2022.

5 A Yes, sir.

6 Q Is that right?

7 A Yes.

8 Q And included in there are numerous
9 records, the first of which is a patient
10 medical health questionnaire that he completed
11 at General Electric, which I believe is the
12 document that you referred to in your letter
13 right here.

14 A Yes, sir.

15 Q Is that correct?

16 A I believe it is. Yes.

17 Q All right. And then behind that is
18 -- are medical records from your office and your
19 office only?

20 A That's right.

21 Q Okay. There are no other medical
22 records in there?

23 A No.

24 Q No medical records that predate the
25 date of injury?

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1 A I don't believe so.

2 Q No medical records from the
3 emergency room where he went when he was
4 allegedly injured?

5 A No, sir.

6 Q Okay. Do you think, based upon
7 reading this note that -- that references this
8 letter that you wrote, that references that
9 medical questionnaire at the bottom, do -- do
10 you believe that that's probably what you --
11 what you had in your possession when you
12 completed this?

13 A Yes, sir.

14 Q Okay. The other thing I have here
15 is a letter dated October 19th, which would have
16 been eight days before your scheduled deposition
17 that turned into a meeting. And it includes
18 your first deposition.

19 A Uh-huh.

20 Q And I'm going to assume, based on
21 what you told me earlier, that you neither knew
22 this was here nor had reviewed it. Is that
23 fair?

24 A I'm pretty sure that that's correct.

25 Q Okay. And so since October the

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1 19th, 2022, even though he gave you a copy of
2 your deposition, you -- you haven't reviewed it
3 and I guess haven't felt the need to review it;
4 is that fair?

5 A That's correct.

6 Q Okay. Did you think it was -- do
7 you even know if you knew that you -- do you
8 remember if you'd even given a deposition when
9 you had this meeting? Do you -- does that even
10 -- do you recall that?

11 MR. WUKELA: The deposition's
12 mentioned in that letter on the last page.

13 THE DEPONENT: I -- I think I
14 remembered having a deposition, but I wasn't --
15 I didn't remember the details of it then, nor do
16 I now.

17 BY MR. HAIGLER:

18 Q Okay. Did you think it was strange
19 that I was not included in that meeting?

20 A I -- I do have a little bit of
21 independent recollection about this because I
22 thought I was going to give a deposition on that
23 particular day and then Mr. Wukela came and said
24 that we weren't going to do a deposition for
25 some -- and I assumed it was some procedural or

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1 some disagreement or whatever. And I -- I'm
2 really -- that's kind of --

3 MR. WUKELA: Well, let me interpose
4 here. Now, wait though. I -- I think it's
5 important that this be accurate.

6 MR. HAIGLER: Well, I don't have --

7 MR. WUKELA: Mr. Haigler objected to
8 that deposition --

9 MR. HAIGLER: I'm --

10 MR. WUKELA: -- and refused to come.

11 MR. HAIGLER: Excuse me. I -- I
12 will --

13 MR. WUKELA: And so that's why he
14 wasn't present. He was certainly invited.

15 MR. HAIGLER: See, that's a
16 misstatement. That's not actually true.

17 MR. WUKELA: Well, no, wait. The
18 deposition was noticed.

19 MR. HAIGLER: Hold on.

20 MR. WUKELA: And you objected to it,
21 correct?

22 MR. HAIGLER: There's an order
23 saying it couldn't occur.

24 MR. WUKELA: Okay. And in any
25 event, it's not like you weren't invited to the

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1 meeting.

2 MR. HAIGLER: Yes. Well, not -- I
3 wasn't invited -- I wasn't invited to the
4 meeting.

5 MR. WUKELA: Okay.

6 MR. HAIGLER: I was invited to the
7 deposition.

8 MR. WUKELA: Well, no, this -- the
9 implication from the question is this was some
10 sort of surreptitious meeting.

11 MR. HAIGLER: Well, I think that's a
12 fair statement.

13 MR. WUKELA: It was -- well, it was
14 a deposition that was noticed and you were
15 invited to and you objected to.

16 MR. HAIGLER: Wrong. See and again,
17 this is what --

18 MR. WUKELA: Okay.

19 MR. HAIGLER: -- happens when you
20 haven't been in the file. But the --

21 MR. WUKELA: Okay.

22 MR. HAIGLER: -- deposition was
23 noticed --

24 MR. WUKELA: Okay.

25 BY MR. HAIGLER:

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1 Q Doctor, did you know that the
2 deposition was noticed and then the worker's
3 comp commission, well before you even got that
4 -- that letter on October the 19th, well before
5 that, that deposition was ordered by the
6 commission to not go forward, that he could not
7 come here and take your deposition. Did you
8 know that?

9 A No.

10 Q Did he tell you that when he showed
11 up here?

12 A I don't recall having any specific
13 discussion about it. I just thought it was a
14 little bit unusual that I had time booked to do
15 a deposition and then it didn't happen.

16 Q Okay.

17 A That's all I remember about it.

18 Q But when Mr. Wukela came here to
19 meet with you or to -- to -- when he showed up
20 at your office, did you know he was showing up
21 only to meet with you because he was ordered not
22 to take your deposition?

23 A I don't have any recollection about
24 that. I don't --

25 Q Okay.

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1 A I don't know, to be honest.

2 Q Did -- but it did feel strange that
3 you were not -- that you -- you thought you
4 were giving a deposition, one lawyer shows up,
5 there's no deposition, and there's a conversation
6 with a lawyer?

7 A That's right.

8 Q And --

9 MR. WUKELA: And -- and again --

10 MR. HAIGLER: -- the result of that
11 conversation --

12 MR. WUKELA: No, wait. I do want to
13 interpose another objection because this
14 continuing line of questioning is intended to
15 suggest to the doctor that there was something
16 inappropriate about that meeting.

17 MR. HAIGLER: Absolutely, there is.
18 That's 100 percent factual.

19 MR. WUKELA: Well, that's -- that is
20 an inappropriate suggestion.

21 MR. HAIGLER: It's not though. It's
22 not inappropriate.

23 MR. WUKELA: It is inappropriate and
24 here's why. This deposition was taken by the
25 claimant.

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1 MR. HAIGLER: You can keep --

2 MR. WUKELA: No, no. I get to make
3 my objection. It was re-noticed, the defense
4 objected to it, claimant intended to take it to
5 proffer to the commission, defense objected to
6 that and asked that the claimant be sanctioned.
7 So the reason the deposition didn't go forward
8 and that you weren't present, Mr. Haigler, at
9 the meeting was that you objected to it.

10 MR. HAIGLER: Oh, yeah.

11 MR. WUKELA: Now --

12 MR. HAIGLER: I objected to the
13 deposition.

14 MR. WUKELA: -- the commission is
15 ready to go forward with the record, including
16 Dr. Edwards' note, which is entirely appropriate
17 and admissible and now you have the opportunity
18 to take the deposition that you objected to
19 before.

20 MR. HAIGLER: Okay.

21 MR. WUKELA: And now you're
22 suggesting that somehow the -- the record and
23 the meeting was inappropriate because you
24 weren't present when you objected to it.

25 MR. HAIGLER: I'm -- I'm asking --

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1 MR. WUKELA: And now you're taking
2 the deposition.

3 MR. HAIGLER: All right.

4 MR. WUKELA: That doesn't have
5 anything to do with the medicine. It doesn't
6 have anything to do with Dr. Edwards. It --

7 MR. HAIGLER: All right. Now you're
8 just testifying.

9 MR. WUKELA: It has to do with you
10 attempting to --

11 MR. HAIGLER: All right.

12 MR. WUKELA: -- convince the
13 physician --

14 MR. HAIGLER: All right. We've
15 heard enough.

16 MR. WUKELA: -- the surgeon that
17 something was --

18 MR. HAIGLER: Hey, that's enough.

19 MR. WUKELA: -- inappropriate.

20 MR. HAIGLER: If you are not going
21 to stop --

22 MR. WUKELA: And I object to that.

23 MR. HAIGLER: No, no. If you're not
24 going to stop this -- this ridiculous line of
25 statements, then I will stop this deposition and

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1 we will once again go back to Commissioner Beck
2 and deal --

3 MR. WUKELA: Mr. Haigler, this
4 isn't --

5 MR. HAIGLER: This is the reason --
6 this is the reason I didn't want to come back in
7 here and do this.

8 MR. WUKELA: This is --

9 MR. HAIGLER: Because I've already
10 given -- taken a deposition and this deposition
11 is completely contrary to this letter and this
12 is why I shouldn't have had to do this again.
13 This is a complete failure of due process and
14 you know it and everyone knows it. And if I can
15 prove it, I will.

16 MR. WUKELA: You can pose that --

17 MR. HAIGLER: But this is
18 ridiculous.

19 MR. WUKELA: You can argue that with
20 the commission, but Dr. Edwards is not the
21 commissioner. So ask --

22 MR. HAIGLER: I don't disagree with
23 that.

24 MR. WUKELA: -- him your medical
25 questions, so ask the medical question.

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1 BY MR. HAIGLER:

2 Q So, Doctor, now that I have --
3 now that I have advised you that you gave a
4 deposition, which before today you were not
5 aware of except for being told that you gave a
6 deposition, you didn't know one thing you said
7 in that deposition. Is that fair?

8 A I don't remember the deposition --

9 Q Okay.

10 A -- being taken, no.

11 Q And you were -- when you had -- when
12 this meeting occurred that I was not
13 participating in, whether I was invited or
14 not -- whether I was not participating in, none
15 of the records that I referenced in here that --
16 that were from the emergency room, that were
17 from preexisting his -- his alleged injury, none
18 of those records which formed -- helped you form
19 the opinions you gave in this deposition were
20 provided to you by Mr. Wukela when you met with
21 him on October 27th. Is that fair?

22 A Yeah, I don't remember reviewing any
23 records that day.

24 Q Okay. They're not in your records
25 that you have now?

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1 A What's that?

2 Q The emergency room records from
3 before the accident and the date of the
4 accident.

5 A No, sir.

6 Q Okay. And they're not in any of the
7 records that Mr. Wukela sent you in preparation
8 or -- or in preparation for a deposition and/or
9 meeting on October the 27th. Is that fair?

10 A I think that's fair.

11 Q Okay. All right. Now, I have a
12 copy of your deposition, which you have a copy
13 of your deposition if you want to look at -- you
14 can look at either one. It does not matter to
15 me which one you look at. But I need to go
16 through a few things on here because as you've
17 testified, you don't recall what your testimony
18 was because no one showed it to you.

19 I'd like to start -- and as you will
20 see in this deposition, it is 44 pages long. It's
21 a little longer than that, actually. It's 46
22 pages long. The first 26 pages were Mr. Wukela
23 asking you questions. And I would like, if you
24 will, for you to turn to page 27. Excuse me.
25 Page 26. Sorry. Now, line 13, Mr. Wukela asked

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1 you -- do you see line 13?

2 A Yes.

3 Q He asked you to give a causation
4 opinion as to what -- to a reasonable degree of
5 medical certainty as to the condition -- whether
6 the conditions that you diagnosed, which I was
7 told you probably already know are a -- or
8 cervical spine and lumbar spine issue were
9 related to the maneuver that he alleges happened
10 at work on March 19th, 2021.

11 A Yes, sir.

12 Q Your testimony on this day was, Yes,
13 I believe it was.

14 A Yes.

15 Q Okay. On page 27, I then began my
16 cross-examination of you, Doctor. And -- do you
17 agree with that?

18 A Yes.

19 Q All right. And then we go on to
20 page 28, on line three, and you are testifying
21 with the sentence, I think the mechanism of
22 injury that Mr. Wukela's referencing, basically,
23 that's kind of what the patient told me as well.
24 It would have been fairly unlikely to cause a
25 specific injury to the neck and be more likely

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1 to cause an injury to the back.

2 A Yes, sir.

3 Q If it were going to cause -- and
4 then I asked the question, If it were going to
5 cause an injury to either, would you expect it
6 to be the lumbar spine, and you said, Yes. And
7 then I asked you, And not the cervical spine and
8 you go, That's right.

9 A Yes, sir.

10 Q Do you -- do you remember giving
11 this testimony?

12 A No.

13 Q But -- but it's -- based on this
14 testimony, it sounds like you were saying what I
15 -- what I -- based on my understanding that was
16 given to you by Mr. Wukela of what happened to
17 this gentleman, he's unlikely to have injured
18 his cervical spine that way.

19 A That's right.

20 Q Okay. If you'll turn to page 30.
21 Actually, if you'll turn to page 29. It looks
22 like I was showing you a document that was a
23 report from March -- on line 15 -- 16. The
24 first one is March the 23rd. Is that correct?

25 A Yes.

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1 Q Okay. And I think you've already
2 testified that you did not have a copy of the
3 March 23rd report of 2021 when you completed
4 this letter in November. Is that right?

5 A I don't think I did.

6 Q Okay. I'm going to show it to you
7 again, just like I showed it to you a
8 year-and-a-half ago. Would you agree that is
9 a March 23rd report from MUSC, this very
10 hospital? Actually, not this very hospital.
11 Yeah, it was this hospital. Is that right?

12 A Well, MUSC is the old Carolinas
13 Hospital now.

14 Q Oh, is it? I'm sorry.

15 A Yes, sir. It's not McLeod. But the
16 other --

17 Q Hospital in town?

18 A -- hospital here in Florence. Yes,
19 sir.

20 Q Gotcha. Would you agree that's a
21 March 23rd, 2021 MUSC Health note?

22 A Yes, sir.

23 Q All right. Now, in that report, do
24 you see any reference to any complaints of any
25 neck pain? And this was four days after his

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1 injury.

2 A No, there's no reference to any
3 cervical or neck.

4 Q Okay. And he was complaining of
5 back pain, but no --

6 A Yes, sir.

7 Q -- no neck pain? And if you'll look
8 at your testimony on page 30, we go through that
9 report, and I asked you if you'd seen it
10 before. On page -- line three, I asked if you
11 had seen that report before that day and you
12 said, No. Then I asked you if you could show me
13 where in that report he makes any complaints of
14 neck and you said, There aren't any.

15 A That's right.

16 Q Just like -- just like you testified
17 just now.

18 A Yes, sir.

19 Q Okay. And then at line 22 I said,
20 So we're four days after the March 29th -- or
21 March 19th. After March 19th, when he told you
22 that his neck pain started to hurt -- neck
23 started hurting and there's no complaints of
24 neck pain. You said, That's fair. That's still
25 your testimony, is it not?

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1 A I think so. Yes, sir.

2 Q Okay. And then I'd like to show
3 you -- he goes back to the hospital. He goes
4 back to the hospital on the 29th, or ten days
5 later, same hospital. And can you -- can you
6 tell me whether there's any complaints of neck
7 pain in the visit?

8 A No, sir. There's none.

9 Q Okay. If you'll go to page 32 of
10 your deposition. Are you there?

11 A Yes.

12 Q All right. I asked you that very
13 same question on line four; is that right? And
14 we're talking -- and if you go to page 35, on
15 31, you'll see I'm asking about the March 29th
16 report.

17 A That's right. I don't see any.

18 Q And -- and your testimony there is
19 that you -- you did not see any complaints of
20 neck pain in that report on that date as well,
21 correct?

22 A That's correct.

23 Q All right. And -- and then I asked
24 you on line 14, you hadn't seen that before
25 today?

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1 A That's right.

2 Q All right. And then I ask you on
3 line 21, I said, quote, a question. That makes
4 it kind of difficult to causally relate any neck
5 issues he's -- he's having now to something that
6 happened on March the 19th, does it not? And
7 then on line two of page 33, you said, I think
8 you would have symptoms by then. So I would say
9 that makes causation of any neck symptoms
10 unrelated to the injury in question.

11 A Yes, sir. That continues to be my
12 opinion.

13 Q Okay. Well, you agree that that was
14 not your opinion in this letter? Your opinion
15 in this letter, at the bottom of the big
16 paragraph, is that -- that this -- it says, it
17 continues to be my opinion that this area of
18 abnormality emanates from his industrial injury.

19 A Yeah. That's in contra -- it's a
20 contradictory statement --

21 Q Okay.

22 A -- based on this review of the
23 records you've just shown me and my earlier
24 testimony that would put this in error in this
25 -- and this --

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1 Q Letter?

2 A -- letter of November 3rd, 2022.

3 Q Does -- does it make -- in your
4 opinion, would it have been appropriate before
5 you wrote that letter, out of fairness to you,
6 if no one else, for you have -- for you to have
7 been able to review your deposition and the
8 records that we just went over before you were
9 asked to comment on causation again for the
10 neck?

11 A Yes, sir. I would have been more
12 appropriate to have done a better, thorough job
13 of reviewing that data before I rendered that
14 opinion. So it was my fault.

15 Q Okay. Because the truth is, if you
16 were just looking at your records and then
17 talking to the claimant, it would have made
18 sense that based on your records only and his
19 statements that that fall did cause his neck
20 problems. But when you look at the records as a
21 whole, that I've shown you, that you didn't
22 have, that's not necessarily as easy to make a
23 determination on; is that fair?

24 A That's right. I mean, when we have
25 patients that present after some type of an

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1 injury, whether it's an industrial injury or not,
2 and they don't give a history of any symptoms
3 that predated that and we find some diagnostic
4 studies demonstrating an abnormality, then we
5 generally are going to assume that those are
6 related causally. But, you know, perhaps
7 sometimes that's not the case if there were
8 other injuries or other things that have
9 happened or that there were lack of complaints
10 around the time when the injury in question
11 occurred.

12 Q So is it fair to -- is it fair or is
13 it your testimony to a reasonable degree of
14 medical certainty finally and completely that
15 his cervical spine issues are not casually
16 related to a March 9th injury?

17 A I would have to agree that they're
18 not.

19 Q Okay. And that's based upon not
20 only all of the records in your file, but your
21 deposition testimony and the records I've shown
22 you again today?

23 A Well, my -- my deposition that
24 you've had me review was based on a review of
25 the records that you've shown me. So my opinion

W.S. EDWARDS, JR., MD 4/20/2023

1 is not based just on the deposition, but those
2 medical records.

3 Q Okay. Okay. When you gave this --
4 when you wrote this letter with regard to -- and
5 I'm back -- I'm on the lumbar spine now. Is it
6 true as it pertains to the lumbar spine that
7 you also did not have any medical records other
8 than your own when you wrote this letter?

9 A I think that's a fair assumption,
10 yes.

11 Q Okay. What was your understanding
12 when you wrote this letter of his -- of -- of
13 how long -- or whether he had preexisting lumbar
14 spine issues? Because it's not addressed in
15 here.

16 MR. WUKELA: That's not correct. It
17 does --

18 MR. HAIGLER: I'm sorry. You're
19 right. It does say -- I'm -- let me --

20 MR. WUKELA: I'm sorry.

21 MR. HAIGLER: I'll -- no, I'll
22 rephrase it. I'll rephrase it. You're correct.
23 It does.

24 BY MR. HAIGLER:

25 Q At the bottom of this, you note that

W.S. EDWARDS, JR., MD 4/20/2023

1 you were provided a pre-employment
2 questionnaire. Actually --

3 MR. WUKELA: Well, in the fourth
4 sentence, he says, Mr. --

5 MR. HAIGLER: Okay.

6 BY MR. HAIGLER:

7 Q What was your understanding of
8 those?

9 A Basically what the patient told me.
10 That he had had some minor issues with his back,
11 but they had resolved. He wasn't having any
12 trouble at all with his back. He was working
13 full-time, not having any issues until the
14 injury occurred.

15 Q Okay. Is that in your very first
16 report, or how did you get that -- where did
17 you get that information from?

18 A I assume that was the -- the
19 histories I think you've given me.

20 Q Because I think --

21 A I -- I don't recall specifically.

22 Q All right. He -- I'm looking at
23 your 06/22/21 note, which I believe was the
24 first you saw him.

25 A Okay.

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1 Q Do you see that note?

2 A Yes.

3 Q Here under the section HPI he says,
4 he -- he does admit to some previous back
5 issues and has had an epidural with Dr. Johnson
6 in December of last year, which would have
7 been '20.

8 A Uh-huh.

9 Q He doesn't comment, at least based
10 on that note, as to how that resolved. And I'll
11 just tell you, I don't believe he actually had
12 an -- an epidural with Dr. Johnson in '20. I
13 don't -- there's no evidence of that in
14 Dr. Johnson's records and we don't actually know
15 if that's true.

16 A Okay.

17 Q It may have been a typo and I think
18 that you'll -- if you read your deposition, you
19 will figure out and I think we all figured out,
20 that might have been a typographical error.

21 A Okay.

22 Q But was this your understanding of
23 his medical history with regard to his back?

24 A Yes.

25 Q Okay.

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1 A I'm pretty sure that -- recalling
2 that he had said that he had had some -- a
3 little bit of trouble with his back. But, you
4 know, he had been doing pretty physical work for
5 a considerable length -- length of time and had
6 had actually no problems until the injury that
7 he referenced.

8 Q Okay. If you'll go back to page 32
9 of your deposition, we were again talking about
10 that March 29th, 2021 report. Do you see that?

11 A Yes, sir.

12 Q And on -- we're looking at the very
13 first line of the report. And this -- I'll show
14 it to you again. Would you agree that's the
15 March 29th report?

16 A Yes.

17 Q And the very first line, how long
18 does he say that -- that his back pain with
19 radiating --

20 A Radiation.

21 Q -- pain in the left leg, severe --

22 A Several months.

23 Q Okay. Is that consistent with the
24 timeframe of March 19th?

25 A No.

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1 Q Did he tell you that history when
2 you saw him?

3 A I don't think he did.

4 Q Okay. In your deposition then, you
5 told me -- you testified that that's not
6 consistent with back pain beginning on March
7 19th; is that fair?

8 A That's fair.

9 Q Okay. And you again didn't have
10 that report before September 23rd of '21?

11 A No.

12 Q All right. If you turn to page 34,
13 at the bottom, we were referencing a report from
14 Dr. -- or P.A. Hewitt. He's with McLeod
15 Orthopaedics. Is that different than your
16 practice?

17 A It's --

18 Q Affiliated or different?

19 A It's still under the McLeod
20 Physician's Associate umbrella, but not in our
21 direct practice.

22 Q Understood.

23 A He works for the general orthopedic.

24 Q Do you know him?

25 A Yes.

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1 Q Okay. Well, this is his report from
2 April the 1st, 2021. Would you agree with that?

3 A Yes.

4 Q And in that report, what were his
5 complaints?

6 A Back pain.

7 Q And left leg pain?

8 A Yes.

9 Q All right. And does he describe his
10 history of -- of low back issues?

11 A He said that he had back spasms
12 beginning in December -- December 23rd of 2020,
13 I guess. He was evaluated on the 26th and a CT
14 scan of the lumbar spine was obtained.

15 Q And then what does he say?

16 A Then it says his symptoms resolved
17 after a few days. No further complaints.

18 Q Resolved 100 percent, correct?

19 A Yes.

20 Q That means completely?

21 A It does.

22 Q All right. And if you'll read page
23 35 of your deposition, that's exactly how you
24 reviewed this report on that day as well; is
25 that fair?

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1 A Yes.

2 Q Would you agree that lower back
3 spasms are different than severe lumbar spine
4 pain with radicular symptoms?

5 A Well, I mean, lumbar spasms can
6 cause severe back pain, but generally would not
7 have associated leg pain or radicular symptoms.

8 Q Okay. On page 36 of your
9 deposition, I asked you that question on line
10 ten. Do you see that?

11 A Yes.

12 Q I said, If I came to you and said
13 I've got pain running down my leg at ten out of
14 ten, would you call that a back spasm and you
15 said, No. That's still your testimony?

16 A Yes.

17 Q Okay. All right. I'm going to show
18 you an emergency room note from December the
19 23rd of 2020, which I know you've seen before
20 because you saw it in this deposition. But
21 would you agree you probably did not see that
22 when you completed this letter on November the
23 3rd?

24 A I would agree with you.

25 Q Okay. Sorry. It's December 26th.

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1 A Okay.

2 Q Does he -- okay. I also want to --
3 thank you, Doctor. Actually, hold on to that, if
4 you will.

5 A Uh-huh.

6 Q I then want to show you a report
7 from March 23rd, which would have been four days
8 after his accident. You've already seen this
9 report, but I'm going to show it to you again.
10 Actually, what I want to show you is -- he had
11 an x-ray on that day. I want to show that to
12 you. You also reviewed this on September 23rd,
13 2021. Is that an x-ray of his lumbar spine that
14 was taken on March 23rd, 2021?

15 A Yes. Yes.

16 Q The clinical indication in there,
17 what does it -- what does it say?

18 A Back pain. Lower back pain that
19 started last Friday. States it shoots down both
20 legs, up his back. The pain started at work.
21 Patient states it initially started last
22 December. Pain has been on and off since.

23 Q Okay. That's different than 100
24 percent resolution of symptoms, is it not?

25 A Yes.

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1 Q And that was also your testimony on
2 page 37 of your deposition. Line five, I asked
3 you, That's not 100 percent resolution after --
4 after a few days, is it, and you said, No. Is
5 that still your testimony?

6 A Yes.

7 Q Okay. Again, this is not part of
8 the history you were provided on November the
9 3rd. Is that -- or October 27th; is that
10 correct?

11 A No, it was not.

12 Q Would you agree that -- that what
13 I've shown you is also not consistent with that
14 March 29th report where he said that he's had
15 low back pain radiating into his left leg for
16 several months?

17 A That's correct. It's not
18 consistent.

19 Q Okay. And that was also what you
20 said on page 37 of your deposition, correct?
21 Your prior deposition?

22 A That's correct.

23 Q All right. Now, I took his -- or my
24 associate took his deposition back in June of
25 '21 and we referenced that at the bottom of page

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1 37 and the top of page 38, and Mr. Inman was
2 asked about his problems in December of 2020.
3 I'm on page 33 of his deposition. But in -- and
4 I've highlighted it for you, but he was asked
5 what his level of pain was back in 2020 --
6 December of two -- this was only six months
7 after he went -- after this December 2020
8 situation. But six months later, he was asked
9 what his pain was like in December of 2020. And
10 how did he describe it?

11 A Maybe a three or a four.

12 Q Okay. That's not how he described
13 it when he went to the emergency room, is it?

14 A Huh-uh.

15 Q In fact, he said it was ten out of
16 ten, severe radiating pain.

17 A That's right.

18 Q That's not consistent, is it?

19 A No.

20 Q And, in fact, when I asked you that
21 question at the top of page 38 of your
22 deposition, that's exactly what you said, is it
23 not?

24 A Yes.

25 Q That it wasn't consistent. That he

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1 had -- he -- it was not consistent with what he
2 said in his deposition; is that right?

3 A That's correct.

4 Q Okay. Now, this report I showed you
5 a minute ago, the ER report from 12/26/20, he
6 complains -- if you look at the chief complaint,
7 it says lower back pain onset one-and-a-half
8 months ago after exercising. It doesn't say
9 after work, correct?

10 A That's correct.

11 Q One-and-a-half months ago would have
12 been early November, 2020?

13 A Yes.

14 Q That is consistent with the March
15 29th, 2021 report that says he's had these
16 symptoms for several months?

17 A Yes.

18 Q If you then read the summary of
19 what's going on and it again says,
20 one-and-a-half months onset, stabbing lower --
21 stabbing pain in his lower back and left leg,
22 ten out of ten severity. Believes he injured
23 his back working out or at work, which is a
24 strenuous job. Patient notes this is the first
25 time being seen for his symptoms because pain

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1 kept getting worse. Now, is -- I think in the
2 reports that you -- where he said that he had
3 complete resolution of his symptoms, that he had
4 -- it says he had a CT scan and then got
5 complete resolution of his symptoms. Do you
6 recall that?

7 A Yes.

8 Q CT scans are not going to give you
9 complete resolution of his symptoms, is it?

10 A Yeah. The CT scan is just a
11 radiographic finding. It doesn't have
12 necessarily much to do with the symptoms he was
13 complaining of. Is -- is that -- am I answering
14 that --

15 Q Well, I mean, I guess I'm trying to
16 figure out if -- if he had been having severe
17 ten out of ten pain for a period up to a
18 month-and-a-half before he went to the emergency
19 room on 12/26, that's not likely to just
20 miraculously resolve, is it, without any kind
21 of treatment? Completely? The -- 100 percent
22 resolved?

23 A The -- the more severe the symptoms,
24 the less likely they're going to resolve on
25 their own, if that answers your question.

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1 Q Well, his -- his statement was that
2 he had complete resolution of his symptoms a
3 couple of days after going to the emergency
4 room, and that's highly unlikely given the --
5 what the history is; is that fair?

6 A Yeah. I guess we have to believe
7 everything that we see in writing and that they
8 tell us. And sometimes there -- that's not
9 always the case.

10 Q Okay. In fact, when he went to get
11 an x-ray in March of '21, he told the -- the
12 technician that he'd actually had this pain on
13 and off since December.

14 A He did.

15 Q Okay. This complaint that he had in
16 December of '20, is -- is that not exactly the
17 same complaint that he saw you for in -- in June
18 later -- about six months later?

19 A Yes.

20 Q Okay. And is it fair to say that if
21 we had done an MRI scan in -- in December of
22 '20, we would have found exactly the same
23 pathology that we found in June of '21?

24 A And then it starts getting hard
25 there. I mean, because his original studies

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1 didn't -- in -- in April of '21, it didn't look
2 that severe, and then subsequently a new scan
3 in January of '22 showed evolution of that
4 earlier problem. But it's certainly very
5 possible that if a scan had been done before
6 this injury in question, it might have looked
7 like the scan of April the 16th, '21. It's
8 certainly possible.

9 Q Let me rephrase my question. Is it
10 likely that the issues, the pathology in his
11 spine that was causing -- when he presented to
12 the emergency room with -- on December 26th,
13 2020 is exactly the same pathology that he --
14 that caused the problems he presented to you
15 with --

16 A That would be a fair assessment, or
17 a fair assumption to make.

18 Q Okay. There was not a miraculous
19 change in the pathology? It was likely the same
20 exact issue?

21 A Chances are, yes.

22 Q Okay. And on page 41 of your
23 deposition -- and I'm almost finished with your
24 deposition. I asked you a question. We had
25 gone over that report I -- I just gave you.

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1 This report here that you had not seen before
2 that deposition and that you did -- I think
3 you've admitted that you did not see that report
4 again before this meeting with Mr. Wukela last
5 year. Is that fair?

6 A Yes, sir.

7 Q Okay.

8 A That's correct.

9 Q I asked you on -- on line four,
10 Would this have been a fairly important document
11 you see before providing a causation opinion and
12 you said, Yes. Is that still your opinion?

13 A Yes.

14 Q And I also said that it's also,
15 quote, Quite inconsistent with his deposition
16 testimony. That his pain was three out of four
17 of -- out of ten, back in 2020. And you said,
18 Yes, that is. It's also quite inconsistent with
19 that. Is that still your opinion?

20 A Yes.

21 Q And then I asked you the question
22 about whether the MRIs would have been
23 similar if we would have done one back in '20 and
24 you said, Yeah, that's probably true. And that's
25 fairly similar to your testimony today; is that

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1 fair?

2 A I would say it's the same testimony.

3 Q That -- that -- that caused the --
4 that pain is probably the same cause of the pain
5 he was currently having?

6 A Yes.

7 Q All right. Now, I want to show you
8 another document. Here it is. Now, this
9 document is provided -- was provided to you by
10 Mr. Wukela on October 27th, and I think it's
11 the very first document that you were given on
12 August 22nd. Can you look at that packet of
13 information? I believe the very first thing you
14 have is a pre-employment questionnaire from G.E.
15 Is that right?

16 A Yes, sir.

17 Q Okay. Do you know why you were
18 provided that document?

19 A No.

20 Q Okay. The document -- he indicated
21 on the document that he'd not had any prior
22 problems with his back, and you said in your
23 letter that that information didn't change any
24 of your opinions above. Is that right? I mean,
25 the truth is, there's nothing about that

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1 document that would really change your opinion
2 as to causation, would it, because he says he
3 didn't have any prior back problems?

4 A That's correct.

5 Q Okay. So -- but let me ask you
6 this. On this -- and would you agree --
7 assuming this signature on page -- on the second
8 page is in fact Mr. Inman's, that' dated the 24th
9 of December of 2020?

10 A Yes.

11 Q And that would have been two days
12 before he went to the emergency room with severe
13 pain that he had for a month-and-a-half. Would
14 you agree with that?

15 A Yes.

16 Q And on this document, he's asked --
17 on the very first page, up here, it says, Have
18 you ever had or have you now any of the
19 following conditions. And on the left side is
20 back pain or troubles.

21 A Yes, that is what it says.

22 Q And he checks no on that, does he
23 not?

24 A That's correct.

25 Q But if the records I've shown you,

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1 particularly this ER visit is true, that is
2 not an accurate statement; is that fair?

3 A Well, something's inaccurate, for
4 sure.

5 Q Either -- either this report from
6 December is inaccurate or his completment of
7 this questionnaire is inaccurate; would you
8 agree? Is your -- is your testimony that the
9 most likely answer is that his completion of this
10 questionnaire is inaccurate?

11 A I suspect. That would be my guess.

12 Q Okay. Now, if you'll go to page 41
13 -- excuse me, 42. I had just shown you

14 41 and 42. I had just shown you this
15 questionnaire back in September of '21, and at
16 the end of page 42, 17 through 25, I asked you,
17 Comparing that questionnaire to the emergency
18 room note which I just showed you from December
19 26th, they're not consistent and you said,
20 That's correct. It would not be consistent.

21 A Yes, sir. That's right.

22 Q Is that still your testimony?

23 A It is.

24 Q All right. And then on page 43,
25 sort of the end of your deposition, you

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1 reconfirm that -- that he -- that the completion
2 of this questionnaire was done inaccurately. Is
3 that fair?

4 A Yes.

5 Q Okay. And then at the end, on page
6 44, line -- or on -- at the end of page 43, I
7 asked you the question, Doctor, the records I've
8 shown you today, particularly the December
9 report, which is in front of you now, and the
10 ER reports from his alleged -- after his
11 alleged injury, they paint a different picture
12 as to causation, don't they? And you said, Yes.
13 Then I asked you, They make it impossible for
14 you to give a causation opinion relating his
15 March 19th -- related to this March 19th injury,
16 don't they?

17 A Yes.

18 Q And you said what?

19 A I would agree with that.

20 Q Then I asked you if that opinion was
21 stated to a reasonable degree of medical
22 certainty and you said, Yes.

23 A Yes.

24 Q Did Mr. Wukela ask you any other
25 questions regarding causation after that

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1 statement?

2 A No.

3 Q Okay. So would you agree that when
4 I took your deposition in September of 2021,
5 your opinion under oath, to a reasonable degree
6 of medical certainty that was -- that was that
7 neither the lumbar spine nor the neck were
8 causally related to his alleged March -- March
9 19th injury; is that fair?

10 A Well, I -- I would agree with the
11 cervical. The lumbar, I think again, the -- the
12 information that was provided during the course
13 of my deposition on that date filled in a lot of
14 information that I didn't have regarding the --
15 the preexisting nature of some of his back and
16 leg symptoms. It continues to be my opinion
17 that there was an aggravation of that condition
18 in the lumbar spine.

19 Q At -- on March 19th?

20 A Yes.

21 Q When did you give that opinion?

22 A I'm giving it to you right now. I
23 mean, you didn't ask me that on that deposition.

24 Q Okay. I asked you if --

25 A Causation.

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1 Q Yeah. Is it possible for you to
2 give a causation opinion relating this to March
3 19th. And you said, I would agree with that.
4 It's impossible for me to do that.

5 A My -- my --

6 Q You didn't say it's -- it was an
7 aggravation.

8 A My -- my legal mind may -- it's
9 certainly lacking. But if you ask me, is it
10 possible or is it your opinion, Dr. Edwards,
11 that this accident of the date that we're
12 talking about could have or did exacerbate a
13 preexisting condition in which, before today,
14 Dr. Edwards, you didn't know about, what would
15 your opinion be? That question was not posed to
16 me then.

17 Q It also wasn't -- but it wasn't
18 posed to you by his lawyer either?

19 A No. I'm not being critical in the
20 fact that it wasn't asked. But I think the --
21 the fact of us reviewing these records today
22 that you've very efficiently pointed out,
23 certainly paints a different picture than what
24 the patient told me.

25 Q Not only what the patient told you,

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1 but what the patient told General Electric when
2 he did the pre-hire questionnaire. It's a
3 different picture than what he told Dr. --
4 Mr. Hewitt -- P.A. Hewitt. A different -- in
5 fact, what he told Mr. Hewitt, the emergency
6 room, you, are all different. Is that fair?

7 A It is fair.

8 Q Okay. The length of time that he
9 had this issue is all different according to
10 these reports; is that fair?

11 A It is.

12 Q How do we know this isn't just a
13 continuation of his ongoing issues?

14 A We really don't except for again,
15 the patient tells me something and I have to
16 rely on that. And --

17 Q But can you rely on the patient
18 based on what I've shown you today?

19 A It makes it more challenging to do
20 that.

21 Q The fact that he flat out lied to
22 his employer about his preexisting medical
23 conditions, does that -- does that change your
24 opinion as to whether you can rely on -- I mean,
25 his -- here's the thing, Doctor. Am I wrong

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1 that in order for you to give an opinion as --
2 that something aggravated something, that --
3 that -- that comes almost directly from the
4 patient; is that fair?

5 A It most certainly does --

6 Q There's no -- there's no objective
7 to that. There's no data that we can rely on,
8 unless he just made up the fact that he had an
9 injury, but if he had an injury as described,
10 it's certainly possible that that could have
11 aggravated a preexisting condition. Before I
12 gave this deposition and you provided the
13 records that we didn't have prior to that
14 deposition, I was under the impression, except
15 for a minor strain previously, that this
16 gentleman had absolutely no preexisting symptoms
17 or problems related to his back.

18 Because that's what he told you?

19 A That's because that's what he told
20 me.

21 Q So he lied to you?

22 A Well, you know, we try not to say
23 that.

24 Q But we're at a deposition and you're
25 under oath. What he told you was not accurate;

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1 is that fair?

2 MR. WUKELA: Well, no, wait a
3 second. You represent -- did -- the first June
4 the 23rd note, he talks about prior back pain.
5 Are you representing to him that that's not what
6 was told to --

7 BY MR. HAIGLER:

8 Q I'm -- I'm saying, Doctor, your --
9 your testimony just now was that he -- what your
10 understanding was before you -- before the
11 deposition in September of '21, which would have
12 been based on your treatment of him up to date
13 -- to -- to date, would have been -- I think
14 your testimony was that he had a back strain
15 that resolved.

16 A That's right.

17 Q And that's not true?

18 A Well, based on this information,
19 it's not true.

20 Q Okay. So when he presented to you
21 initially the very first time and described his
22 medical history to you, he lied to you?

23 A Well, I don't --

24 Q He wasn't -- he did not -- he was
25 not forthcoming with the correct information; is

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1 that fair?

2 A When we later on look at histories
3 that are obtained -- and that is taken from the
4 patient -- remember there are several things
5 that occur. One of which is us recording it and
6 we're not perfect either. Sometimes the
7 information we get, we are summarizing perhaps.
8 Even in these emergency room visits, the
9 provider may have taken a brief history, jotted
10 some notes down and then later on, it could be a
11 little bit inaccurate.

12 So I don't -- I -- I wouldn't say
13 that necessarily he -- he was lying. But
14 sometimes patients say, Well, I didn't really
15 have any problem and they're just saying, Hey,
16 it just got that much worse after this injury.
17 Compared to what I've got now or what I had
18 before is really nothing. So I mean, I'm not
19 going to say that the guy lied.

20 Q Okay. Well, can you agree he lied
21 in that questionnaire? I mean, he was having
22 pain right then.

23 MR. WUKELA: Well, I object to that
24 mischaracterization. That -- but go ahead.

25 MR. HAIGLER: I mean --

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1 MR. WUKELA: If you assume --

2 THE DEPONENT: It looks like the
3 information that he provided in this medical
4 history to G.E. Healthcare was inaccurate based
5 on the information you've shown me. Yes, sir.

6 BY MR. HAIGLER:

7 Q Okay. So -- but I do want to bring
8 up one other thing. When you completed this
9 letter, do you agree that nowhere on this did
10 you indicate that he had a preexisting -- had
11 aggravation of a preexisting condition? That's
12 not the causation opinion you gave, is it?

13 A Well, I thought -- well, let me just
14 take a second and --

15 Q Sure.

16 A -- review the --

17 Q Take your time.

18 A -- the language here. You're 100
19 percent correct. I didn't say that.

20 Q And that's because you didn't have
21 that information.

22 A No.

23 Q So not only did the claimant not
24 give you the information when you first saw him,
25 Mr. Wukela didn't give you the information

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1 before I deposed you on September 23rd, 2021.
2 And then when he went to fix this in October of
3 27 of 2022, he still didn't give you the
4 information about the preexisting condition. Is
5 that fair, Doctor?

6 A I think that's fair.

7 Q Okay. And so your testimony that he
8 had an aggravation of a preexisting condition is
9 kind of not really supported by anything that
10 you've been -- no one's asked you to give that
11 opinion. Is that fair?

12 A That's correct.

13 Q In fact, it appears, based on
14 Mr. Wukela's letter that he had you author and
15 the deposition that we took before, that he's
16 never claimed an aggravation of a preexisting
17 condition. His accusation is there was no
18 preexisting condition.

19 A That appears to be exactly what --

20 Q Okay. There are some issues in this
21 case about the disclosure of medical records for
22 you to make an accurate opinion on causation.
23 Is that fair?

24 A Yes.

25 Q And is it also true that the only

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1 person in this case that's given you the records
2 for his preexisting issues is me?

3 A That -- that's right.

4 Q Okay. So how is it that you're able
5 -- how are you able to give a cause --

6 MR. WUKELA: Now -- now you're
7 arguing.

8 MR. HAIGLER: I'm not.

9 MR. WUKELA: Well --

10 MR. HAIGLER: I mean --

11 MR. WUKELA: -- you kind of are.
12 You've asked him his opinion, he's given you
13 opinion. Now you're arguing with him about his
14 opinion. I object to that.

15 BY MR. HAIGLER:

16 Q Is this -- is this why when I asked
17 you the question at the end of your first
18 deposition, why it's impossible for you to give
19 any causation opinion, because you didn't have
20 all of these records, is that why you answered
21 that way?

22 A Yeah, I did. That's correct.

23 Q Okay. Is that still your opinion?

24 A Yes.

25 Q Okay. Now, I want to ask you one

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1 other thing and then I'll be finished, Doctor.
2 I appreciate your time today. Do you know why
3 he was asked to complete this medical
4 questionnaire?

5 A No, sir.

6 Q Okay. Do you -- do you agree that
7 the job that he did for G.E. was a physically
8 demanding job?

9 A That's what I was told.

10 Q Okay. And I will tell you, that's
11 what he testified to as well.

12 A Yes, sir.

13 Q Okay. Would it make sense that
14 before G.E. put him into a physically demanding
15 job, they asked him for some medical history to
16 make sure that he was physically capable of
17 doing that job and if he wasn't, that they
18 would make the necessary accommodations to make
19 sure he didn't get injured? Is that -- does
20 that make sense?

21 A It makes a lot of sense. Yes, sir.

22 Q Okay. Meaning, if you were going to
23 -- if you'd hired someone to work for you and
24 you needed them to do a physically demanding
25 job, maybe lifting patients, you might want to

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1 know whether they have prior or ongoing back
2 issues. Would you agree with that?

3 A Yes, sir.

4 Q And if you asked them that question,
5 I assume you would expect them to give you an
6 accurate response?

7 A Yes, sir.

8 Q All right. And if you don't get an
9 accurate response, then there's a chance that
10 them doing that job could cause them an injury;
11 is that fair?

12 A Their risk of having an injury I
13 think would be increased.

14 Q Do you think it would have been
15 reasonable for G.E. to be able to know his
16 medical -- his actually current medical history
17 when he completed this so that -- that maybe
18 they could have figured out whether he was
19 capable of doing that job?

20 A It makes a lot of sense to me.

21 Q Do you think there's a causal
22 connection between the fact that he didn't tell
23 them about his actual ongoing back problems
24 that were ten out of ten in severity at this
25 point in time and the injury he had

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1 two-and-a-half months later?

2 A I think he would have to just common
3 sense suggest that it would be an increased
4 likelihood of having an injury.

5 Q Okay. Is that opinion to a
6 reasonable degree of medical certainty?

7 A Yes.

8 MR. HAIGLER: Thank you, sir. Those
9 are all the questions I have for you.

10 E X A M I N A T I O N

11 BY MR. WUKELA:

12 Q I'm going to be very brief.

13 A Okay.

14 Q You've had your deposition taken
15 twice now, you've had volumes of information
16 provided to you, and you've been asked about
17 this emergency room visit in December 26th of
18 2020 while he was working at G.E. but before he
19 was hired on as a permanent employee and before
20 this accident of March of 2021.

21 A Okay.

22 Q And you've been shown that visit,
23 and I note that at that visit he complains of
24 back pain and they did a CT scan.

25 A Okay.

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1 Q But I'm not sure that you've been
2 given the opportunity to review that report.
3 I'm going to show you. It's marked as
4 claimant's A.P.A. number 1, page 53.

5 A Okay.

6 Q And it looks like they also did an
7 -- a plain x-ray.

8 A They did.

9 Q And I think you may have reviewed
10 that as well.

11 A Yes, sir.

12 Q Okay. Now, on that -- and I -- I
13 doubt that you've had an opportunity to review
14 that actual CT film.

15 A I have not.

16 Q But on the report --

17 A That's the other.

18 Q On that report, the radiologist --
19 MR. HAIGLER: May I see that?
20 MR. WUKELA: I'm going to let you
21 look at it.

22 MR. HAIGLER: Oh, okay. There.

23 BY MR. WUKELA:

24 Q On that report, the radiologist
25 describes with a read -- with regard to the

W.S. EDWARDS, JR., MD 4/20/2023

1 lumbar spine as -- degenerative changes in the
2 lumbar spine L5-S1.

3 A Yes, sir.

4 Q Okay. There was not any indication
5 -- as I read that report of significant
6 herniation or -- or a dissection or anything
7 like that.

8 A No, there's not.

9 Q Okay. Also, on that CT -- I mean
10 -- I'm sorry. On that plain x-ray, the
11 radiologist's impression was, Loss of the lumbar
12 lordosis, most likely due to muscle spasm.

13 A Yes, sir.

14 Q Okay. Reviewing that CT, was --
15 was anything on that report there remarkable to
16 you that would suggest anything in the lumbar
17 spine that was surgical or that suggested a
18 herniated disc, or suggested anything
19 significant that required intervention with
20 regard to his spine in December of -- of 2020?

21 A No.

22 Q And that's an objective report.
23 This isn't the claimant's statements at all,
24 this is a CT scan read by the radiologist?

25 A That's right.

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1 Q Okay. Now, after that, before you
2 had your deposition taken in September of '21,
3 he had this accident in March of '21 and then
4 there was a lumbar MRI that was done on April
5 the 16th of '21?

6 A Yes, sir.

7 Q Again, this is an objective test,
8 not based on anything the claimant said or
9 didn't say, and read by a radiologist. And I --
10 I think maybe you did have the opportunity to
11 review that film.

12 A I did.

13 Q Okay. And tell us what that film
14 showed in April of '21 and how it compared to
15 the CT in December of 2020.

16 A Well, it shows some disc pathology
17 of both L4-5 and L5-S1.

18 Q Okay. And then I think
19 subsequently you had your deposition taken,
20 answered a bunch of questions, and then there
21 was more treatment that he had with your office
22 after that.

23 A Yes, sir.

24 Q And so there was a lot more
25 information that you came -- came into your

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1 possession after that deposition, and you
2 described some of that information in your
3 letter of November the 3rd of 2022.

4 A That's right.

5 Q And in particular, that information,
6 including -- included his continued complaints.
7 I'm talking only about the lumbar spine here.

8 A Okay.

9 Q Continued complaints of back pain
10 and radiating symptoms into his legs, and then
11 you guys got another lumbar MRI January 17th
12 of 2022.

13 A January 7th.

14 Q Oh, I'm sorry. Quite right.
15 January 7th of 2022. And you had the
16 opportunity to review that and the radiologist
17 report.

18 A I did.

19 Q Now, will you please compare the
20 three; the CT before, the lumbar MRI after
21 the accident, and then the subsequent lumbar
22 MRI after your deposition?

23 A Well, there was a gradual worsening
24 of the lumbar spine with each of those days.
25 And the latter study done on January the 7th

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1 showed the interval development of a large disc
2 herniation at L5-S1 on the left side and a
3 small but still significant herniation at L4-5
4 on the left side. That was significantly worse
5 than the April 16th, '21 scan. And then the
6 April 16th, '21 scan was worse than the CT
7 scan you asked me to review in December of 2020.

8 Q Okay. So if I understand -- in
9 layman's terms, the -- the lumbar MRI after
10 the accident showed a worse condition of the
11 lumbar spine than the December 26th, '20 CT
12 scan before the accident?

13 A Yes.

14 Q And then the January of '22 MRI
15 after the deposition showed a -- a lumbar spine
16 at L5-S1 that was worsened?

17 A It -- it was significantly worse,
18 yes.

19 Q Okay. And in your -- in your letter
20 of November 3rd, you say, as you know, disc
21 herniations are typically an evolution of an
22 injury process and initially leads to annular
23 disruption, but as time goes on, the pressure
24 builds and the disc subsequently herniates.

25 A Yes, sir.

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1 Q Is that -- is that true?

2 A That is true.

3 Q And is that fairly typical in your
4 practice and -- and what you see in folks?

5 A It is.

6 Q Again, given these objective tests
7 and assuming that this accident did in fact
8 occur in March of '21 -- which I know you have
9 no way of knowing one way or another. But given
10 that, do you have an opinion to a reasonable
11 degree of medical certainty as to whether that
12 accident indeed aggravated the preexisting
13 condition of Mr. Inman's lumbar spine resulting
14 in the necessity of surgery that ultimately
15 presented itself?

16 A It is my belief that it did
17 exacerbate that condition.

18 MR. WUKELA: Doctor, those are all
19 the questions I have for you. Thank you for
20 your patience with me and with this obviously
21 complicated and difficult case. And -- and to
22 -- at least one, for my part, complicated and
23 difficult lawyer.

24 R E E X A M I N A T I O N

25 BY MR. HAIGLER:

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1 Q Doctor, the -- this case is -- it's
2 funny that that was brought up. This case has
3 been complicated because you haven't been given
4 all the records to give your opinion; is that
5 correct?

6 A Well, it certainly changed a little
7 bit of my opinion going on -- having the records
8 that I didn't have earlier.

9 Q Okay. There's a difference between
10 a CT scan and an MRI scan, is there not?

11 A Yes.

12 Q You don't ever order CT scans when
13 you're trying to figure out where to operate, do
14 you?

15 A No.

16 Q You order MRIs?

17 A That's right.

18 Q Okay. And why is that?

19 A CT scans are less ideal in terms
20 of looking at the disc material, herniations,
21 that type of thing. CT scans are easy to do.
22 They're quick and they can be done in an
23 emergency room setting, especially if there's a
24 little bit of confusion about where this --
25 where the problem's coming from. It's a little

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1 bit of a broader look. But we -- we don't think
2 that it gives us as much information as an
3 MRI scan as relates to disc herniation.

4 Q Okay. Is -- when this MRI --
5 this CT scan that was done in -- in December
6 of 2020, it says, although I think that you
7 would agree that the actual ER report clearly
8 identifies back pain with left leg radiculopathy
9 ten out of ten severity?

10 A Yes.

11 Q Right? But then they do a CT scan
12 and it looks like it was a, quote, Renal kidney
13 stones scan. Did you -- did you see that?

14 A It was the CT scan of that part of
15 the body that --

16 Q Yeah.

17 A -- happened in the office and
18 everything. To look at -- just like I was
19 saying, kind of a screen thing. Looking for
20 other -- other possible causes of pain.

21 Q Masses?

22 A That's right. Tumors.

23 Q Tumors.

24 A Some type of --

25 Q Kidney stones. Things that would

W.S. EDWARDS, JR., MD 4/20/2023

1 show up on a CT scan?

2 A That's right.

3 Q A disc herniation wouldn't show up
4 necessarily on a CT scan, would it?

5 A Well, it's not as good as an MRI
6 scan, but it can --

7 Q So it's -- okay. But it's -- it's
8 -- it's certainly possible, if not likely, that
9 he could have had a CT -- he could have had
10 this herniation that was causing his ten out of
11 ten left leg radiculopathy and it didn't show up
12 on that CT scan. Is that fair?

13 A It's possible.

14 Q Okay. Otherwise, you'd do CT
15 scans before surgery?

16 A Yeah. Well, I wouldn't use an -- a
17 CT scan without contrast. Like a -- like a
18 CT myelogram to make a surgical recommendation
19 under any circumstances.

20 Q So your testimony about aggravation,
21 which is this -- you would agree this is the
22 first time you've ever given that testimony or
23 statement; is that fair?

24 A That's correct.

25 Q Okay. Is -- because when I asked

W.S. EDWARDS, JR., MD 4/20/2023

1 you earlier -- his history wouldn't give you
2 that ability to do that, would it?

3 A No.

4 Q Because it's inconsistent, right?

5 A It is inconsistent.

6 Q The only thing that allows you to
7 give a -- give -- is the only thing that allows
8 you to give an aggravation test, the statement
9 regarding causation, the comparison between the
10 CT scan and the post-alleged accident MRI?

11 A Well, I think at the end of the day,
12 I still have some belief that the patient's
13 report that the injury was significant and it
14 led to a significant worsening of his condition,
15 or in his mind, caused all of that. I think
16 that I would give some weight to that.

17 Q Okay. But how do you worsen ten out
18 of ten radicular pain from two-and-a-half months
19 before?

20 A Yeah. Well --

21 Q That was on and off as he said to
22 his x-ray technician.

23 A Yeah. The -- the report of pain and
24 the -- the levels of that, in reviewing records
25 that were created in that timeframe, again, I --

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1 I don't -- I don't use that as the gospel to
2 make an opinion later on. I think sometimes
3 patients are justified. Their presence in an
4 emergency room or a healthcare provider's busy
5 schedule to say that my pain's that bad, that's
6 why I had to come in now.

7 I mean, that's a very subjective
8 situation. And perhaps my opinion today as we
9 sit here is -- is influenced somewhat by what's
10 happened since all of this has occurred, since
11 that deposition was taken. I've certainly had a
12 lot of time to discuss the situation with him in
13 the intervening months since the last
14 communication, which was in November of '22.

15 Q Meaning, the -- are you saying that
16 the condition that you view now has influenced
17 your causation opinion?

18 A No. I think that it -- that the
19 weight of what I would give someone's history in
20 helping me formulate opinion is influenced by
21 the amount of interaction I have with that
22 particular patient.

23 Q Fair enough.

24 A Just like it would --

25 Q Sure.

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1 A -- in any personal interaction.
2 I've had a considerable amount of that. It is
3 my belief that -- though I can't prove it, it's
4 just my opinion that this accident worsened his
5 condition.

6 Q Okay. And that's based on what?
7 His -- his statements to you?

8 A Yes.

9 Q That -- but you would agree that
10 we've confirmed that his statements have been
11 inconsistent?

12 A That's right.

13 Q All right. Now, this CT and your
14 testimony is that -- that you don't really know
15 whether he had the herniation or the issues back
16 when --

17 A It wasn't referenced in that -- in
18 that scan. But you have a very valid point, the
19 quality of data obtained from a CT scan down
20 in that setting can be suboptimal as it relates
21 to the presence of the disc herniation.

22 Q And your testimony earlier was that
23 the -- in your opinion, the pathology that was
24 causing the pain in '20 was the same pathology
25 that was causing the pain in '21?

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1 A I believe so.

2 Q Okay. So we -- so I'm assuming,
3 based on that, that you believe that -- that
4 herniation likely did exist in 2020?

5 A Well, I think the -- the injury to
6 the disc probably was present. Now and again,
7 based on this information with these symptoms, I
8 don't think that the symptoms that you've had me
9 review in these records that predated the injury
10 were anything other than the same thing I've
11 been treating him for.

12 Q Mr. Inman has had a tumultuous road
13 since 2021; would you agree with that?

14 A That would be an understatement.

15 Q It's -- and you haven't actually
16 said on the record what he is currently dealing
17 with, but he is -- the condition of his spine is
18 not only significant at this point in 2023, but
19 extremely serious; is that fair?

20 A Well, I think it's potentially very
21 serious. And --

22 Q He's got some things going on that
23 are going to require additional treatment?

24 A I believe so. Yes, sir.

25 Q Above the surgery that you've

W.S. EDWARDS, JR., MD 4/20/2023

1 recently done?

2 A Yes, sir. The surgery that -- that
3 I did recently has gone fine and it's resolved
4 the condition that we were treating.

5 Q Okay. And we'll get into that in
6 just a second. If all of these problems were
7 caused or aggravated by what happened on March
8 19th, 2021, does that in your opinion place
9 greater importance on the fact that when he went
10 to work there he didn't tell them he was
11 already having these issues?

12 A It does.

13 Q Okay. And had that been disclosed,
14 we may not be sitting here. Would you agree
15 with that?

16 A I probably wouldn't have got -- I
17 mean, I guess he probably wouldn't have gotten
18 hired if he had -- or for that type of work.

19 Q Okay. And that would have been
20 something that -- that would have been
21 reasonable for General Electric to know; is that
22 fair?

23 A It looks like they had good reason,
24 if they were going to put him in a physically
25 demanding job, to know if there were some

W.S. EDWARDS, JR., MD 4/20/2023

1 previous problems. Again, I don't know much
2 about pre-employment physicals or the amount of
3 information that's appropriate to get or
4 matching a patient with physical capabilities,
5 but it certainly makes some sense.

6 Q Okay. And if he was -- these
7 weren't previous problems. These were problems
8 that he was actually experiencing when he
9 completed this, is that right, according to the
10 ER note?

11 A According to the ER note, that's
12 right.

13 Q Okay. Now, you -- we -- we haven't
14 gotten into this and I want to make sure we do.
15 You have -- you have operated on him; is that
16 right?

17 A Yes, sir.

18 Q What was the nature of the -- of the
19 procedure you performed and what -- when did you
20 perform that? And I'll just say, I don't have
21 any of these reports. I don't believe his
22 attorney does either. Can you tell us when you
23 operated?

24 A I operated on him -- I believe it
25 was December the 3rd. I can't tell you the

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1 exact date, but I operated on the disc
2 herniations that were present at L4-5 and at
3 L5-S1.

4 Q Was this a laminectomy?

5 A Well, a discectomy. We don't take
6 the entire lamina. We enlarge the natural
7 opening between the lamina. It's called a
8 laminotomy.

9 Q Okay.

10 A To allow us the -- to access the
11 disc that it's in. We remove the herniated
12 portion of the disc at each of those levels.

13 Q So there was no -- this was not a
14 fusion, this was something --.

15 A No, that's correct. It was just a
16 limited discectomy. Just removing the fragment
17 of disc that -- that had ruptured.

18 Q Was this a relatively -- I know
19 there may not be routine back surgery but was
20 this, as back surgery goes, a relatively routine
21 procedure?

22 A Yes, sir.

23 Q Okay. One you perform all the time?

24 A Yes, sir.

25 Q Weekly?

W.S. EDWARDS, JR., MD 4/20/2023

1 A Oh, absolutely.

2 Q Okay. And it was -- it was
3 performed as an outpatient procedure?

4 A Yes.

5 Q And did he go home the day you
6 performed it?

7 A No.

8 Q How long was he in the hospital?

9 A About three weeks.

10 Q And what happened during that
11 three-week period? And what -- what caused that
12 extended stay into -- into the hospital?

13 A He was -- he felt that his pain was
14 intolerable. He had a lot of numbness and
15 tingling in his legs that we couldn't really
16 relate to the surgical procedure. We did
17 follow-up scans to determine if there was a
18 complication from the surgery, like a blood
19 clot or swelling that could make this happen,
20 and we saw nothing of that sort. The symptoms
21 were -- were significant in terms of their
22 description by the patient. There was
23 challenges with some of the cooperativeness of
24 -- of him and the care.

25 Q What do you mean by that?

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1 A Well, just refusing to try and get
2 up and around. And he said he was too
3 uncomfortable to do that. And we said that, you
4 know, the procedure went well. We didn't have
5 any problems with it and the scan afterwards
6 looks fine.

7 Q Did you all do a repeat MRI?

8 A Yes, and it looked fine. So we
9 decided, because of some of these vague
10 symptoms, that further evaluation was necessary.
11 And we obtained some further imaging studies
12 higher up in the spine, including the thoracic
13 region. There was an abnormality that showed up
14 on that scan around the sixth thoracic vertebrae
15 that we were uncertain of its significance, but
16 it was later determined to be a type of cyst
17 and it did have some associated pressure on the
18 spinal cord in that level.

19 Q Could that have been causing all of
20 his symptoms?

21 A No, not really. But certainly
22 from everything in the middle part of the back
23 all the way down, it could certainly cause a lot
24 of these very inconsistent, vague symptoms of
25 numbness and tingling in both legs. And these

W.S. EDWARDS, JR., MD 4/20/2023

1 disc herniations were just causing pain in the
2 left buttock and leg, as you've clearly pointed
3 out and my records also agree, and the
4 herniations were central and to the left side.
5 So that's where we operate. We didn't even
6 operate on his right side, but he started having
7 all these symptoms on the right side.

8 Q Was that post-operative that he
9 started having those symptoms?

10 A Yeah, right. Well, he -- he then --
11 he then gave us additional history that he had had
12 some of these symptoms all along. And that,
13 again, as you've already pointed out, there were
14 some challenges of the history of the -- that we
15 get from him and that makes it harder to care
16 for him because we don't know when these
17 symptoms began really.

18 Q Okay.

19 A And there were some -- some things
20 that are difficult to prove or disprove on
21 examination. In other words, there were
22 symptoms that he complained of, but there was no
23 way of determining were they real, were they
24 magnified? Were they -- you know, where they
25 came from. It just didn't seem to add up. It

W.S. EDWARDS, JR., MD 4/20/2023

1 certainly did add up with his back surgery.

2 Q Okay.

3 A So we had one of my colleagues who's
4 in the neurosurgical field to look at this
5 MRI scan.

6 Q What --

7 A Dr. Tripp Hines. He works with Rhea
8 at neurosurgery. And so -- is a super good
9 surgeon and someone that I had worked with
10 several times and have a lot of confidence in
11 his abilities. And I had him look at this
12 MRI scan and evaluate the patient personally,
13 and the cyst was felt to be what was causing a
14 lot of these symptoms. And Dr. Hines couldn't
15 say for sure it was causing all of these waxing
16 and waning symptoms and all these kind of weird
17 symptoms in the legs but it was certainly
18 something that can cause these types of
19 symptoms. It's just hard to know if it's
20 causing all of them.

21 Q Okay.

22 A And Dr. Hines felt that in the
23 circumstances where the cyst -- or found as an
24 incidental finding, sometimes you get a scan and
25 you see these kind of things. You don't make

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1 much out of them if there's not any symptoms
2 associated with them because they generally
3 don't get bigger. They're just there and you just
4 ignore them. And sometimes we see these things.
5 MRI scans are very sensitive and they pick up
6 things that we aren't -- that are not clinically
7 significant. But if the cyst is seen in the
8 context of someone having symptoms that could be
9 causally from this, most neurosurgeons recommend
10 surgical excision of the cyst.

11 Q Okay.

12 A And Dr. Hines felt that it would be
13 -- would be best managed in the tertiary academic
14 center, and so we made the appropriate referral
15 down to MUSC in Charleston.

16 Q Has he been seen down there?

17 A No, sir.

18 Q Okay.

19 A We've had -- I've spoken with the
20 physician that's going to see him.

21 Q Who is that?

22 A It's Dr. Kalhorn. Stephen Kalhorn.
23 K-A-L-H-O-R-N, I believe is the -- is the name
24 spelling. But I also have had some previous
25 professional contact and interaction with him.

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1 And he's the go-to person for these types of
2 things. So he won't be able to render and
3 opinion until he sees him, but he has seen the
4 scans and he agrees that this cyst is there
5 and that it's the cause of some of his issues.

6 Q Well --

7 A He says it can be, but see, he
8 doesn't know what his issues are because he's
9 not examined him yet.

10 Q Okay.

11 A So he's got to see him.

12 Q And a cyst, can -- can that be
13 something that's -- develops cognitively or is
14 that --

15 A Yeah. That's possible --

16 Q Could it be a traumatic?

17 A -- that it could be traumatic. It's
18 possible that -- like I said earlier, we see
19 these types of abnormal signals because MRI
20 scans are so sensitive. They pick up every
21 little thing and most of the things are not
22 clinically significant. So that's why, to be
23 honest, the original scan, it wasn't noticed by
24 the radiologist.

25 Q Could it -- could that be something

W.S. EDWARDS, JR., MD 4/20/2023

1 -- I mean, he was having issues before this
2 accident, clearly. I think we've established
3 that.

4 A Yes.

5 Q If the cyst -- and I know we're sort
6 of speculating here because we don't actually
7 know a whole lot. He hasn't seen the
8 specialist. But I mean, could this cyst have
9 been -- how -- how -- how -- how important could
10 this be to his picture as to whether this was
11 -- whether this was a preexisting issue?

12 A I don't know but certainly, some
13 of these vague symptoms that he had, we couldn't
14 attribute them to the disc herniation that we
15 saw.

16 Q Could -- I mean, his injury that
17 he's alleged that he -- he jumped off a trailer
18 onto the ground, not -- not terribly high, but
19 a few feet off the ground. Did -- it wasn't
20 like ten feet or anything. The -- if -- that
21 wouldn't have caused that cyst, would it?

22 A I'm really not able to give an
23 opinion about that. I think -- this is
24 something I have not seen before and I've been
25 practicing since -- for a --

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1 Q I was about to ask you that --

2 A -- long time.

3 Q -- question. That was my next
4 question.

5 A We know about arachnoid cysts, but
6 they're usually just incidental findings.

7 Q Is that the clinical name?

8 A Yeah.

9 Q An arachnoid cyst?

10 A Arachnoid cyst. And it was
11 certainly present on the thoracic scan of April
12 16, 2021, though there's been a little
13 evolution of it since then. Again, I don't feel
14 comfortable speaking about it in detail.

15 Q Okay. And that's fair. I don't see
16 it -- would that type of thing show up on a CT
17 scan?

18 A No.

19 Q Okay. All right.

20 A It was in the thoracic spine, not in
21 the lumbar region. But even if there was a CT
22 scan done in the thoracic region, it would have
23 not shown up.

24 Q What about an x-ray?

25 A No.

W.S. EDWARDS, JR., MD 4/20/2023

1 Q So then only an MRI would show
2 this thing?

3 A Yes.

4 Q Interesting. Okay. And -- and so I
5 assume, based on -- based on -- I mean, I assume
6 you have not released him; is that fair?

7 A No, I have not released him.

8 Q All right. So we're kind of --

9 A I mean, he's still in the
10 post-operative care for his disc herniation with
11 me, but there's really not much else for me to
12 do that I've not already done until he gets his
13 evaluation by Dr. Kalhorn. And Dr. Kalhorn
14 knows that if he does feel the need for
15 intervention, that I would be happy to kind of
16 do a part in following him up since I already
17 have established care with him for his back. I
18 can certainly do that.

19 Q Would you participate in the
20 procedure?

21 A No.

22 Q Okay. All right. So I assume --
23 and I think this is it. But he's sort of in
24 that holding pattern until he gets seen by this
25 doctor?

W.S. EDWARDS, JR., MD 4/20/2023

1 A Yes, sir.

2 Q Okay.

3 MR. HAIGLER: All right. Thank you,
4 sir.

5 THE DEPONENT: Yes, sir.

6 MR. WUKELA: That's it for me.

7 (Deponent excused.)

8 (Whereupon, at 4:31 p.m.,
9 the taking of the foregoing
10 deposition was concluded.)
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W.S. EDWARDS, JR., MD 4/20/2023

1 CERTIFICATE OF REPORTER

2 State of South Carolina

3 County of Florence

4

5 I, Heather Hagood, Court Reporter and
6 Notary Public for the State of South Carolina,
7 do hereby certify that the deponent in the
8 foregoing deposition was, by me, first duly
9 sworn to testify to the truth, the whole truth
10 and nothing but the truth; that said deposition
11 transcript contains a true record of the
12 deposition of said deponent.

13 I further certify that I am neither
14 attorney nor Counsel for, nor related to or
15 employed by any of the parties connected to the
16 action, nor am I financially interested in the
17 action.

18 Witness my hand at Florence, South
19 Carolina, this the 3rd day of May, 2023.

20

21

22

23

24

25

Heather Hagood
Heather Hagood
MY COMMISSION EXPIRES:
March 30, 2028

McLeod

Physician Associates

McLeod Spine Center

WS (Bill) Edwards, Jr., MD
Rakesh P Chokshi, MD
Bruce Johnson, MD

Sonia Wicker, PA-C
Laura Strickland, PA-C

November 3, 2022

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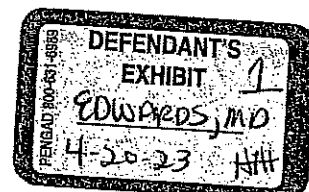
RE: Qushon Inman

Dear Mr. Wukela:

This letter is in follow up to our meeting last Thursday regarding the above captioned patient.

To summarize, it is my opinion based on a reasonable degree of medical certainty that Mr. Inman is in need of surgical intervention for a disc herniation at L5/S1 and at L4-5. He additionally has a disc protrusion at C5-6 that I have not currently recommended surgery for but it is conceivable that this may be required in the future. Mr. Inman admitted that he had had some issues with his back that predated his work injury at GE but was doing fine at the time of the injury in March of last year. Initial studies suggested only minimal disc pathology at L4-5 and L5/S1 but over the subsequent months worsening of his symptoms was noted in the back and legs and repeat MRI scan on January 7th of this year was performed and demonstrated severe worsening of both L4-5 and L5/S1. It is my opinion based on a reasonable degree of medical certainty that the current condition relates to his industrial injury and the need for surgery therefore is related also causally to this injury. As you know, disc herniations are typically an evolution of an injury process that initially leads to an annular disruption but as time goes on the pressure builds up and the disc subsequently herniates. An MRI scan done March 12 of this year of the cervical spine showed no significant change in the original study of his neck, therefore, my opinion is that no surgical intervention is required at that level though it continues to be my opinion that this area of abnormality emanates from his industrial injury.

I was provided with a pre-employment questionnaire from GE that was reviewed from 12/30/2020 in which he indicated that he had not had any problems with his back and this information does not change the opinions noted above.



McLeod Medical Plaza • 800 East Cheves Street, Suite 480-B • Florence, South Carolina 29506
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Steve Wukela, Jr. Attorney at Law
Page 2

I know there has been a deposition that has previously been given by me in this matter and it is likely that this information may prompt the need for additional discussion, and I am certainly happy to accommodate the involved parties for this if needed.

With warm regards,

Sincerely,

A handwritten signature in black ink, appearing to be "W. S. Edwards, Jr.", written in a cursive style. The signature is written over a horizontal line.

W. S. (Bill) Edwards, Jr., M.D.

/pln

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

QUSHON INMAN,	)	
	)	
Claimant,	)	
	)	
vs.	)	CASE NO.: 2104833
	)	
GE HEALTHCARE, INC.,	)	
	)	
Employer,	)	
	)	
ELECTRIC INSURANCE	)	
COMPANY,	)	
	)	
Carrier,	)	
Defendants.)	)	

H E A R I N G

DATE: Tuesday, August 29, 2023

TIME: 2:50 p.m.

LOCATION: SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, South Carolina 29201

BEFORE: Commissioner T. Scott Beck

REPORTED BY: Megan R. Brown
South Carolina Court Reporter

ABC REPORTING SERVICE
257 Summerland Avenue
Batesburg, South Carolina 29006
1-803-532-5255
1-803-730-3015 (cell)

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INMAN V. GE HEALTHCARE, INC. 8/29/2023

1 APPEARANCES:

2

3 ATTORNEY FOR THE CLAIMANT
QUSHON INMAN:

4

WUKELA LAW FIRM
5 BY: STEPHEN J. WUKELA, ESQUIRE
403 Second Loop Road
6 Florence, South Carolina 29505

7

8 ATTORNEY FOR THE DEFENDANT
GE HEALTHCARE, INC. AND ELECTRIC
9 INSURANCE COMPANY:

10 ROBINSON GRAY STEPP & LAFFITTE, LLC
BY: NICOLAS L. HAIGLER, ESQUIRE
11 2151 Pickens Street, Suite 500
Post Office Box 11449 (29211)
12 Columbia, South Carolina 29201

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23 (INDEX AT REAR OF TRANSCRIPT)

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INMAN V. GE HEALTHCARE, INC. 8/29/2023

1 (CLMNT. EXH. 1, W.S. (Bill) Edwards, MD
2 Deposition Testimony 9/23/21, was premarked for
3 identification.)

4 (DFT. EXH. 1, W.S. (Bill) Edwards, MD
5 Deposition Testimony 4/20/23, was premarked for
6 identification.)

7 THE COURT: All right. Today's date is
8 August 29, 2023. This is workers' compensation file
9 number 2104833. Claimant in this matter is Qushon
10 Inman, and it's Stephen Wukela, not Stephen Wukela, Jr.

11 MR. WUKELA: It is, your Honor.

12 THE COURT: Claimant is represented by
13 Stephen Wukela. The employer is GE Healthcare, Inc.
14 Carrier is Electric Insurance Company. They are both
15 represented today by Attorney Nick Haigler. Date of
16 accident in this matter is March 19, 2021. Parties
17 have stipulated to an average weekly wage of \$694.44
18 yielding a compensation rate of \$462.98.

19 We're here today on Claimants' Form 50. I've
20 received APAs from both the Claimant and the Defendant
21 in this matter as well as the deposition testimony of
22 Dr. Edwards dated September 23, 2021 marked as
23 Claimant's Exhibit Number 1 and the second deposition
24 testimony of Dr. Edwards taken on April 20, 2023 marked
25 as Defendants' Exhibit 1.

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1 Mr. Haigler, I understand there's a subject
2 matter jurisdictional issue that we're going to deal
3 with in the call of the case, but other than that
4 issue, are there any objections to APAs, jurisdiction,
5 venue, or any other matter, Mr. Wukela?

6 MR. WUKELA: No objection, Commissioner. One
7 slight clarification. You will find that the
8 Claimant's APAs list the deposition of Kelley Prevatte
9 as APA number 26, and I think the deposition of Qushon
10 Inman is APA 25. I believe that neither of those
11 originals have been handed up nor do we intend to hand
12 them up unless for impeachment purposes, because both
13 of those individuals are going to testify live today.

14 THE COURT: So tab 25 and 26 are excluded?

15 MR. WUKELA: Correct, Commissioner. I think
16 that's correct.

17 THE COURT: All right. Thank you.

18 MR. HAIGLER: For the time being.

19 THE COURT: That's good information.

20 MR. WUKELA: For the time being, unless
21 something changes.

22 THE COURT: 25 and 26.

23 MR. HAIGLER: Commissioner, just I obviously
24 have a standing objection, which you've already ruled
25 on with regard to that before, but I just wanted to put

INMAN V. GE HEALTHCARE, INC. 8/29/2023

1 that on the record that I still hold that same
2 objection.

3 THE COURT: Is there an order to that affect?

4 MR. HAIGLER: I can't address that now, but
5 just to be --

6 THE COURT: I understand your objection but
7 that --

8 MR. HAIGLER: To make sure we're all
9 protected --

10 THE COURT: -- that objection is water under
11 the bridge at this point.

12 MR. HAIGLER: And more than noted. Thank
13 you.

14 THE COURT: All right. Anything else we need
15 to talk about?

16 MR. WUKELA: None from the Claimant,
17 Commissioner.

18 MR. HAIGLER: Nothing, Commissioner.

19 THE COURT: All right. Without further
20 objection, the commission file becomes a part of the
21 record with the exception of self-serving declarations
22 and unstipulated medical reports. We had a rather
23 extensive prehearing conference in this matter in which
24 I believe I've been able to discern the positions of
25 both the parties. We have gone through that call. I'm

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1 going to put it on the record. Again, to both the
2 attorneys, if there's a misstatement or any additions
3 or deletions, let's deal with those before we get into
4 the merits of the case. All right.

5 As I understand, there's a threshold issue of
6 whether or not the McDevitt Street fraud in the
7 application defense is a subject matter jurisdiction
8 issue that cannot be waived. That's the Defendants'
9 position. Claimant asserts that failure to address
10 that affirmative defense, and they assert that fraud in
11 the application is an affirmative defense on a Form 51
12 is deemed a waiver under 67-603.

13 Defendant responds to that, even if it can't
14 be waived, the Commissioner has the authority to
15 consider it if the two-part test in 42-1-705B is
16 satisfied. They believe the test is satisfied and that
17 I should exercise that discretion. Claimant asserts
18 that they cannot satisfy that proof two-prong test in
19 42-1-705B as they had knowledge of the facts of the
20 defense. Defendants counter that yes, they did have
21 facts but not all the facts sufficient to carry their
22 burden on that defense.

23 I'll have to make a ruling on the waiver
24 issue, but regardless of the ruling on that, the merits'
25 issue before me as it relates to the Claimant is asking

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1 me to find compensable injuries to the Claimant's
2 lumbar spine and the legs via radiculopathy under both
3 42-1-160 and 42-9-35. Further, they are asking me to
4 award causally-related medical benefits and temporary
5 total disability benefits from April 1, 2021 to the
6 present and continuing. Mr. Wukela, anything in
7 addition to that?

8 MR. WUKELA: Nothing, Commissioner, except
9 that we also contend that if the Commission finds that
10 McDevitt Street has not been waived, then its burden
11 has not been met to prove McDevitt Street burden of the
12 Defendant. That was implicit what your Honor said,
13 but...

14 THE COURT: I understand. All right.
15 Defendants asserts that the case is not compensable
16 under the McDevitt Street fraud in the application
17 defense. Further, that the Claimant didn't satisfy or
18 didn't sufficiently plead a 42-9-35 aggravation
19 standard, that they -- that their pleadings in this
20 matter are insufficient to assert a claim, and finally,
21 that the Claimant can't satisfy his burden under
22 42-1-160 or 42-9-35. Mr. Haigler, anything in
23 addition?

24 MR. HAIGLER: Nothing, your Honor.

25 THE COURT: All right. Again, we are here on

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1 Claimant's Form 50. Mr. Wukela, you may call your
2 first witness, sir.

3 MR. WUKELA: Thank you, Commissioner. The
4 Claimant calls Ms. Kelley Prevatte.

5 THE COURT: P-R-E-V-A-T-T-E? All right.
6 Would you raise your right hand please.

7 KELLEY PREVATTE, being duly sworn and
8 cautioned to speak the truth, the whole and nothing but
9 the truth, testified as follows:

10 THE COURT: All right. Please state your
11 full name for the record.

12 THE WITNESS: It's Kelley, K-E-L-L-E-Y,
13 Prevatte, P-R-E- "V" as in Victor, -A-T-T-E.

14 THE COURT: All right. Ms. Prevatte, you
15 have a real low voice. I may need you to speak up --

16 THE WITNESS: I can speak loud --

17 THE COURT: -- a little bit. Everybody
18 has --

19 THE WITNESS: -- if you want me to.

20 THE COURT: -- got to hear you. Recording
21 devices have to pick you up --

22 THE WITNESS: I can speak up.

23 THE COURT: -- and I'm hard of hearing.

24 THE WITNESS: Okay.

25 THE COURT: Okay. All right. Mr. Wukela?

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1 MR. WUKELA: Thank you, Commissioner. Good
2 afternoon, Ms. Prevatte.

3 THE WITNESS: Good afternoon.

4 MR. WUKELA: And if you would like,
5 Commissioner, I can stand over there so she'll --

6 THE COURT: You do what you -- what you feel
7 comfortable doing.

8 MR. WUKELA: Look towards you and it may be a
9 little bit more natural for the three of us and
10 Mr. Haigler.

11 DIRECT EXAMINATION

12 BY MR. WUKELA:

13 Q. What is your job, Ms. Prevatte?

14 A. I'm the lead nurse for GE Healthcare. I have
15 a clinic in Florence, and I also cover the Southeast
16 states of the United States for GE.

17 Q. How long have you held that job?

18 A. I started there on December 14, 2020.

19 Q. Okay. And in that job, are you familiar with
20 Mr. Qushon Inman?

21 A. Yes, sir.

22 Q. Who is Qushon Inman?

23 A. Would you like me to point at him or --

24 Q. Well, yeah. He's here with me in the
25 courtroom.

INMAN V. GE HEALTHCARE, INC. 8/29/2023

1 A. Okay. So I can point. That's him.

2 Q. Okay.

3 A. Okay.

4 Q. And I think I understand that he was
5 initially a temp employee at the GE location where you
6 were working?

7 A. Based on probably records. I didn't know him
8 from that standpoint.

9 Q. Didn't know him from that standpoint.
10 During -- the record indicates that he was hired there
11 in about 2018 working for Thompson Company, who was the
12 temp provider there at GE Healthcare. Are you familiar
13 with Thompson Company?

14 A. Yes, sir. They have a lot of our contract
15 employees.

16 Q. Okay. And then at some time around 2020 or
17 2021, he became a permanent employee of GE; is that
18 right?

19 A. His hire date was around January the 11th of
20 2021 --

21 Q. Okay.

22 A. -- for us.

23 Q. And at that point, he became a GE employee
24 exclusively and completely?

25 A. Yes, sir.

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1 Q. Okay. And I understand that you keep a
2 variety of records as to the job you provide there at
3 GE, and some of those records have been provided by the
4 defense in what we call the APAs. Commissioner, this
5 is the Defense APA. I'm looking now to page 3, and if
6 I may approach her, I'll --

7 THE COURT: You may.

8 Q. -- show the witness.

9 A. May I get my reading glasses?

10 Q. Please.

11 A. Thank you. Thank you.

12 Q. Are you familiar with that --

13 A. Okay. Let me look at this.

14 Q. -- Defendants' APA page 3. Can you identify
15 that?

16 A. This is a page in our electronic medical
17 record for GE Healthcare, and the medical record is
18 called Cority, C-O-R-I-T-Y.

19 Q. Okay. And this is a printout from the system
20 that you use to record interactions with employees and
21 the performance of your jobs there at GE?

22 A. Yes.

23 Q. You hesitated a little bit. Have I misstated
24 that somewhat?

25 A. Could you repeat the way you had stated it

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1 and make sure?

2 Q. Yeah. What I gathered was that this printout
3 here that you have in front of you, the Commissioner
4 has in front of you, is part of the recordkeeping that
5 you do when you interact with employees at GE, perform
6 your duties there at GE?

7 A. Yes, sir. Nursing duties, medical duties.
8 Yes, sir.

9 Q. Okay. All right. Very well. And there is
10 an entry there that I'm looking at now on page 7 of
11 that record.

12 A. Would this be the page you turn to or are
13 you --

14 Q. I think if you look at the bottom right-hand
15 corner, there should be Bate stamps --

16 A. Okay. So --

17 Q. -- numbers.

18 A. -- they go like 03, 04, 05, 06, and then 07.
19 Okay. Got it.

20 Q. Yes, ma'am.

21 A. Thank you.

22 Q. Okay. And that, I gather, page 7 and on to
23 page 8 are your notes recording an interaction with
24 Mr. Qushon Inman on March the 22nd of 2021.

25 A. That's correct, yes, sir.

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1 Q. Okay. Do you have a recollection of that
2 interaction?

3 A. Yes, sir. That's my first time meeting him.

4 Q. Okay. And there on page 7, paragraph 1, tell
5 me what he was there about.

6 A. He came to the office and clinic this a.m.
7 and said he had hurt his back some months ago at work,
8 and it was not any better now. He said he told Trent
9 about it this a.m., and Trent asked him to come see the
10 nurse.

11 Q. Okay. And now if I lead you down to
12 paragraph 5 which starts, I asked him what happened,
13 and it looks like in response he told you that a few
14 months ago his back started hurting. He had muscle
15 spasms, and then ultimately, he went to the emergency
16 room on December the 26th of 2020 having muscle spasms.
17 Is --

18 A. That's what he stated.

19 Q. Okay. And you go on to ask him if that
20 happened in 2020, why are you here today, and I'm
21 looking at now page 8, paragraph 4. Do you recall
22 that?

23 A. It would -- I have to say no, because that's
24 not what I said. What I said is written here.

25 Q. Okay. Well, let me read exactly. It says, I

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1 then asked him again if he had worked on that Friday.
2 He didn't. It was Christmas day. He said he couldn't
3 remember. He talks about Vicky Davis. Then I then
4 asked him why he's bringing up now in March what he
5 feels happened in December. Do you recall that?

6 A. Yes. I did say that. Yes, sir. Uh-huh.

7 Q. This is -- I think this is paragraph 4 now of
8 that page 8 if I numbered the paragraphs correctly.

9 And --

10 THE COURT: Mr. Wukela, is there a reason why
11 we're reading a medical record that I have in evidence?

12 MR. WUKELA: Well, I -- I'm going to -- I'm
13 going to get to that. I think there is.

14 THE COURT: Okay.

15 MR. WUKELA: Yes --

16 THE COURT: All right.

17 MR. WUKELA: -- Commissioner.

18 BY MR. WUKELA:

19 Q. And I think he responded to you that the pain
20 had gotten better, and now it had gotten back again.
21 It started back this past Friday, and you asked him if
22 something happened this Friday, and he said, Due to him
23 jumping on and off the trucks caused it. Is that what
24 he told you?

25 A. Yes, sir.

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1 Q. Okay. And then he goes on into the note. He
2 said he wanted to take the whole week off. You
3 debriefed Vicky, who is his supervisor, correct?

4 A. Vicky was his supervisor then. Yes, sir.

5 Q. Okay. And she said that she allowed him off
6 Friday but not the whole week. Yes?

7 A. That -- that's what -- that's what he said
8 that she said to him.

9 Q. Okay. Now, subsequent to that interaction,
10 did his job change in any way?

11 A. Could you ask that a different way?

12 Q. Yes, ma'am. You had this interaction where
13 he was complaining of back pain. He said he had it in
14 December, then again in March. After that interaction,
15 did Vicky or you give him any restrictions, modify his
16 job responsibilities in any way?

17 A. I did not, and I'm not aware that Vicky did.

18 Q. Okay. Now, you do agree, do you not, though
19 that on that date, March the 22nd of 2021, he reported
20 to you this injury that occurred on March the 19th of
21 2021?

22 A. I don't remember him giving me a date of
23 March 19th. No, sir.

24 Q. Well, do you agree with me that he told you
25 that it happened last Friday?

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1 A. He did say this last -- this past Friday.

2 Q. Okay. So this was the 22nd of March,
3 correct?

4 A. The date that he came to the clinic. Yes,
5 sir.

6 Q. Okay. And that was a Monday?

7 A. That's right.

8 Q. And the Friday before would have been March
9 19?

10 A. Okay.

11 Q. Is that correct?

12 A. I can look at a calendar and confirm it --
13 MR. HAIGLER: Commissioner --

14 A. -- or I can figure it out right here.

15 MR. HAIGLER: Commissioner, I need to object.
16 I don't understand the relevance of this. No one is
17 arguing anything is --

18 MR. WUKELA: Well, I --

19 MR. HAIGLER: I submitted this, so clearly
20 I'm --

21 MR. WUKELA: Commissioner --

22 MR. HAIGLER: -- stipulating that everything
23 in here is what was said, so I'm not sure of the relevance
24 of this.

25 THE COURT: All right.

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1 MR. WUKELA: Commissioner, Defendants have
2 denied this accident happened.

3 MR. HAIGLER: That's --

4 MR. WUKELA: And Ms. Prevatte has denied this
5 accident happened, and so what I'm asking her is
6 whether he notified her on the Monday following the
7 accident on Friday that the accident happened.

8 MR. HAIGLER: Commissioner, that's actually
9 not true. I'm not denying that he -- that he jumped
10 off of the truck onto the ground. I'm just denying
11 that that caused the injury that he's now claiming.

12 MR. WUKELA: Well, wait a second. If the
13 employers admit the accident, that shortens my
14 questions a good bit, Commissioner.

15 MR. HAIGLER: I'm just admitting that he did
16 that. I'm not saying that caused anything. I'm not
17 saying it's an accident. I'm just saying if he's
18 saying he did that, I have no way to refute that
19 statement. That's all I'm saying. I'm just not -- all
20 my position is that that didn't cause the problems,
21 because they were already in existence.

22 MR. WUKELA: Well --

23 THE COURT: So you're not denying that an
24 incident occurred?

25 MR. HAIGLER: I'm not -- I'm not saying that

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1 was an incident. I'm just -- that was an event. That
2 was -- that was something he did. Whether that caused
3 anything is in denial, but what's in here, I'm not
4 refuting that he came to her and said what he said in
5 here. I'm not -- that's not in dispute.

6 THE COURT: All right.

7 MR. HAIGLER: And I think she's going to
8 testify exactly what's in here, because she's already
9 written it.

10 MR. WUKELA: Well, here's where we run into
11 trouble, Commissioner, because we asked Ms. Prevatte in
12 her deposition if he had a discussion with her that day
13 about having an injury on the Friday before, and she
14 said he had not.

15 MR. HAIGLER: Well, then -- well, then I
16 think you need to impeach her with that.

17 MR. WUKELA: Well, if we're not arguing about
18 whether an accident happened, I don't care about all
19 that, but if we are, I do.

20 THE COURT: Are we or aren't we?

21 MR. HAIGLER: I'm not arguing that -- I am
22 not arguing that he came to her on the 22nd. I'm not
23 arguing with what's in this. I will stipulate that
24 what is said in here is what occurred.

25 THE COURT: Let's move on.

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1 MR. WUKELA: Thank you, Commissioner.

2 BY MR. WUKELA:

3 Q. Okay. Now, and I'll go through this pretty
4 briefly. Now, Commissioner, on March the 23rd of 2021,
5 the record shows that he then after that went to MUSC.
6 This is page 73 of the APA, Commissioner. You don't
7 have to go there. Just for reference. Do whatever you
8 want, but I'm not going down that path, but I did want
9 to give you that citation. You made a note of his
10 visit to the emergency room in your records on page 10
11 of that record?

12 A. Yes, sir.

13 Q. Do you recall him advising you that he had
14 been to the emergency room on March the 23rd, and he
15 was still having back pain?

16 A. Yes. He called or -- called me that
17 afternoon, like that afternoon on the 23rd.

18 Q. Okay. Now, and at that point, you advised
19 him that he could return to work?

20 A. I did not advise him to return to work on the
21 23rd afternoon when he called me about the ER. No,
22 sir.

23 Q. Okay. Well, did you advise him not to return
24 to work?

25 A. I advised him not to return to work, because

INMAN V. GE HEALTHCARE, INC. 8/29/2023

1 he has a doctor's note not to return to work until the
2 27th of March.

3 Q. I am sorry. Yes. That was a
4 misunderstanding, but as far as you were concerned, he
5 was -- he was free to return to work without
6 restriction or accommodation on March the 27th?

7 A. Yes, sir.

8 Q. And the employer or you didn't place any
9 limitation on his job duties, sent him back to do his
10 old job on March the 27th?

11 A. We did not put any restrictions or anything.
12 No, sir.

13 Q. Okay. Now, at that point, you knew he had
14 complained of back pain in March of 2021. He had told
15 you he had back pain back in December of 2020, but you
16 guys didn't change his work assignment in any way?

17 A. That either needs to be asked by two
18 different questions -- I need help with that question,
19 because you -- you -- it was a run-on, and it was hard
20 to keep up with what you're saying.

21 Q. Well, let me break it up for you.

22 A. Thank you. Uh-huh.

23 Q. At that point, March the 23rd of 2021, you
24 were aware and Mr. Inman's supervisor was aware that he
25 was complaining that he had had back pain in December

INMAN V. GE HEALTHCARE, INC. 8/29/2023

1 of 2020; true or false?

2 A. That's what he said. Yes, sir.

3 Q. Okay. And you were also aware that he was
4 complaining of back pain in March of 2021 while
5 working?

6 A. I told you what is written here, what he said
7 that day, so everything I've already said is written in
8 here.

9 Q. Okay. You were aware of those back
10 complaints --

11 A. Of what he said --

12 Q. -- as of March --

13 A. -- was happening. Yes, sir.

14 Q. Okay. And you were aware that he had been to
15 the emergency room on March the 23rd of 2021
16 complaining of back pain?

17 A. Yes, sir, because he called me that
18 afternoon.

19 Q. Got it. And you knew he had been released to
20 return to work on March the 27th?

21 A. Yes, sir.

22 Q. And nobody at your direction or at GE changed
23 his job duties, accommodated his job duties, gave him
24 any restrictions at that point?

25 A. There was no restrictions that were needed

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1 that we were aware of --

2 Q. Okay.

3 A. -- per the doctor and the doctor's assessment
4 per Qushon.

5 Q. Didn't change his job duties at all?

6 A. No, sir.

7 MR. HAIGLER: Commissioner, I need to object.
8 That's been asked and answered.

9 THE COURT: A bunch of times. Let's move on.

10 MR. WUKELA: Yes, sir. All right.
11 Commissioner, I'm sorry, but the reason I think that's
12 important, of course, is one of the elements of McDevitt
13 Street is reliance on the absense of knowledge of prior
14 complaints of pain. Here even after the accident and
15 knowledge of complaints of pain, there wasn't any
16 change in his job.

17 MR. HAIGLER: Well, I mean --

18 THE WITNESS: Because on the return --

19 MR. HAIGLER: -- I would -- hold on. He was
20 released at full duty. There was nothing to restrict.
21 That has -- that has nothing to do with whether she
22 knew anything about something that happened three
23 months prior.

24 When that report was given to her, he had no
25 restrictions. I don't know why it would be

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1 unreasonable to rely on a medical physician that says
2 he can go back to work regardless of what his
3 preexisting condition was, because that doctor didn't
4 know either.

5 THE COURT: All right. Let's move on.

6 MR. WUKELA: Let me move to the medical
7 questionnaire, your Honor. This is December the 24th
8 of 2020, Defendants' page 1 through 2.

9 BY MR. WUKELA:

10 Q. Ms. Prevatte, are you familiar with that
11 document?

12 A. Yes, sir.

13 Q. Is that a medical questionnaire that was
14 filled out by Qushon Inman December the 24th of 2020?

15 A. That -- that is what he turned in. Yes, sir.
16 He completed and he dated 12/24/20.

17 Q. Got it. And on there, it asked if he had any
18 prior back pain?

19 A. Yes, sir. That was one of the questions.

20 Q. Okay. And he marked that he had not?

21 A. That's correct.

22 Q. Okay. It is true, is it not, that that
23 questionnaire had nothing to do with GE's decision to
24 hire Mr. Inman?

25 A. These are done after --

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1 Q. No. No.

2 A. -- someone is offered --

3 Q. Can you give me a yes or no answer to that --

4 A. Okay.

5 Q. -- and then --

6 A. Could you repeat --

7 Q. -- you can explain.

8 A. -- your question?

9 Q. Yes, please. It is true, is it not, that
10 that questionnaire had nothing to do with GE's decision
11 to hire Mr. Inman; yes or no?

12 A. I still don't -- can you do it a different
13 way?

14 Q. Is it true that that questionnaire had
15 nothing to do with GE's decision to hire Mr. Inman?

16 A. That is true.

17 Q. Thank you. Now, in fact, it is true, is it
18 not, that GE's decision to hire Mr. Inman was made
19 prior to that form even being completed?

20 A. That is true.

21 THE COURT: Say that again, Mr. Wukela.

22 MR. WUKELA: Yes, sir.

23 BY MR. WUKELA:

24 Q. It is true, is it not, that GE's decision to
25 hire Mr. Inman was made before that questionnaire was

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1 ever even completed?

2 A. That would be true.

3 THE COURT: Thank you.

4 MR. WUKELA: No more questions.

5 THE COURT: Mr. Haigler?

6 MR. HAIGLER: Sure. Thank you, Commissioner.

7 CROSS EXAMINATION

8 BY MR. HAIGLER:

9 Q. All right. Kelley, you were asked about this
10 questionnaire?

11 A. Yes, sir.

12 Q. And you've seen this before?

13 A. Yes, sir.

14 Q. Okay. Is the process at GE when someone
15 applies for the job, I assume they're interviewed or
16 consulted in some way. A decision is made whether
17 we're going to offer them a job, and once that occurs,
18 then they get a copy of this to fill out --

19 A. That's --

20 Q. -- probably among other things, but is
21 this --

22 A. Yes, sir.

23 Q. -- one of the things they give? Is that
24 fair?

25 A. Yes, sir, that's right.

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1 Q. Okay. And the reason that you give someone
2 this document or GE gives someone this document is to
3 determine whether the job that you've offered them --

4 MR. WUKELA: Commissioner, now this is
5 leading, and he is -- and she is the employer --

6 THE COURT: It's cross-examination.

7 MR. HAIGLER: It's cross-examination,
8 Stephen.

9 MR. WUKELA: Yes, sir, but the rule says even
10 under cross-examination, you can't lead the employer's
11 own witness, and my -- I made my objection.

12 THE COURT: I'm going to allow it.

13 MR. WUKELA: Thank you, Commissioner.

14 BY MR. HAIGLER:

15 Q. The reason that GE gives someone this
16 document to complete is so that they can determine
17 whether the job that's been offered to them is
18 something they can safely do, not only for their own
19 safety, but for the safety of others. Is that fair?

20 A. Yes, sir.

21 Q. Okay. Because if you're -- most of the jobs,
22 if not all of the jobs at that particular plant, you
23 guys build MRI machines. Is that correct?

24 A. Yes, sir. Yes, sir.

25 Q. The jobs are heavy duty, most of them; is

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1 that fair?

2 A. Most jobs, yes, sir.

3 Q. Okay. Well, they're physically demanding in
4 some form or another?

5 A. Yes, sir.

6 Q. And the reason they're -- not everything on
7 here would be something you would want to know from
8 that standpoint, but certain things like have you ever
9 had back pain or trouble would be something that GE
10 would want to know before they put someone on a job
11 where they may injure their back. Is that fair?

12 A. That's fair, but I would also add that
13 there's other things in here from a medical standpoint
14 I would want to know that could cause problems like
15 diabetes --

16 Q. Sure.

17 A. -- high blood pressure, any of those things
18 that might cause him to faint or, you know, because
19 they're dealing with different things at work.

20 Q. Okay. You -- because there's been --
21 obviously, there's -- and you probably have picked up
22 on one of them, because you were asked several times,
23 but Mr. Inman's employment did not start until what
24 day?

25 A. His employment started on -- on January the

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1 11th of 2021.

2 Q. So he wasn't actually an employee of GE until
3 January 11, 2021; is that correct?

4 A. That's correct.

5 Q. Okay. Meaning, he didn't get paid for
6 anything prior to January 11, 2021; is that correct?

7 A. By GE, no, sir.

8 Q. Okay. In fact, when he alleges that
9 according to some of the -- according to what he told
10 you on that report that you had to read over that I
11 submitted, that long, first-time-you-met-him report, he
12 told you that his back pain actually started while he
13 was on the job for the actual company, I think it was
14 Thompson. Is that right?

15 A. Yes, sir.

16 Q. To your knowledge, he has not filed a
17 workers' comp claim against Thompson, had he?

18 A. Not to my knowledge.

19 Q. Okay. Now, is it fair to say that GE relies
20 on the accuracy of this to put someone on a job?

21 A. Yes, sir, to put someone safely on a job and
22 make sure they're fit for duty, we have to have that --

23 Q. Okay.

24 A. -- after they're offered the job and
25 accept.

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1 Q. You don't just do this for fun. You're doing
2 this just because you need to know before I put you on
3 the job that I've offered to you, I need to make sure
4 you can do it safely?

5 A. Yes, sir.

6 Q. Okay. It doesn't mean he's not going to get
7 the job?

8 A. That's right.

9 Q. It just means that you need to know whether
10 you can accommodate if you need to accommodate that job
11 so that he does it safely for the safety of himself and
12 others; is that correct?

13 A. That's correct, yes, sir.

14 Q. All right. Now, you were asked about what
15 the question was that was asked, and I'm not sure you
16 were read the entire question. What you were actually
17 read was, Have you ever had back pain. That's what was
18 asked of you, is that correct? Just now by Mr. Wukela
19 you were asked, this says, Have you ever had back pain
20 among other things. Is that correct?

21 A. That's right.

22 Q. But the actual statement says what?

23 A. It says, Have you ever had or have you now
24 any of the following.

25 Q. It actually says, Do you currently have back

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1 pain; is that right?

2 A. That would be listed as now. Yes, sir.

3 Q. Okay. So the question that's asked is, Have
4 you ever or do you currently have any back pain or
5 trouble; is that right?

6 A. Yes, sir.

7 Q. And he checked no.

8 A. Yes, sir.

9 Q. And then he signed this document on the 24th,
10 the day before Christmas, 2020; is that right?

11 A. Yes, sir.

12 Q. All right. Have you seen a medical report
13 from McLeod Regional from December 26th of 2020, two
14 days later?

15 A. I'd like to see that report. I know that
16 he's -- he just --

17 MR. WUKELA: Commissioner, we'll --

18 A. -- provided documents.

19 MR. WUKELA: -- stipulate it shows back pain.

20 THE WITNESS: I know that Qushon gave
21 me documents.

22 MR. HAIGLER: Okay. Okay. May I show this
23 to her, Commissioner?

24 THE COURT: Certainly. What page are you on?

25 MR. HAIGLER: This is Claimant's APA pages 5,

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1 6, 7, 8, and 9. Actually, 5 through 11.

2 BY MR. HAIGLER:

3 Q. You're a nurse, so some of this may make
4 sense to you --

5 A. Yes, sir.

6 Q. -- even better than it makes sense to us, but
7 I'll give you a chance to look at that document.

8 A. Uh-huh.

9 Q. You've seen that document before, correct?

10 A. Oh, yes, sir.

11 Q. Okay. Now, on the very -- I've highlighted
12 it, but you're welcome to read anything you want to
13 answer my question, but on the very top, very first
14 page, page 5 of Claimant's APA, there's a chief
15 complaint. Is that correct?

16 A. Yes, sir.

17 Q. And what does that chief complaint say?

18 A. Lower back pain onset one-and-a-half months
19 ago after exercising, pain to bend or twist.

20 Q. Okay. So according to the triage note, he
21 had been having back pain for 30 to 45 days prior to
22 December 26th, correct?

23 A. Yes, sir.

24 Q. But yet two days before, he completed a
25 questionnaire that said not only had he never had back

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1 pain, he wasn't even currently having back pain?

2 A. That's correct.

3 Q. Okay. That's just not true, is it, according
4 to that record?

5 A. That's right, because he had said something
6 different on 12/26 as a chief complaint.

7 Q. Meaning, if his -- if, in fact, he told the
8 nurse that he had been having back pain for a month or
9 a month-and-a-half, what he wrote on that questionnaire
10 is not true. Is that fair?

11 A. That's right.

12 Q. All right. I want to show you one more part
13 of this report if I may. This is the actual report.
14 This is page 9, Commissioner. I'll give you a chance
15 to look at that before I ask any questions, so just
16 take a moment. All right. My question -- have you had
17 a chance to look at that?

18 A. Yes, sir.

19 Q. My question is, when he went to McLeod on
20 December 26, 2020, he was complaining of quote,
21 "Ten-out-of-ten back pain radiating down his leg and
22 relieved by nothing." Is that fair?

23 A. Could I read this one more time?

24 Q. Read all of the highlighted parts --

25 A. Okay.

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1 Q. -- to answer that question, but you can read
2 all of it too.

3 A. I just want to make sure he had -- nothing
4 was alleviated. That was my question.

5 Q. Sure.

6 A. As far as alleviating pain, he said no relief
7 with the five Ibuprofen tablets at a time with no
8 relief in pain. Patient gets some relief with a
9 heating pad.

10 Q. Okay. Down here, it says, He gets pain,
11 current pain, pain at worst --

12 A. Yes, sir.

13 Q. -- location, and then it says, relieved by,
14 and what does that say?

15 A. Nothing.

16 Q. Okay. But on this date, he was two days
17 after he completed the questionnaire. He goes in there
18 and says, I'm having ten-out-of-ten back pain in
19 severity. What's ten out of ten? Is that the worst
20 you --

21 A. That's the --

22 Q. -- can complain?

23 A. -- worst you can have on scale of zero to
24 ten, ten being the greatest amount of pain, zero being
25 no pain.

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1 Q. Okay. Now, when he started working at --
2 well, I assume you all didn't know when he completed
3 this questionnaire that this was going on, because he
4 didn't tell you, fair?

5 A. That's right. Yes, sir.

6 Q. I assume that when he started working on
7 January 11th, you didn't know about this report because
8 he didn't tell you. Is that fair?

9 A. That's right.

10 Q. And I also assume that when he came to see
11 you on April -- or excuse me. March the 23rd, the
12 first time you met him, you also didn't know about this
13 report, because he didn't tell you -- he did tell you that
14 he had problems, but he didn't describe them as ten out
15 of ten in severity radiating down his left leg, did he?

16 A. He did not, but the date was the 22nd of
17 March.

18 Q. 22nd of March?

19 A. Yes, sir.

20 Q. But he didn't tell you about what was in this
21 report?

22 A. That's right, he didn't. No, sir.

23 Q. Okay. And the reason, just to be clear, that
24 when he was released by the physician on sometime in
25 March when he -- when you all sent him back to work on

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1 the 27th or told him he could go back to work on the
2 27th of March, the reason that you did that without
3 restrictions was, one, because the doctor gave him no
4 restrictions, and two, because you didn't know about
5 this document. Is that fair?

6 A. That's fair, and there's a number three.

7 Q. And that is what?

8 A. That he said the doctor said that he had
9 arthritis and that he just gave him some medicine and
10 said he could return back to work, so based on the
11 assessment and what -- and what the patient told me,
12 then that's what I went by.

13 Q. Okay. Fair enough. Now, the only other
14 question I have is, would you agree that the accuracy
15 of this document or just the completion of this
16 document is a substantial factor in employing
17 Mr. Inman? Was that a -- was this an -- was this a
18 substantial part of his employment?

19 A. Yes, sir, because his role is materials
20 handler, and one of the biggest things they'll do is
21 move -- move materials, so that -- that would be a
22 part as far as all the musculoskeletal events, but also
23 all the other things I mentioned to you like diabetes,
24 high blood pressure, and that we would want to know
25 those, because we wouldn't want him to faint or

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1 anything while he's moving those materials and stuff --

2 Q. Okay.

3 A. -- too, so -- so it's important.

4 Q. His job is physical, is it not?

5 A. Yes, sir.

6 Q. Okay. And so if he -- if he had prior back

7 problems, you would have wanted to know about them,

8 especially if they were ongoing when he started work.

9 Is that fair?

10 A. Yeah. Oh, yes, sir.

11 MR. HAIGLER: Okay. Thank you.

12 THE COURT: I know you've got a question.

13 REDIRECT EXAMINATION

14 BY MR. WUKELA:

15 Q. That form wasn't in any factor in his hiring
16 though, was it?

17 A. No, sir, and it should not be.

18 THE COURT: All right. I'm confused. I
19 heard two different answers.

20 MR. WUKELA: Well, I think it's --

21 MR. HAIGLER: Well, it depends on what you --

22 MR. WUKELA: I think that Mr. Haigler used
23 the term employment, and I used the term hiring.

24 THE WITNESS: I can tell you all what we do
25 at GE.

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1 MR. WUKELA: Please.

2 THE COURT: Now, let me make sure I
3 understand, and you correct me if I'm wrong, but --

4 THE WITNESS: Sure. Yes, sir.

5 THE COURT: -- I've heard a little bit of
6 each side of this. He wouldn't have not been hired
7 based on the form, but he probably wouldn't have been
8 placed in the job he was put in because of the form?

9 THE WITNESS: Yes, sir, and we would have
10 consulted a doctor about it and everything. Yes, sir.

11 MR. HAIGLER: Let me ask -- let me ask one
12 question to help you with what you just said if, I may.

13 THE COURT: All right.

14 MR. HAIGLER: Would you have -- would -- if
15 he had answered this that I had just been -- that I'm
16 currently having back pain, would you have investigated
17 whether he could have safely performed the job you were
18 hiring him to do?

19 THE WITNESS: Yes, sir. We -- we would -- we
20 would do that, make sure he's fit for duty for that
21 job, and if he needed any accommodations, we'd have
22 to --

23 MR. HAIGLER: And because he didn't answer
24 that, you didn't have a chance to do that, correct?

25 THE WITNESS: That's correct, yes, sir.

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1 THE COURT: All right. Redirect.

2 BY MR. WUKELA:

3 Q. And when you did learn about it, did they
4 make any accommodation or change anything about his job
5 or do anything?

6 A. Can you --

7 Q. No. No. I -- Commissioner --

8 THE COURT: Let him do his redirect and then
9 you can get back up --

10 BY MR. WUKELA:

11 Q. You just testified that if --

12 THE COURT: -- unless you have an objection.

13 Q. -- you had known about the statement in that
14 form, we would have investigated. We would have
15 accommodated. We would have restricted.

16 You learned in March of 2021 that he was
17 complaining of pain in December of '20. You learned
18 that he was complaining of pain in March of 2021. Did
19 they do anything to change his job?

20 MR. HAIGLER: Commissioner, I need to object.
21 That's -- I have an objection.

22 THE WITNESS: I think --

23 THE COURT: What's your objection?

24 MR. HAIGLER: It's been asked and answered.

25 THE COURT: I'm going to allow it.

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1 THE WITNESS: Yeah...

2 THE COURT: Please proceed.

3 THE WITNESS: Okay. Could you ask your
4 question so I can make sure I understand it?

5 BY MR. WUKELA:

6 Q. You just testified --

7 A. Yes, sir.

8 Q. -- on Mr. Haigler's leading that that form is
9 important --

10 A. Yes, sir.

11 Q. -- because it informs GE as to what jobs an
12 employee can safely do, and had GE known about that
13 back pain, we might have accommodated. We might have
14 restricted him. We might have placed him in a
15 different job. That was your testimony?

16 A. We would have investigated is what I said. I
17 would have got the doctor involved, and then we would
18 determine if we would need to do any accommodations or
19 not.

20 Q. Very well. You did ultimately learn about
21 those complaints of back pain? Yes?

22 A. I would be glad to tell you without you
23 leading me.

24 Q. You did ultimately learn in March of 2021
25 that he had complained of back pain --

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1 A. He --

2 Q. -- in December of --

3 A. He --

4 Q. -- 2020 --

5 A. -- stated he --

6 Q. Yes?

7 A. He stated he did, yes, sir, but nothing else
8 proved that, and even a doctor didn't say that he had
9 anything other than arthritis.

10 Q. Okay. But in March of 2021 when you saw him,
11 he told you that he had had pain in December of 2020?
12 Yes?

13 A. He had stated that, yes, sir.

14 Q. This is the information that was withheld
15 from that form? Yes?

16 A. That is correct.

17 Q. All right.

18 A. Okay.

19 Q. And he also told you he had complaints of
20 pain in March of 2021 when he saw you in March of 2021?

21 A. He stated he did, yes, sir.

22 Q. Did you or GE or anybody else change his job
23 in any way?

24 A. He didn't come back to work, sir, to do that.

25 Q. No. No. He did return, didn't he not?

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1 A. No, sir.

2 Q. No. No. You just told me that he, in March
3 27, you said he could return to work without any
4 restrictions?

5 A. But he did not return. He went back to the
6 ER on the 26th and got a note from the doctor that
7 said, See a specialist on 4/1.

8 Q. But my question was, In response to that
9 knowledge, did GE change his job in any way?

10 A. It was not needed. No, sir.

11 Q. In any event though, nothing about that form
12 played any factor in his hiring, correct?

13 A. No, and it should not, because that --

14 Q. All right.

15 A. That's not right to an employee.

16 MR. WUKELA: That's the Claimant's questions,
17 Commissioner.

18 MR. HAIGLER: Well, Commissioner, that's
19 actually irrelevant based on -- the fact is that
20 it doesn't have to be done. It has to be done as
21 part of the employment process.

22 THE WITNESS: I thought it was illegal
23 myself.

24 MR. HAIGLER: We cannot -- we cannot give
25 him -- we cannot say, Oh, you want to work for the job.

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1 Here's an employment questionnaire. Fill this out.

2 Then we'll decide. That's not how it works.

3 THE COURT: Those are my decisions.

4 MR. HAIGLER: I agree. I'm just -- I'm just
5 pointing that out for the Court based on case law that
6 we have --

7 THE COURT: Any other --

8 MR. HAIGLER: -- from the Supreme Court. I
9 do have some other questions, Commissioner.

10 RE-CROSS EXAMINATION

11 BY MR. HAIGLER:

12 Q. I want to actually show you, because it's
13 evidently in dispute -- I want to show you actually
14 what you wrote down that he told you, and I think we've
15 all agreed now that this is what he told you. What did
16 he tell you about his prior back problems?

17 A. He said -- I asked him what happened. He
18 said that a month -- that a few months ago, his back
19 just started hurting, that he had muscle spasms in his
20 lower back.

21 Q. All right. Thank you. Now, I showed you the
22 report from December. Did he complain of back spasms
23 or did he complain of ten-out-of-ten back pain
24 radiating down his leg?

25 A. He complained of ten-out-of-ten back pain,

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1 lower back pain, radiating down his leg.

2 Q. Okay. And, Commissioner, I'll have you note
3 that on page 36 of Dr. Edwards' deposition from
4 September of 2021, I asked Dr. Edwards that very -- the
5 question, If I came to you and said, I've got pain
6 running down my leg at a ten-out-of-ten rating, would
7 you call that a back spasm, and he said no, that's a
8 different thing. Is the reason why when he came to you
9 March the 22nd and said I have a history of back spasms
10 a few months ago -- is the reason why you didn't all of
11 a sudden provide restrictions to him or send him to
12 some other doctor is one of the reasons why he is --
13 because he was released, and the other reason is
14 because he only told you they were back spasms, not
15 radiating pain ten out of ten down his leg?

16 A. Yeah. I mean, yeah. That -- I mean, I --
17 based on my assessment, and my assessment is written in
18 that.

19 Q. Meaning -- let me rephrase my question. Had
20 he come to you and said, Nurse, a few months ago, I
21 actually had radiating back pain ten out of ten down my
22 leg that never stopped until I started working --

23 A. Then that would --

24 Q. -- here --

25 A. -- be a huge red flag --

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1 Q. Would you have then sent him somewhere?

2 A. Absolutely.

3 MR. HAIGLER: Okay. Thank you.

4 THE WITNESS: He would either have to go to
5 the ER or either -- or either he would see our -- our
6 doctor at McLeod Occupational Health.

7 MR. HAIGLER: Thank you.

8 THE COURT: Anything else, Mr. Wukela?

9 MR. WUKELA: Nothing, Commissioner.

10 THE COURT: All right. You may step down.
11 Thank you for your time.

12 THE WITNESS: Thank you. Would you like for
13 me to leave this here? I'm not sure.

14 MR. HAIGLER: I'll hand that back to whoever
15 that belongs to.

16 THE WITNESS: Okay.

17 MR. WUKELA: It's mine I think.

18 THE WITNESS: All right. Thank you.

19 THE COURT: Mr. Wukela, any other witnesses?

20 MR. WUKELA: I call the Claimant,
21 Commissioner.

22 THE COURT: All right.

23 MR. HAIGLER: Can I have just a second,
24 Commissioner?

25 THE COURT: Certainly.

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1 MR. WUKELA: We can go ahead and have the
2 witness up, Commissioner?

3 THE COURT: Yeah. I assume you had no
4 objection to her being --

5 MR. WUKELA: Oh, of course, not.

6 MR. HAIGLER: No. She had a kid, and I
7 didn't want to keep her here.

8 THE COURT: Mr. Wukela, would you assist him
9 with that chair, please?

10 MR. WUKELA: I will.

11 MR. INMAN: Thank you.

12 THE COURT: All right. Mr. Inman, will you
13 raise your right hand, sir?

14 MR. INMAN: Yes, sir.

15 QUSHON INMAN, being duly sworn and cautioned
16 to speak the truth, the whole truth and nothing but the
17 truth, testified as follows:

18 THE COURT: All right. Please state your
19 full name for the record.

20 THE WITNESS: Qushon Marquise Inman.

21 THE COURT: All right. Mr. Inman, with that
22 mask, you're going to have to -- you're going to have
23 to speak a little louder so we can all hear what you're
24 saying. Okay?

25 THE WITNESS: Okay.

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1 THE COURT: All right. Thank you. That's
2 perfect.

3 THE WITNESS: You're welcome.

4 THE COURT: All right. Mr. Wukela?

5 MR. WUKELA: Thank you, Commissioner.

6 DIRECT EXAMINATION

7 BY MR. WUKELA:

8 Q. Mr. Inman, how old are you?

9 A. 33.

10 Q. How much education do you have?

11 A. High school. I did go to college, but I
12 didn't never finish.

13 Q. All right. At some point, you began working
14 at the GE facility?

15 A. Yes, sir.

16 Q. Okay. And right about when was that?

17 A. 2018.

18 Q. Okay. And what kind of work did you do when
19 you started in 2018?

20 A. I was a forklift driver.

21 Q. Forklift driver?

22 A. Yes, sir.

23 Q. Okay. That's for the court reporter. And
24 who -- during that time, you got paychecks from
25 Thompson and Company, not from GE?

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1 A. Yes, sir.

2 Q. Okay. And who did you report to?

3 A. I reported to Matt Eagerton.

4 Q. Matt Eagerton?

5 A. Yes, sir.

6 Q. Okay. And who was he employed by?

7 A. He was employed by GE.

8 Q. Okay. And did he tell you what to do from
9 day-to-day?

10 A. Yes, sir.

11 Q. Did he tell you how to do it?

12 A. Yes, sir.

13 Q. Could he fire you?

14 A. Yes, sir.

15 Q. Okay. At some point then, you were hired
16 full time as a GE employee?

17 A. Yes, sir.

18 Q. Okay. How did you learn you had been hired
19 full time as a GE employee?

20 A. From Vicky Davis.

21 Q. Okay. Now, also at some point in that time,
22 you were provided a questionnaire to fill out. This is
23 Defendants' APA 1, Commissioner. Are you familiar with
24 that?

25 A. Yes, sir.

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1 Q. Do you remember receiving that form?

2 A. Yes, sir.

3 Q. Do you remember who gave it to you?

4 A. Yes, sir.

5 Q. Who gave it to you?

6 A. Ms. Vicky Davis.

7 Q. And was that before or after she told you you
8 were hired?

9 A. That was after.

10 Q. And did you complete the questionnaire?

11 A. Yes, sir.

12 Q. All right. And on there, it asked whether
13 you ever had back pain, and you marked no?

14 A. Yes, sir.

15 Q. Was that false?

16 A. Yes, sir.

17 Q. Why did you mark no if that was false?

18 A. I made a mistake.

19 Q. All right. Now, it was false because in
20 December of --

21 MR. HAIGLER: Commissioner, he's leading. I
22 need to object.

23 MR. WUKELA: Well, I thought --

24 MR. HAIGLER: Well, you just --

25 MR. WUKELA: I just asked him if he made a

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1 false statement. I didn't --

2 MR. HAIGLER: No. You said it was false
3 because. I mean, that's on -- that is a leading start.
4 I don't know what the rest of it is.

5 THE COURT: Rephrase it.

6 BY MR. WUKELA:

7 Q. Why did you make a false statement?

8 A. I just made a mistake going too fast over the
9 paperwork and not thinking.

10 Q. But it wasn't true?

11 A. Yes, sir, it was not true.

12 Q. All right. And, in fact, I'm looking at page
13 5 of the Claimant's APA, you had actually been to
14 McLeod Regional Medical Center in Florence on December
15 the 26th of 2020 complaining of back pain?

16 A. Yes, sir.

17 Q. All right. That was a few days after you
18 filled the questionnaire -- two days after you filled
19 out that questionnaire?

20 A. Yes, sir.

21 Q. And I'm looking now at page 9. There they --
22 you told the nurse practitioner that you had fair
23 back pain, left lower extremity numbness, and pain
24 onset one-and-a-half months ago. Is --

25 A. Yes, sir.

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1 Q. -- that right?

2 A. Yes, sir.

3 Q. Is that the pain you were having at that
4 time?

5 A. Yes, sir.

6 Q. And you had been having it for about
7 one-and-a-half months?

8 A. Yes, sir.

9 Q. And you had been having it when you filled
10 out that questionnaire?

11 A. Yes, sir.

12 Q. And therefore, the questionnaire was false?

13 A. Yes, sir.

14 Q. All right. Now, at that visit, they
15 performed a CT of the lumbar spine?

16 A. Yes, sir.

17 Q. Now, Commissioner, I want to refer you to
18 Dr. Edwards' testimony, in particular page 67.

19 THE COURT: Which one?

20 MR. WUKELA: Quite right. The second one.
21 It's April 20th of 2023, Commissioner.

22 THE COURT: 67?

23 MR. WUKELA: Page 67, lines 8 through 13.
24 There, Commissioner, Edwards compares that CT with a
25 post-accident MRI that was done, and, of course, the

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1 deposition will speak for itself in that regard.

2 THE COURT: All right.

3 BY MR. WUKELA:

4 Q. At any rate, you had the CT?

5 A. Yes, sir.

6 Q. After that, were you out of work for any
7 period of time?

8 A. Yes, sir.

9 Q. How long?

10 A. For three days.

11 Q. And did you -- and did you notify anybody at
12 work --

13 A. Yes, sir.

14 Q. -- of your -- having had back pain?

15 A. Yes, sir.

16 Q. Who did you tell?

17 A. Ms. Vicky Davis.

18 Q. Okay. And after those three days, did you
19 return to work?

20 A. Yes, sir.

21 Q. And were you able to do your job?

22 A. Yes, sir.

23 Q. All right. Now, ultimately then, I want to
24 move forward to March the 19th of 2021, the date of
25 accident that we allege, Commissioner. Do you remember

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1 March the 19th of 2021?

2 A. Yes, sir.

3 Q. And can you tell me what happened that day?

4 A. I was operating the crane to move the MRI
5 onto the back of the, I think it was an 18-wheeler
6 truck, and when I was jumping off the back of the truck
7 onto the dock area, and I felt a sharp pain shooting
8 from my spine up to my neck area.

9 Q. And you said you were jumping onto the truck?

10 A. Jumping off of the truck.

11 Q. Off of the truck?

12 A. Yes, sir.

13 Q. Okay. And at that point in time, you were no
14 longer a forklift operator?

15 A. Yes, sir.

16 Q. Oh, you were?

17 A. I -- I still operate a forklift, but my main
18 job was a crane operator.

19 Q. Oh, I see, and that involved, I guess,
20 transferring the MRI machines from the facility onto
21 the trucks that were going to deliver them?

22 A. Yes, sir.

23 Q. Okay. And that involved you having to go
24 from the loading dock to the truck and to the -- from
25 the truck to the ground and so forth?

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1 A. Yes, sir.

2 Q. Okay. Now I'm looking at a text, and this is
3 page 257 of the Claimant's APA, Commissioner. Do you
4 recognize that?

5 A. Yes, sir.

6 Q. And who was that a text to and from?

7 A. Carlos.

8 Q. From?

9 A. From me.

10 Q. From you to Carlos. Who's Carlos?

11 A. Carlos is the manager over the area that I
12 worked.

13 Q. Okay. And there you were describing having
14 back pain, and he asked if it was triggered by work,
15 and you said yes?

16 A. Yes, sir.

17 Q. Okay. Now, after that on March the 22nd of
18 2021, you had a conversation with Ms. Prevatte?

19 A. Yes, sir.

20 Q. And we've had a bunch of discussion about
21 that conversation. I don't want to relive it all here,
22 Commissioner, but --

23 THE COURT: Thank you.

24 Q. -- suffice to say during that conversation,
25 did you tell Ms. Prevatte that you had had pain in

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1 December of 2020?

2 A. Yes, sir.

3 Q. And did you tell her that the pain had
4 improved after 2020?

5 A. Yes, sir.

6 Q. And did you tell her that in March of 2021
7 the pain came back?

8 A. Yes, sir.

9 Q. And did you tell her that it had happened
10 when you were jumping on and off the trucks?

11 A. Yes, sir.

12 Q. Okay. After that then on March the 23rd of
13 2021, the next day, you went to the MUSC emergency
14 room. And this is page 80 of the APAs, Commissioner.

15 A. Yes, sir.

16 Q. Do you remember going there?

17 A. Yes, sir.

18 Q. And, again, there you complained of back
19 pain?

20 A. Yes, sir.

21 Q. Page 75, in fact, Commissioner, the provider
22 noted lower back pain that started last Friday, states
23 it shoots down both legs and up his back. Pain started
24 at work. Is that what you told them?

25 MR. HAIGLER: Which page number are you on,

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1 Stephen?

2 MR. WUKELA: I'm sorry.

3 THE COURT: 75.

4 MR. WUKELA: Page 75. Thank you,
5 Commissioner.

6 BY MR. WUKELA:

7 Q. Is that what you told them?

8 A. Yes, sir.

9 Q. And it says, PT care of pain in low back
10 since Friday. Had similar pain in December of 2020.
11 It states, I might have jumped on the truck wrong. Is
12 that what you told them at the emergency room on March
13 the 23rd?

14 A. Yes, sir.

15 Q. And then on page 80, they did an x-ray of
16 your lumbar spine, and it looks like the radiologist or
17 the tech or somebody asked you what was going on, and
18 they note back pain, lower back pain that started last
19 Friday. States it shoots down both legs and up his
20 back. Pain started at work. Patient states it
21 initially started last December, and pain has been on
22 and off since.

23 A. Yes, sir.

24 Q. Is that what you told them?

25 A. Yes, sir.

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1 Q. Okay. And then after that, subsequently you
2 work and then went back to the emergency room on March
3 the 29th of '21?

4 A. Yes, sir.

5 Q. And this is page 143 of the APA. You were
6 there again for back pain?

7 A. Yes, sir.

8 Q. And page 145, Commissioner, the provider
9 noted, Was seen on Friday for back pain running down
10 left leg. 31-year-old male presenting emergency
11 department complaints of left lower back pain with
12 radiation left lower right for several months, and is
13 that what you told them?

14 A. Yes, sir.

15 Q. Then after that, ultimately, they referred
16 you over to McLeod Orthopaedics where you saw a
17 physician's assistant, Huiet?

18 A. Yes, sir.

19 Q. And this is page 184, Commissioner. This is
20 April the 1st of 2021, and PA Huiet says that you told
21 him on March 19th, patient jumped out of an 18-wheeler
22 at work and there was immediate onset of pain radiating
23 from the upper back to lower back and throughout the
24 lower extremities. Most recently increased pain in
25 both lower extremities.

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1 He goes on to say he reports history of lower
2 back spasm, which began on December the 23rd. He was
3 evaluated on the 26th, and a CT scan of the lumbar
4 spine was --

5 MR. HAIGLER: Commissioner, I need to object.
6 He's just reading a medical report. I don't know where
7 a question would come in.

8 THE COURT: Ask the question.

9 BY MR. WUKELA:

10 Q. Is that what you told him?

11 A. Yes, sir.

12 Q. And Commissioner, for the record, page 192,
13 PA Huiet writes him out of work at that point, and
14 that's the onset date of temporary total that we seek.
15 Also, on June the 22nd of 2021, you got referred over
16 to McLeod Spine Center, and this is Dr. Edwards, page
17 217, A15. Did you describe to him March 19th pain that
18 started after you jumped off the truck?

19 A. Yes, sir.

20 Q. Did you describe to him previous back issues?

21 A. Yes, sir.

22 Q. All right. For the record, Commissioner, in
23 that note, Dr. Edwards mentioned he had actually had an
24 epidural steroid injection in December. Dr. Edwards'
25 deposition corrects that mistake, and I can cite you to

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1 the pages.

2 MR. HAIGLER: I'll stipulate that didn't
3 happen.

4 MR. WUKELA: Yeah. Okay.

5 MR. HAIGLER: That was a mistake. Meaning,
6 there's no evidence that he had that.

7 MR. WUKELA: Yeah. In fact, we note he did
8 have it later in May of 2021, which is --

9 MR. HAIGLER: Right.

10 THE COURT: All right.

11 MR. WUKELA: -- the source of --

12 MR. HAIGLER: It was -- it was a month
13 mistake.

14 MR. WUKELA: Yeah.

15 THE COURT: Okay.

16 MR. WUKELA: Bear with me one second,
17 Commissioner.

18 THE COURT: Sure.

19 BY MR. WUKELA:

20 Q. Did you have back pain in December of 2020
21 before this accident in March of 2021?

22 MR. HAIGLER: I need to object, Commissioner.

23 THE WITNESS: Yes, sir.

24 MR. HAIGLER: That's been asked and answered.

25 THE COURT: I'm going to allow it.

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1 BY MR. WUKELA:

2 Q. When you completed that form in December of
3 2020, marking that you didn't, was that true?

4 MR. HAIGLER: Commissioner, that -- I mean,
5 we did go through --

6 THE COURT: I'm going to allow it. Proceed.

7 THE WITNESS: No, sir.

8 BY MR. WUKELA:

9 Q. After December of 2020, did your back pain
10 change at all?

11 A. Yes, sir.

12 Q. How?

13 A. It got better.

14 Q. In March of 2021, did you have back pain
15 again?

16 A. Yes, sir.

17 Q. And what happened to cause that to occur?

18 A. I was jumping off the truck onto the -- the
19 dock area.

20 MR. WUKELA: That's all the questions I have
21 for the Claimant.

22 THE COURT: Mr. Haigler?

23 CROSS EXAMINATION

24 BY MR. HAIGLER:

25 Q. All right. Mr. Inman, you agree that what

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1 you wrote on this questionnaire was inaccurate, you
2 did not --

3 A. Yes, sir.

4 Q. You weren't truthful when you answered this
5 that you never had or were not currently having back
6 pain?

7 A. Yes, sir.

8 Q. Okay. And you understand that two days after
9 this, you went to the emergency room with ten out of
10 ten back pain that was radiating down your left leg.
11 Is that right?

12 A. Two --

13 Q. Do you understand that?

14 A. Two days after?

15 Q. Two days after you completed this, you
16 understand that you went to the doctor saying, I have
17 ten out of ten pain radiating down my leg. Do you
18 understand that?

19 A. Yes, sir.

20 Q. And that that had been going on for one to --
21 one to one-and-a-half months?

22 A. Yes, sir.

23 Q. Way more than two days?

24 A. Yes, sir.

25 Q. So you're telling the Commissioner that when

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1 you completed this document asking about your medical
2 history, you didn't think to write -- you didn't think
3 to yourself, that you, Mr. Inman, I'm in ten out of ten
4 back pain radiating down my leg, and despite the fact
5 that you were in that severe of pain that you had to go
6 to the emergency room two days later right before
7 Christmas or right after Christmas, you didn't think to
8 let GE know that that's the kind of pain you were in
9 when you filled this questionnaire out? Is that -- is
10 that what you're saying?

11 A. Yes, sir.

12 Q. That never came to your mind?

13 A. No, sir.

14 Q. You were in so much pain that you decided to
15 lie --

16 MR. WUKELA: Commissioner, this is --

17 Q. Is that correct?

18 MR. WUKELA: -- argumentative.

19 THE COURT: I'm going to allow it.

20 BY MR. HAIGLER:

21 Q. You lied on this document, did you not?

22 A. Yes, sir.

23 Q. Okay. Now, what I don't understand,
24 Mr. Inman, is when we took your deposition in June of
25 '21, which would have been about six months after you

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1 completed this and about three months after your
2 accident --

3 A. Yes, sir.

4 Q. -- we asked you what kind of pain you were in
5 back in December. We were trying to figure that out,
6 and your testimony was that you were in three out of
7 four pain.

8 A. Yes, sir.

9 Q. That's not what you told the doctor though,
10 is it?

11 A. No, sir.

12 Q. You told the doctor you were in ten out of
13 ten pain.

14 THE COURT: Was that three out of four or --

15 MR. HAIGLER: Correct, three or four out of
16 ten.

17 THE COURT: Okay. Go ahead.

18 THE WITNESS: Yes, sir. Compared to the pain
19 that I'm feeling now versus then, it's way different.

20 BY MR. HAIGLER:

21 Q. Well, you mean you're in ten out of ten pain
22 now, right?

23 A. Yes, sir.

24 Q. Okay. And when you were in December of '21
25 or '20, you were also in ten out of ten pain, right?

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1 A. At that -- I thought I was at that time, but
2 it's way different now.

3 Q. Okay. It's different now that you have a
4 workers' comp claim, correct?

5 A. It's different because of the injury.

6 Q. Okay. But when we asked you in your
7 deposition what your pain was like in December of 2020,
8 your testimony was it was a three out of four out -- it
9 was a three or four out of ten. That's not ten out of
10 ten. Would you agree with that?

11 A. Yes, sir.

12 Q. Why didn't you tell us it was ten out of ten
13 back in December of '20?

14 A. Because it was -- it's different. It was
15 different.

16 Q. That's not what I asked you. I asked you why
17 didn't you tell us that back in December of '20, I
18 thought it was ten out of ten?

19 A. Yeah. I thought it was, but I didn't
20 never -- this pain that I'm feeling now, I never
21 experienced this type of pain.

22 Q. Okay.

23 A. This level of pain.

24 Q. Now, I think your testimony is that you went
25 to the emergency room with this severe pain on December

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1 the 26th, and then a couple of days later, your pain
2 was gone, and you were able to go to work and get all
3 the way to when your accident occurred. That's what
4 you're saying, right?

5 A. Yes, sir.

6 Q. Okay. In fact, on page 184, Commissioner,
7 was the first time you went to McLeod Orthopaedics,
8 that's exactly what you told Mr. Huiet, who is the
9 physician's assistant. I'm sure you remember him.

10 A. Yes, sir.

11 Q. You told him on page 184, the patient states
12 his symptoms resolved -- 100 percent resolved after a
13 few days?

14 A. Yes, sir.

15 Q. Okay.

16 THE COURT: Now, where are you reading that
17 at?

18 MR. HAIGLER: I'm in the -- in the
19 constitutional section HPI of page 184, Claimant's APA
20 towards the end of that big paragraph.

21 THE COURT: I'm trying to find where it says
22 it resolved 100 percent.

23 MR. HAIGLER: Can I see what you're reading,
24 Commissioner?

25 THE COURT: Oh, I got it.

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1 MR. HAIGLER: Okay.

2 THE COURT: Thank you.

3 BY MR. HAIGLER:

4 Q. All right. And so the first time you went to
5 McLeod, you told him your pain -- just like you just
6 told me, that after a couple of days in December, that
7 ten out of ten radiating pain just resolved, correct?

8 A. Yes, sir.

9 Q. Do you know when we took Dr. Edwards'
10 deposition, he said that was unlikely to have occurred?
11 Did you know that?

12 A. I think I did. Yes, sir.

13 Q. Okay. Which makes sense, because two days
14 before you went to Dr. Edwards' office on March 29,
15 2021, you went there and said that you had been dealing
16 with lower back pain radiating to your lower leg for
17 several months?

18 A. Yes, sir. I was referring to the December
19 when -- when I went there to the emergency room.
20 That's what I was referring to.

21 Q. What do you mean, that it had been going on
22 for several months before December?

23 A. That when I got -- went to the emergency room
24 in December, that's what I was referring to.

25 Q. You didn't tell them about that in this note

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1 though, so how could you have been referring to that?
2 The note reads that several months prior to March 29th
3 of 2021, you had been having radiating pain and back
4 pain?

5 A. Yes, sir. In December, yes, sir.

6 Q. Okay. That's not what this says. Do you
7 understand that? Do you understand that?

8 A. Yes, sir.

9 Q. Okay. This is page 145 of Defendants' APA.
10 The reason I'm asking you this is you've testified
11 today, and it's important --

12 A. Yes, sir.

13 Q. -- that after this event in December of '20
14 and when you had to go to the emergency room because
15 you were in such severe pain that it just magically
16 resolved after two days, which is what you've also told
17 Dr. Edwards when you went to his office, even though he
18 says that's probably unlikely to have occurred. Did
19 you know -- I guess the reason I'm asking you that is
20 then why did you -- before you even went to Edwards'
21 office, did you go tell them that this had been going
22 on for months, several months? Why is that your
23 history in this report then? Do you understand what
24 I'm saying?

25 A. You might need to break it down.

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1 Q. Sure.

2 A. Yes, sir. I'm sorry. I'm confused.

3 Q. I'll be happy to. May I approach,
4 Commissioner?

5 THE COURT: Certainly.

6 BY MR. HAIGLER:

7 Q. All right. I'll hand it to you, and I've
8 highlighted it for you. Do see this first sentence?
9 Page 145, Commissioner. Do you see that, Mr. Inman?

10 A. Yes, sir.

11 Q. Do you agree that that statement is different
12 than your testimony that your problems resolved after a
13 couple days in December of '20?

14 MR. WUKELA: Commissioner, what kind of --
15 he's asked him if he told them that it's been --

16 THE COURT: Is there an objection? Thank
17 you.

18 BY MR. HAIGLER:

19 Q. Do you agree that that's different than your
20 testimony that those problems resolved a couple of days
21 after December of '20?

22 A. Yes, sir. It's -- it wasn't resolved after
23 three days. They had gave me some medication, and I
24 felt better.

25 Q. Okay.

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1 A. After -- when I went to the emergency room on
2 December 2020 when they -- when they had me out of
3 work, I took some medication, and I felt better.

4 Q. 100 percent better is what --

5 A. Yes, sir.

6 Q. That's what you told Dr. Edwards.

7 A. Yes, sir.

8 Q. But that's not what this report says,
9 correct? Correct?

10 A. That's not what it says.

11 Q. Okay. It's also not what the report from
12 3/23 when you went to MUSC Health, same place in
13 Florence, where you told Dr. Conwell that you have had
14 pain on and off since December. That's also not the
15 same as resolving after a couple of days. Do you agree
16 with that?

17 A. I was -- like I said, I was referring to the
18 December incident, so that's what I was referring to
19 when -- whatever they put down on the paper, I was
20 referring to the December incident as far as when I got
21 hurt.

22 Q. Okay. You told them, did you not, that your
23 problems had been going on since December?

24 A. Yes, sir.

25 Q. Okay. Which is the same thing you told them

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1 six days later, correct, what I just showed to you?

2 A. Yes, sir.

3 Q. But it's not what you told Dr. Edwards when
4 you went to see him for the very first time. Is that
5 right? You told him your problems resolved after a
6 couple days 100 percent is what they put in there.

7 A. Yes, sir, it resolved 100 percent.

8 Q. Okay. Let me ask you this question: Did you
9 ever tell Dr. Edwards, ever tell Dr. Edwards that in
10 December of '20, you had ten out of ten pain radiating
11 down your leg? Did you ever tell him about those
12 symptoms?

13 A. I told him about the symptoms. I can't
14 remember. He probably -- I can't remember exactly if
15 he asked me was it ten out of ten, but I did tell him
16 about the symptoms.

17 Q. You told him that you were previously having
18 left leg radiating pain?

19 A. I think so. I can't remember exactly, but I
20 did tell him that I was having back symptoms back in
21 December.

22 Q. Okay.

23 A. Yes, sir.

24 Q. Well, that's two different questions. My
25 question to you was, did you tell him at any point ever

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1 that in December of '20 you were having radiating ten
2 out of ten pain down your back and leg? Did you ever
3 tell him that?

4 A. I can't remember.

5 Q. Okay. Did you know when we took his
6 deposition on two different occasions, he said he did
7 not know that until those depositions? Did you know
8 that?

9 A. I can't remember at this time.

10 Q. Okay. You started working at GE on January
11 the 11th, didn't you?

12 A. January 11th, yes, sir.

13 Q. That was your hire date, was it not?

14 A. Yes, sir.

15 Q. Okay. You didn't get a paycheck from them
16 before January 11th, did you?

17 A. No, sir.

18 Q. Okay. In fact, I think in the report when
19 you first went on December 26th, page 9, Commissioner,
20 in the Claimant's APAs, you told the emergency room
21 that your back pain started either because of working
22 or you had a strenuous job or because of working out.
23 Is that what you told them in December of '20?

24 I know that was a long time ago, but can you
25 remember back when you went to the emergency room did

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1 you tell them that maybe working out was the issue,
2 maybe it was the strenuous job I have that was causing
3 my severe ten out of ten back pain? Do you remember
4 that?

5 A. Yes, sir.

6 Q. Okay. And when that occurred, you were
7 working at Thompson Construction?

8 A. Yes, sir.

9 Q. You weren't an employee of GE?

10 A. No, sir.

11 Q. Why did you not file a workers' comp claim
12 then?

13 A. I'm not sure.

14 Q. So instead of filing a workers' comp claim in
15 December of '20 when you knew that your back problems
16 or suspected that they might be caused by your job, you
17 lied on a questionnaire, went to work for my client,
18 allegedly got hurt, and now you're pursuing benefits
19 from them. Is that correct?

20 A. Yes, sir.

21 Q. All right.

22 THE COURT: Mr. Inman, I need you to speak up
23 a little bit, please.

24 THE WITNESS: Okay. Thank you.

25 MR. HAIGLER: Madam Court Reporter, did you

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1 get that answer? One second, Commissioner. I may be
2 finished.

3 THE COURT: Yes, sir.

4 BY MR. HAIGLER:

5 Q. Mr. Inman, when you completed this
6 questionnaire, the reason you didn't answer it
7 accurately is because you were afraid if they knew you
8 were having those kind of back problems you might not
9 get that job. Is that right?

10 A. Oh, no, sir.

11 Q. That's not true?

12 A. No, sir.

13 Q. You just decided not to put it on there?

14 A. I was rushing over it. I didn't -- I should
15 have paid attention.

16 Q. Okay. But your testimony is --

17 A. I made a mistake.

18 Q. I'm sorry. But your testimony is this was
19 not an accurate statement?

20 A. Yes, sir, that's not accurate.

21 MR. HAIGLER: All right. Thank you, sir.
22 Those are all the questions I have for you.

23 THE COURT: Anything further?

24 MR. WUKELA: Nothing from the Claimant.
25 That's the Claimant's case, Commissioner.

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1 THE COURT: All right. You may step down,
2 sir. Any witnesses on behalf of the Defendants?

3 MR. HAIGLER: None, your Honor. Thank you.

4 THE COURT: All right. That will conclude
5 this proceeding.

6 (WHEREUPON, the taking of this sworn hearing
7 was concluded at approximately 3:57 p.m.)

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INMAN V. GE HEALTHCARE, INC. 8/29/2023

CERTIFICATE OF REPORTER

I, Megan R. Brown, Court Reporter and Notary Public in and for the State of South of South Carolina, do hereby certify that I reported the hearing on the 29th day of August, 2023; and that the foregoing 73 pages constitute a true and correct transcription of the said hearing.

I further certify that I am neither attorney nor counsel for, nor related to or employed by, any of the parties connected with this action, nor am I financially interested in said cause.

I further certify that the original of said transcript shall be hereafter sealed and delivered to Commissioner T. Scott Beck, 133 Main Street, Columbia, South Carolina.

In witness whereof I set my hand and seal this 23rd day of October, 2023.

Megan R. Brown, Court Reporter,
Notary Public
State of South Carolina at Large
My Commission expires:
10/18/2028

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 2104833

Qushon Inman,)
Employee,)
v.)
GE Healthcare, Inc.,)
Employer,)
and)
Electric Ins. Co.,)
Carrier/Defendants.)
-----)

FULL COMMISSION HEARING

Monday, July 15, 2024
2:51 p.m. - 3:14 p.m.

The Full Commission Hearing was heard before Commissioners Melody James, Cynthia Dooley and Aisha Taylor, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 15th day of July, 2024, before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.



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1230 Richland Street / Columbia, SC 29201
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EXHIBITS

(There were no exhibits marked during this hearing.)

STIPULATIONS

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



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1 CALL TO ORDER:

2 COURT REPORTER: Today is July 15th, 2024. This is
3 South Carolina Workers' Compensation Case
4 Number 2104833. This is the case of -- is it
5 Qushon Inman?

6 MR. WUKELA: Qushon, I think it's pronounced.

7 COURT REPORTER: Okay. Versus GE Healthcare,
8 Incorporated and Electric Insurance Company.
9 This is a cross appeal. The first Appellant is
10 the Claimant, represe- -- represented by
11 Stephen J. Wukela. The Defendant is
12 represented by Nicholas Haigler.

13 Each of you will have ten minutes for oral
14 argument and both three minutes in reply. You
15 are requested to argue the grounds of exception
16 and stay within the record.

17 COMMISSIONER JAMES: And Mr. Wukela, when you're
18 ready.

19 APPELLANT/CLAIMANT'S POSITION:

20 MR. WUKELA: Thank you. Please the Commission. The
21 -- the Court of Appeals told us in the Burnette
22 case, *Burnette versus City of Greenville*, that
23 the Commission may disregard medical evidence
24 only in favor of other competent evidence. 42-
25 9-35 tells us what competent medical evidence



1 is. It's opinions stated to reasonable degree
2 of medical certainty.

3 Dr. Edwards testified on April the 20th of
4 2023 at page 68, lines 10 through 17, that the
5 Claimant's accident aggravated his pre-existing
6 condition of his spine. Burnette says the
7 Commission can't disregard that testimony,
8 except in favor of other competent evidence.
9 42-9-35 tells us that means opinions stated to
10 a reasonable degree of medical certainty. Dr.
11 Edwards testified the accident aggravated the
12 pre-existing condition.

13 You will hear today all manner of sound
14 and fury, gnashing of teeth. But what you will
15 not hear of today is any other opinion stated
16 to a reasonable degree of medical certainty
17 that contradicts that opinion of Dr. Edwards.
18 You will not hear the opinion of any physician
19 or surgeon stating to a reasonable degree of
20 medical certainty that says the Claimant did
21 not aggravate the pre-existing condition of the
22 spine.

23 And with that, I should sit down.

24 COMMISSIONER TAYLOR: (Laughing.) Well, but then
25 we'll definitely have lots of questions.



1 **MR. WUKELA:** But I will respond to -- to what the
2 Defense will argue. It's a variety of things.
3 First, we'll hear from my esteemed colleague,
4 credibility. We'll hear evidentiary issues.
5 We'll hear about pleadings. We'll hear about
6 *McDevitt & Street*. But at the end of the day,
7 you won't hear any cite to any deposition
8 testimony or any physician that says he did not
9 aggravate the pre-existing condition. I argue
10 that at the end of the day when the smoke
11 clears, *Burnette is Burnette is Burnette*, and
12 that's the law.

13 I'll turn to these arguments; one,
14 pleadings. Defense argues that the Claimant
15 failed to plead aggravation of a pre-existing
16 condition. The Claimant pled, using the form
17 the Commission gave him. Under Reg 67-206, I'm
18 bound to use the Form 50 and we used it.
19 There's nothing on the Form 50 that as- --
20 asked about aggravation of a pre-existing
21 condition. There's nothing in 42-9-35 that
22 requires you plead it. That's what
23 Commissioner Beck found. That's what I've got
24 to say about that.

25 As to whether Dr. Edwards' deposition



1 should be admitted, you all, of course, are
2 aware that the record is replete of motions and
3 arguments on this issue. And the fact of the
4 matter is, Dr. Edwards gave a note, which is
5 found at 217 sub (a) 54 to 55, that was --
6 provided to the other side more -- way more
7 than 15 days before the hearing. And,
8 therefore, under the Administrative Procedures
9 Act, hearsay or not, since every medical record
10 that we ever put into evidence is hearsay,
11 except for the Administrative Procedure Act.
12 Hearsay or not, it's admissible. I'll cite
13 Gadson and the Reg for the admissibility of
14 that note. Notwithstanding the fact that that
15 note was attached to Dr. Edwards' second
16 deposition, a deposition which the Defense
17 took. Now, the Defense argues they shouldn't
18 have taken the deposition or shouldn't have had
19 to take the deposition. Whatever the argument
20 is, the deposition was testimony by an expert.
21 It obviously is admissible under every
22 standard. The note would've been admissible on
23 its own. Commissioner Beck properly found that
24 the deposition and the note were admissible.

25 That brings us to McDevitt Street. First,



1 I argued and Commissioner Beck, I think,
2 properly found that *McDevitt Street* had been
3 waived. When they changed the statute back in
4 2007, they added to 67-603 a subsection (e),
5 which said you can't raise all affirmative
6 defenses. If you add -- use that language in
7 your 51, you've waived affirmative defenses.
8 And 67-603 sub (c) tells us affirmative
9 defenses are waived if not raised. *McDevitt*
10 *Street* is an affirmative defense. I cite that
11 for a point.

12 Even if it were properly raised, one of
13 the elements of *McDevitt Street* is that the
14 false statement be a substantial factor in the
15 hiring. The Defendants relied on the lead
16 nurse, Kellie Privette, to prove the
17 affirmative defense of *McDevitt Street* and I
18 quote her testimony at the transcript, page 24
19 to 25 and page 36, in which I asked her, is it
20 true that the questionnaire had nothing to do
21 with GE's decision to hire Mr. Inman? Answer,
22 that is true. Thank you. Now, in fact, it is
23 true, is it not, that GE's decision to hire Mr.
24 Inman was made prior to that form ever being
25 completed? Answer, that is true. Commissioner



1 Beck interrupts me, say again. I asked again,
2 it is true, is it not, that GE's decision to
3 hire Mr. Inman was made before that
4 questionnaire was ever completed? Answer, that
5 would be true. And then, again, on page 36,
6 that form wasn't any factor in his hiring,
7 though, was it? No, sir, and it should not be.

8 The testimony of the employer's lead
9 nurse, which was the only evidence that they
10 offered with regard to them relying on the --
11 the questionnaire as a factor in his hiring,
12 testified unequivocally that the decision to
13 hire him was made before the questionnaire was
14 ever completed and it was not a substantial
15 factor in the hiring.

16 Now, Defense will try to broaden the
17 definition of hiring to include the hiring
18 process, which includes some indefinite period.
19 But the element is was the form a substantial
20 factor in the hiring, the employer's witness,
21 who they have to rely on to prove that defense,
22 said it wasn't. And Commissioner Beck properly
23 found that on that alone, even if McDevitt
24 Street was properly before the Commission, it
25 was not sufficiently proved.



1 That brings us back to *Burnette* and Dr.
2 Edwards' testimony, which is uncontradicted
3 that the accident aggravated the pre-existing
4 condition. We contend that based on that, the
5 Commission here should reverse the Single
6 Commissioner and find the case compensable.
7 That's my case. I'll answer any questions, of
8 course, the Panel may have.

9 **COMMISSIONER JAMES:** Any questions by the Panel?

10 (No audible response.)

11 **COMMISSIONER JAMES:** Mr. Haigler?

12 **APPELLANT/DEFENDANT'S POSITION:**

13 **MR. HAIGLER:** May it please the Commission, I'm here
14 on behalf of GE Healthcare. This is probably
15 the -- one of the most unusual cases I've ever
16 been a part of. And I will address this in two
17 different ways.

18 The first is -- and this really goes to
19 our appeal. And, yes, I did appeal on an Order
20 in which we won and the reason is -- is because
21 there were a lot of unfortunate and improper
22 things that happened in this case, in my
23 opinion.

24 I'll give you this timeline. This claim
25 was denied almost from the outset. And in



1 September of 2021, counsel's father noticed --
2 noticed the deposition of the doctor, Dr.
3 Edwards, the only doctor in this case, to
4 establish causation. I did not notice that
5 deposition. There was no questionnaire that
6 was noticed by the Claimant.

7 We took that deposition on September 23rd,
8 2021. The deposition did not go very well for
9 Mr. Wukela. The claim was over. I filed a
10 Form 19 within a week. That claim sat for
11 almost nine months. I assumed it was over. I
12 then got a call from counsel asking in July of
13 2022 asking, or not asking, telling me that
14 they were going to reschedule -- schedule
15 another deposition of Dr. Edwards to address
16 causation for the second time, which, of
17 course, I objected to. And when that
18 deposition was scheduled over my objection, I
19 filed a Motion to Quash. That hearing was held
20 before Commissioner Dooley, it was in this
21 room.

22 She -- she ruled correctly that that issue
23 had already been addressed by the Claimant
24 himself. They had already taken that
25 deposition. You don't get a second bite at



1 that apple. And because you lost the first
2 time doesn't mean you get to go again. So, she
3 -- she granted my Motion to Quash that
4 position.

5 Over that Order, the deposition was set
6 anyway. On October the 25th of 2022. And when
7 I got the Notice, of course, I filed a Motion
8 for a Show Cause Hearing, which was heard
9 before Commissioner McCaskill on the 19th of
10 October, six days before that deposition was
11 scheduled. In Camden, I believe. Commissioner
12 McCaskill, without question, told Mr. Wukela
13 that if he proceeded with the deposition, that
14 would not be good for him. He ordered him not
15 to do it. There's also an order memorializing
16 that statement.

17 Unbeknownst to me, there was a meeting
18 with Dr. Edwards on the date of the deposition.
19 In fact, Dr. Edwards didn't even know when we
20 took his dep- -- when we deposed him for the
21 second time that that meeting was occurring
22 without me present. He goes, I was surprised
23 when I walked in and it wasn't a deposition
24 because I thought that's what we were doing.
25 But it turned out just to be a meeting.



1 And in that meeting, from that meeting,
2 was generated the November 3rd, 2022 letter
3 from Dr. Edwards outlining his opinion on
4 causation. Which I will submit to you, and I
5 don't think this is even in dis- -- in -- in
6 dispute, that what's in that letter is not
7 actually the opinion they're relying on for
8 causation in this case. That's critically
9 important.

10 Now, what's also important is all of the
11 evidence I showed Dr. Edwards in September of
12 '21, at the first deposition, he had never seen
13 before I walked in there to -- to -- to show
14 him that evidence. Mr. Wukela had not shown it
15 to him before the deposition. It was a lot of
16 evidence he hadn't seen. And because of the
17 credibility issues of the Claimant that came
18 from the evidence I showed him, the
19 inconsistencies between what he reported to Dr.
20 Edwards about when his condition started and
21 when it actually started, which was a couple of
22 months before, he said, I'm not giving
23 causation in this case. He was very clear on
24 that. But when Mr. Wukela went and met with
25 Dr. Edwards on the 25th of October without me



1 present, he didn't -- Dr. Edwards didn't review
2 his deposition. In fact, when we deposed him,
3 he said, I had it, but I didn't look at it. I
4 didn't -- and he said, guess what, I also
5 wasn't given all of those records again. And
6 so, that -- that statement was created over the
7 Orders of Commissioner Dooley and Commissioner
8 McCaskill and -- and without even giving the
9 doctor for the second time all the evidence,
10 which is a complete manipulation of what we
11 were trying to achieve in this case.

12 So I, of course, objected to that when it
13 came in to the hearing. I was angry,
14 obviously, as was my client. And I -- I asked
15 that it be -- I -- I ru- -- I -- I objected on
16 the basis that it's hearsay.

17 Now, this -- this is my -- this is where
18 we are with this. It's one of two things.
19 Neither of which are admissible. If it's
20 hearsay, 'cause it's a letter, it's not a
21 medical report, it ain't a diagnostic report,
22 it's not a business record. It's a -- it's a
23 letter addressing causation. It is given for
24 the truth of the matter asserted. It's
25 hearsay. If it's hearsay, it can only come in



1 under one circumstance under the Bob Bennett
2 Ford case, the Hamilton versus Bob Bennett Ford
3 case, and that's if it's corroborated by other
4 evidence in the record when it was created.
5 So, on November 3rd, 2022, that was hearsay.
6 And the only way it could be in- -- into the
7 record as not hearsay, is if it's corroborated
8 by other evidence in existence on November the
9 3rd, 2022. Guess what the only evidence was?
10 The deposition of Dr. Edwards from September of
11 '21, which completely destroyed causation. And
12 no one in this room will refute that. So, that
13 was hearsay, that was without corroboration.
14 It should've been excluded.

15 Now, Commissioner Beck and -- and counsel
16 had a different opinion. They ruled or he --
17 he opined and Commissioner Beck ruled that
18 under 67-612, it was an expert report that is
19 admitted if it's timely provided. I don't --
20 I don't disagree with that. What I do disagree
21 from the standpoint of an alternative argument.
22 But from an alternative standpoint, let's
23 assume that's accurate. Well, if you read the
24 Brief from -- from counsel, and in his Brief he
25 notes -- he cites to the Gadson case. And what



1 does the Gadson case say? That 67-12 is
2 supposed to be liberally construed because what
3 do we want to do? We want evidence to come in
4 in lieu of testimony. We want -- at
5 deposition, we want these records to be able to
6 come in in lieu of deposition testimony because
7 we don't want to be deposing doctors all day
8 long. We want this to be easy for the Claimant
9 to get evidence in. It says in lieu of
10 deposition testimony. In fact, Stephen's Brief
11 says that report was supposed to come in lieu
12 of deposition testimony. Well, guess what the
13 problem of that is, Commissioners? There
14 couldn't be deposition testimony. It was
15 ordered to not occur. And so, that report was
16 submitted in lieu of something that was by two
17 Commissioners prohibited from occurring.

18 So, it's -- it's either hearsay or it's in
19 lieu of testimony, and in neither circumstance
20 should it have come in. Because there was an
21 Order prohibiting one and the other ones aren't
22 corroborated by other evidence in the record.

23 So, there is no way that letter should
24 have come into evidence. And what happened
25 was, and I objected to it and Commissioner Beck



1 told me, as I -- I wasn't surprised, but he
2 said, I'm gonna let it in because he believed
3 it was proper under 67-612. But I'm gonna give
4 you the right to depose the doctor. Here's the
5 crazy thing. At no point up 'til this point
6 had anyone -- anyone ask Dr. Edwards about an
7 aggravation of a pre-existing condition. It
8 didn't happen in the first deposition, it
9 didn't happen in the private meeting I wasn't
10 invited to. At no point had he ever been asked
11 that question.

12 It wasn't until I was forced to take his
13 deposition did that evidence come into li- --
14 come to light. Which is really an equitable
15 argument for my client, if not a legal one.
16 But that is a -- that is a real issue. And
17 it's sad, frankly. And -- and I w- -- I was so
18 upset when it happened, I had -- I -- I had a
19 hard time getting -- I mean, Stephen knows, he
20 was there.

21 But I -- so, let's -- let's -- let's fast
22 forward. But I reserved the right to appeal,
23 which I'm doing now, whether that letter ever
24 should've come in. Because without that
25 letter, there's no case. Period. Because



1 there should have never been a deposition. So,
2 they both get taken out. The case is over.

3 So, we go to the deposition and Dr.
4 Edwards goes through all of this testimony
5 again. I went through every line of that first
6 deposition. Word -- line for line. Took a
7 long time. And he was like, oh, my goodness.
8 I -- I didn't know all this. No, Mr. Wukela
9 didn't give me all this evidence again when he
10 -- when I -- when he met with me privately. I
11 didn't know any of this. It's all over that
12 deposition.

13 He then confirmed that the Claimant not
14 only lied to GE in the prehea- -- in the p-- in
15 the pre-hire questionnaire, but lied to -- was
16 -- gave inconsistent statements about what --
17 what actually happened and when his problems
18 started. That's clear. Then I -- and then he
19 -- then he said -- then he gave the comment
20 about aggravation of a pre-existing condition.
21 And I said, wait a second, Doctor. How was it
22 that you give it a comment or testimony about
23 an aggravation pre-existing condition? Don't
24 you have to rely on the statements of the
25 Claimant in order to do that, especially given



1 what's happened? He goes, oh, absolutely.
2 I've definitely got to be able to believe the
3 Claimant. And I said, well, that's a problem,
4 isn't it? And he goes, it is a problem.

5 So, Stephen's statement under any case he
6 wants to cite that there's no evidence to the
7 contrary of an aggravation of the pre-existing
8 condition is incorrect. It was all qualified
9 by Dr. Edwards. And the qualification was
10 quite simple. I've got to be able to believe
11 the Claimant in order to give you an opinion on
12 causation. And I can't. And that is in
13 numerous pages of his deposition, 51, 53, 58.
14 He said it's impossible to give a causation
15 because they didn't have all the medical
16 records, page 59. Then to just tie the bow on
17 that, on page 75, at the end of his deposition,
18 he said, Nick, what we really have here are the
19 same exact problems this gentleman had before
20 this accident, based on the records I've seen.
21 What I'm treating him for is the same
22 condition. That ain't an aggravation. It's
23 the same condition. And that's not
24 compensable.

25 And so, at the very least, we have the --



1 we have an admissibility issue -- (timer
2 beeping) -- may I finish this thought,
3 Commissioner? At the very least, we have an
4 admissibility issue with regard to that letter,
5 which would've removed that deposition and
6 never should have occurred. Because that
7 letter was improperly secured. And at the ver-
8 -- and then even if it did, Doctor -- Dr.
9 Edwards did not give him a causation analysis
10 on aggravation. And the Order of Commissioner
11 Beck as to causation is correct and should be
12 upheld by this -- by this Commission.

13 Thank you, Your Honors.

14 **COMMISSIONER JAMES:** All right. Mr. Wukela?

15 **APPELLANT/CLAIMANT'S REPLY:**

16 **MR. WUKELA:** I want to say two things. One, it has
17 long been my office's practice to take
18 depositions and not go talk to doctors. There
19 is absolutely nothing that prohibits a
20 Claimant's lawyer from going and talking to a
21 doctor. But we don't do it. We take
22 depositions. In this case, the Commissioner
23 ruled that we were -- we're not allowed to take
24 a second deposition or to take one to proffer.
25 But that was all mooted when the Defendants



1 took the deposition. You've heard a lot of the
2 sound and fury, but what you have not heard is
3 an opinion to a reasonable degree of medical
4 certainty that contradicts Dr. Edwards' opinion
5 offered at page 68, lines 10 through 17. And
6 I'd submit that's what the Commission has to
7 look for, that's what the Court of Appeals and
8 Supreme Court would look for, that's what
9 Burnette stands for, that's the law.

10 **COMMISSIONER TAYLOR:** So, you don't think that his
11 deposition testimony, his subsequent deposition
12 testimony would overrule that, or undo it, or
13 somehow weigh against it?

14 **MR. WUKELA:** No, ma'am. That was his subsequent
15 dep- -- he -- first of all, he -- he gives the
16 first deposition and he says he can't -- that
17 he can't give an opinion as to causation. In
18 his second deposition, he does give an opinion
19 about aggravation. And they cross-examines him
20 up and down about credibility, prior evidence,
21 so forth and so on. At no point in that
22 deposition does Dr. Edwards go, you know what,
23 you're right. I think he did not have an
24 aggravation of his pre-existing condition.
25 There is no statement in the record anywhere



1 from anybody, certainly not one stated to a
2 reasonable degree of medical certainty that
3 says the Claimant did not have an aggravation
4 of the pre-existing condition and the Court of
5 Appeals has told us that's what this Commission
6 has to point to in order to reach a finding of
7 substantial evidence to that affect.

8 **COMMISSIONER TAYLOR:** And so, you're distinguishing
9 the causation statement ---

10 **MR. WUKELA:** And aggravat- ---

11 **COMMISSIONER TAYLOR:** --- which was the aggravation
12 statement?

13 **MR. WUKELA:** Yes, ma'am. And quite right,
14 Commissioner. In his first deposition,
15 Commissioner, Dr. Edwards says, I -- I don't
16 have sufficient evidence to give an opinion as
17 to causation.

18 Now, in his second deposition, there was
19 more evidence and more MRIs and records and so
20 forth. But Mr. Haigler's quite right. Second
21 deposition is the first time Dr. Edwards opines
22 about aggravation. And he -- Nick asks him.
23 He didn't say that before. Dr. Edwards said,
24 nobody asked me. That statement's the first
25 time he opines about aggravation and he does



1 not contradict it. And no one else does
2 either. And that's what this case is about.

3 I'd be happy to answer any more questions.

4 I hope I asked -- answered ---

5 COMMISSIONER TAYLOR: You did.

6 MR. WUKELA: --- the Commissioner's questions.

7 COMMISSIONER TAYLOR: Thank you.

8 COMMISSIONER JAMES: Mr. Haigler?

9 APPELLANT/DEFENDANT'S REPLY:

10 MR. HAIGLER: Sure. Thank you, Commissioner.

11 That's respectfully not what this case is
12 about. This case is about a deposition that
13 should have never occurred. And effectively,
14 Mr. Wukela got exactly what he wanted over the
15 objections of two Commissioners simply by
16 submitting a letter that was hearsay. And,
17 alternatively, that was submitted in lieu of
18 deposition tes- -- testimony that was
19 prohibited. So, nothing that occurred in that
20 deposition should have ever occurred. And the
21 fact that not only did the -- did he have an
22 opportunity in a letter, but also in the first
23 deposition to ask about an aggravation of a
24 pre-existing condition and didn't, it's really
25 telling.



1 And I will say one other thing. There is
2 contradictory evidenced after that statement
3 and testimony about whether causation exists.
4 And it's on page 74. Because Dr. Edwards says
5 -- he said -- he did say, it's my opinion that
6 the accident worsened his condition. And I
7 said, but you have to base that on what the
8 Claimant told you and we've confirmed that is
9 not accurate. And he goes, that's correct.

10 So, that to me -- and that was what
11 Commissioner Beck relied on. He said that --
12 that -- that Dr. Edwards waffled on the issue
13 because he believed that he had yeah, it may
14 have been an aggravation, but I'm basing that
15 on what the Claimant told me and I can't
16 believe anything the Claimant told me. In
17 fact, not only do you have to worry about that,
18 the Claimant actually adm- -- admitted --
19 literally admitted in the hearing that he was
20 a liar. He said, I lied about my prior stuff.
21 So, we don't even have to -- that's -- that's
22 a fact. That's -- nobody's -- nobody appealed
23 that issue today.

24 So, we are literally dealing with a case
25 where Dr. Edwards, yeah, he said it could've



1 aggravated it. I -- I can't refute that. But
2 he also said, I have to rely on the Claimant to
3 give me an opi- -- give me evidence that -- I
4 mean, information that I can rely on to give
5 you that opinion and I cannot do that. He said
6 that multiple times.

7 He also said that the injuries that he was
8 treating were exactly the same injuries that he
9 had before this accident. So, I don't know
10 what he thinks an aggravation is, but that
11 testimony is contrary to that statement.

12 So, but again, none of that is relevant.
13 None of it is. None of that should have ever
14 occurred and there was everything that occurred
15 leading up to that deposition was highly
16 questionable. And I'm very frustrated at this
17 point that that could even be allowed to happen
18 in this Commission.

19 Thank you, Commissioners.

20 **COMMISSIONER JAMES:** Thank y'all. That concludes
21 this hearing.

22 (There being nothing further, the hearing concluded
23 at 3:14 p.m.)
24
25

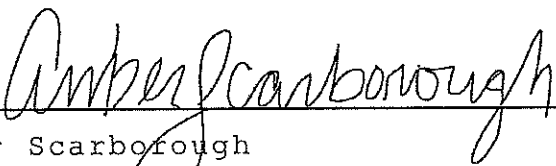


CERTIFICATE

This is to certify that the within hearing consisting of twenty-four (24) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on October 31, 2024.



Amber Scarborough
Court Reporter

Notary Public for South Carolina
My Commission Expires: June 13, 2033



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / contact@creelreporting.com

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NUMBER: 2104833

Qushon Inman, Employee,)
Claimant,)
vs.)
GE Healthcare, Employer,)
and)
Electric Insurance Company %)
Sedgwick CMS, Carrier,)
Defendants.)

NOTICE OF WITNESSES AND
WRITTEN REPORTS/PHYSICIAN OR
OTHER EVIDENCE TO BE
INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF CLAIMANT

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
NICOLAS HAIGLER, ESQUIRE, ATTORNEY FOR DEFENDANTS:**

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, Qushon Inman,
pursuant to the provisions of Rule 67-30 of the South Carolina Workers' Compensation
Commission and Chapter 23, Article 1, Section 1-23-330(1), Code of Laws of South Carolina,
1976, As Amended, herewith submits the following reports/physician or other evidence as direct
evidence on behalf of the Claimant to wit:

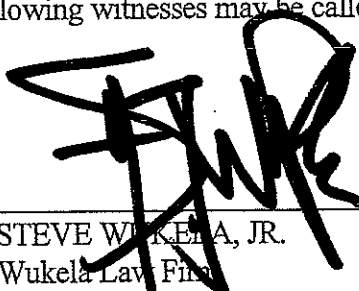
APA	PROVIDER	FACILITY	REPORT DATES	PAGES
1	Latoya Lane, APRN	McLeod Health	12/26/20	1-67
2	Manuel Fonseca, MD Kenneth Burns, MD Kristin Dubose, NP	MUSC - Florence	03/23/21 03/24/21 03/29/21	68-105 106-142 143-180
3	Christopher Huiet, PA	McLeod Orthopaedics (Florence)	04/01/21-05/04/21	181-217
4	Bruce Johnson, MD William Edwards, MD	McLeod Spine Center	05/17/21-11/02/22	217 (A)(1)-(A)(55)
5	Roland Skinner, MD	McLeod Neurological Associates	10/21/21-11/22/21	218-243
6	John Wolford, MD	McLeod Digestive Health Center	06/01/22-07/06/22	244-256
7	Claimant's Text Messages to Employer			257-268
8	Tucker-Wells Delivery Tickets			269-273
9	CVS Pharmacy Prescription Record			274-275
10	Defendants' Motion to Quash Second Deposition of Dr. William Edwards		08/15/22	276-280
11	Claimant's Reply in Opposition to Defendants' Motion to		08/18/22	281-289

	Quash Second Deposition of William Edwards, MD		
12	Motion Order of Commissioner Cynthia Dooley	08/30/22	290-291
13	Claimant's Form 30 – Request for Review of Commissioner Dooley's Motion Order	09/12/22	292-297
14	Defendants' Motion for Rule to Show Cause	09/12/22	298-302
15	Claimant's Response to Defendants' Motion for Rule to Show Cause dated September 12, 2022	09/14/22	303-307
16	Full Commission Disposition of 09/12/22 Form 30	09/19/22	308-310
17	Motion Order of Commissioner Gene McCaskill	10/27/22	311
18	Claimant's Form 30 – Request for Review of Commissioner McCaskill's Motion Order	11/04/22	312-316
19	Full Commission Disposition of 11/04/22 Form 30	11/21/22	317-319
20	Claimant's Form 50 – Request for Hearing	04/26/21	320
21	Defendants' Form 51 – Answer to Request for Hearing	05/26/21	321-322
22	Consent Order	07/15/21	323
23	Claimant's Subpoena Response	12/08/22	324
24	Subpoena issued to Dr. William Edwards	01/24/23	325-327
25	Deposition - Qushon Inman	06/15/21	
26	Deposition - Kelley Prevatte, RN (Including Exhibits)	07/08/21	
27	Deposition - William Edwards, MD	09/23/21	
28	Deposition – William Edwards, MD	04/20/23	

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians whose reports are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, are being forwarded to the South Carolina Workers' Compensation Commission for insertion in their file and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: Qushon Inman
Kelly Prevatte, RN

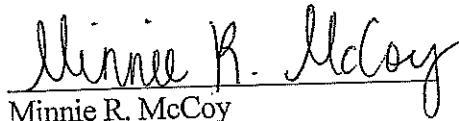

STEVE WUKELA, JR.
Wukela Law Firm
P.O. Box 13057
Florence, SC 29504-3057
(843) 669-5634
(843) 669-5150 facsimile

CERTIFICATE OF SERVICE

The undersigned, Minnie R. McCoy, of the Wukela Law Firm, hereby certifies that on the 15th day of May 2023, she did, **via eCase**, transmit, a copy of the Pre-Hearing Brief and Notice of Witnesses and Written Reports/Physician or Other Evidence to be Introduced as Direct Evidence on Behalf of Claimant, in the matter of Qushon Inman, Claimant, vs. GE Healthcare, Employer and Electric Insurance Company % Sedgwick CMS, Carrier, WCC File Number: 2104833 and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

Honorable T. Scott Beck
Commissioner
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Nicolas Haigler, Esquire
Robinson Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211


Minnie R. McCoy

Florence, South Carolina

APA	PROVIDER	FACILITY	REPORT DATES	PAGES
1	Latoya Lane, APRN	McLeod Health	12/26/20	1-67
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4	Bruce Johnson, MD William Edwards, MD	McLeod Spine Center	05/17/21-11/02/22	217 (A)(1)-(A)(55)
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27	Deposition - William Edwards, MD		09/23/21	
28	Deposition – William Edwards, MD		04/20/23	

1	Latoya Lane, APRN	McLeod Health	12/26/20	1-67

WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

June 14, 2021

PLEASE NOTE THIS LETTER HEREIN RECITES A NEW FEDERAL REGULATION, 45 CFR § 171.302 (EFFECTIVE JUNE 30, 2020) REGARDING THE CHARGES FOR PROVIDING MEDICAL RECORDS PERTAINING TO THE PATIENT'S MEDICAL REQUEST AND AUTHORIZATION.

McLeod Regional Medical Center
Attention: Medical Records
P.O. Box 100551
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman

DOB: [REDACTED]

Dear Sir or Madame:

Please be advised that this office represents Qushon M. Inman. It is my understanding that your office has provided medical care to Mr. Inman. Pursuant to Federal Law, to-wit: 42 USC §17935(e), and 45 CFR § 164.524 (a) (1), (c) (3), Qushon M. Inman, has, by virtue of the attached Authorization to Disclose, directed your office to transmit electronically certain designated protected health information (PHI) to my office at medical.steve@wukelalaw.com.

Be advised that under the authority delegated to it by the 21st Century Cares Act, Health and Human Services has promulgated a new regulation, *21st Century Cares act: Interoperability, Information Blocking, and the ONC Health IT Certification Program*, that prohibits medical-records providers from charging more than the patient rate for Electronic Health Information (EHI) requests like those requested by my client. See 85 Fed. Reg. 25642 (May 1, 2020).

Under this new rule, any request for electronic access to medical records is subject to the patient rate regardless of whether it comes from the patient themselves or from a third party seeking the records on the patient's behalf. See 45 CFR § 171.302 (Effective June 30, 2020). The rule establishes that the patient rate must also apply where the records are directed to be sent to a third party. *Id.*

The scope of this rule sweeps broadly in that it covers requests made by or directed to any "person or entity designated by the individual" and is not limited to an individual's "agent" or "personal representative." *Id.* As a result, the patient rate now applies to any requests for EHI made by third parties-including lawyers representing patients. Here, because my client's request is covered by this rule, any attempt to assess more than the patient rate will be invalid and stand

RECEIVED JUN 21 2021

000001

McLeod Regional Medical Center

Page 2

June 14, 2021

in clear violation of federal law.

Please produce the requested medical records immediately by e-mail to medical.steve@wukelalaw.com. If you charge an amount in excess of the "patient rate" for my client's authorization and request to your office to transmit electronically certain designated protected health information (PHI) to my office, we will be forced to file an action seeking a ruling that the charge is invalid and that you have acted illegally. We will furthermore apprise the Department of Health and Human Services Office of Civil Rights ("OCR") of your violation.

Thank you for your consideration of this matter.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM



STEVE WUKELA, JR.

SWJr/tcc
Attachment

000002

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER:

MaxLead Regional Medical Center
P.O. Box 106551
Florence SC 29501

Patient Name: Quishon M. Inman

Date of Birth: _____

Pursuant to the HITECH Act § 13405(e); 42 USC § 17935(e); and 45 CFR § 164.524 (a)(1),(c)(3); and the Public Health Service Act 42 USC § 300 jj-52; and 45 CFR § 171.302 (Effective June 30, 2020), I hereby direct and authorize the above named provider to disclose and electronically transmit my Protected Health Information (PHI) to the below designated recipient:

Steve Wukela, Jr. via e-mail to: medical.steve@wukelalaw.com
Wukela Law Firm, P.O. Box 13057, Florence, SC 29504
Phone: (843) 669-5634 Fax: (843) 669-5150

This information may be disclosed and used by Steve Wukela, Jr. for the purpose of pending litigation.

I direct and authorize you to electronically transmit my complete record including, but not limited to, all intakes, evaluation and treatment notes, test results, admission records, operative notes, discharge summaries, and billing records for dates of treatment from January 1, 2020 to present.

I understand that information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this request and authorization will expire on the following date, event, or condition: _____. If I fail to specify an expiration date, event, or condition, this request and authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that if I have any questions about disclosure of my health information, I can contact your privacy officer.

[Signature]
Signature of Patient or Legal Representative

June 14, 2021
Date

If Signed by Legal Representative, Relationship to Patient

Jamela Charles
Signature of Witness

000003

McLeod Regional Medical Center555 E Cheves St
Florence, SC 295062617

(843)777-2955

Patient Information**Patient Name:** INMAN, QUSHON MONTREESE
Home Address:**Sex:** Male**DOB:****Age:** 31 years**Religion:** Non-Denominational**SSN:** XXX-XX-3042**Race:** Black or African American**Home Phone:****Employer Name:****Employer Phone:****Guarantor Information****Guarantor Name:** INMAN, QUSHON MONTREESE**Sex:** Male**Patient's Reltn:** Self**Billing Address:****Age:** 31 Years**Religion:** Non-Denominational**SSN:** XXX-XX-3042**Marital Status:** Single**Billing Phone:****Employer Name:****Employer Phone:****Contact Information****Emergency Contact****Contact Name:** LATISHA INMAN**Patient's Reltn:** Spouse**Sex:****Home Phone:** (843)601-2495**Next of Kin****Contact Name:****Patient's Reltn:****Sex:****Home Phone:****Primary Insurance****Subscriber Name:** INMAN, QUSHON MONTREESE**Patient's Reltn:** Self**Sex:** Male**DOB:****Age:** 31 Years**Employer Name:****Employer Phone:****Financial Class:** Self Pay**Group Name:****Insurance Name:** SELF PAY**Claim Address:****Insurance Phone:****Policy Number:****Group Number:****Authorization Number:****Authorization Phone:****Authorization Contact:****Secondary Insurance****Subscriber Name:****Patient's Reltn:****Sex:****DOB:****Age:****Employer Name:****Employer Phone:****Financial Class:****Group Name:****Insurance Name:****Claim Address:****Insurance Phone:****Policy Number:****Group Number:****Authorization Number:****Authorization Phone:****Authorization Contact:****Encounter Information****Reg Dt/Tm:** 12/26/2020 11:32**Est Dt of Arrival:****Inpt Adm Dt/Tm:****Disch Dt/Tm:** 12/26/2020 17:17**Observation Dt/Tm:** 12/26/2020 14:50**VIP Indicator:****Admit Reason:** LOWER BACK PAIN**Patient Type:** Emergency**Medical Service:** Emergency Medicine**Location:** MRMC ED**Room/Bed:** ED112 / A**Isolation:****Disease Alert:****Admit Type:** Emergency**Admit Source:** Self (Non-HC Facility S**Advance Directive:****Reg Clerk:** Gee, Wilandra**Admit Physician:** LANE, APRN, LATOY**Attend Physician:** LANE, APRN, LATOY**PCP:****INMAN, QUSHON MONTRE****MRN:** 001073364**Male / 31 Years****FIN:** 1001254106

Printed By: Witherspoon, Beverly on 06/24/2021 10:22

Registration last updated by: CARTER, RN, EYVONNE on 12/26/2020 17:18

McLeod Regional Medical Center
555 E Cheves Street
Florence, SC 29506-2617

Patient: INMAN, QUSHON MONTREESE
MRN: 001073364 Admit: 12/26/2020
FIN: 1001254106 Disch: 12/26/2020
DOB/Age/Sex: Male Admitting: LANE, APRN, LATOYA S
Location: MPMC_ED; ED112; A

Emergency Documentation

Document Type: ED Triage Note
Service Date/Time: 12/26/2020 14:05 EST
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult
Sign Information: CARTER, RN, EYVONNE (12/26/2020 14:05 EST)

ED Triage Part 1 - Adult Entered On: 12/26/2020 14:07 EST
Performed On: 12/26/2020 14:05 EST by CARTER, RN, EYVONNE

ED Triage Part 1 - Adult

Chief Complaint: lower back pain onset 1 1/2 months ago after exercising, pain to bend or twist
Lynx Mode of Arrival: Walking
ED Allergies/Med Hx Section: Document assessment
ED RFV/Problems/Surgical History: Document assessment
Have you been pregnant in the past 12 months?: N/A
ID Risk Screening: Document assessment
Pain Present: Yes actual or suspected pain
Self Report Pain: Numeric rating scale

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

DOP GENERIC CODE

Tracking Acuity: 4- Less Urgent
Tracking Group: MPMC ED Tracking Group

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Weight Measured: 129.2 kg (Converted to: 284 lb 13 oz)
Height/Length Measured: 182.8 cm (Converted to: 6 ft 0 in)
Body Mass Index Measured: 39 kg/m²

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Pain Assessment Adult

Pain Location: Back

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

ED Triage Allergies/Meds

(As Of: 12/26/2020 14:07:45 EST)

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified; Created By: CARTER,
RN, EYVONNE; Reaction Status: Active; Category: Drug;
Substance: No Known Allergies; Type: Allergy; Updated By:
CARTER, RN, EYVONNE; Reviewed Date: 12/26/2020 14:06
EST

Medication List

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

(As Of: 12/26/2020 14:07:45 EST)

Reason for Visit/Problems/Surgical History

(As Of: 12/26/2020 14:07:45 EST)

Diagnoses(Active)

Back pain

Date: 12/26/2020 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Back pain ;
Classification: Nursing ; Clinical Service: Non-Specified ;
Code: PNED ; Probability: 0 ; Diagnosis Code:
EB3504E6-BBDC-406B-89B6-C97C33BDD763

Procedure History

(As Of: 12/26/2020 14:07:45 EST)

ID Risk Screen

COVID-19 Screening : None

Unable to Obtain Current Visit Info : None

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Infectious Disease Risk Factor Grid

Diarrhea : No

New or Worsening Cough : No

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

TB Risk Factor/Symptoms Grid

Recent Exposure to Communicable Disease : No

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Electronically Signed on 12/26/20 02:05 PM

CARTER, RN, EYVONNE

Document Type:

ED Triage Note

Service Date/Time:

12/26/2020 14:05 EST

Result Status:

Auth (Verified)

Document Subject:

ED Triage Part 2 - Adult

Sign Information:

CARTER, RN, EYVONNE (12/26/2020 14:05 EST)

ED Triage Part 2 - Adult Entered On: 12/26/2020 14:09 EST
Performed On: 12/26/2020 14:05 EST by CARTER, RN, EYVONNE

General Assessment

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073384

Admit: 12/26/2020

FIN: 1001254108

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

ED Document Fall Risk : Document Fall Risk

Behavioral Health Concern : No

Document Glasgow Coma Scale : Open glasgow coma assessment

Document advance directive : Document Advance Directive.

Document Social History : Open social history

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

MDRO History/Risk Factors

New or Worsening Cough : No

Recent Exposure to Communicable Disease : No

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Pregnancy Status : N/A

ED Menstrual History : N/A

Preferred Languages : English

Preferred Mode of Communication : Verbal

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Social History

Social History

(As Of: 12/26/2020 14:09:32 EST)

Tobacco:

Smoking tobacco use: 4 or less cigarettes(< 1/4 pack)/day in last 30 days. Type: 3 Black/MILD DAILY. (Last Updated: 12/26/2020 14:08:54 EST by CARTER, RN, EYVONNE)

Smoking tobacco use: Never (less than 100 in lifetime). (Last Updated: 12/26/2020 14:09:01 EST by CARTER, RN, EYVONNE) Smoking tobacco use: 4 or less cigarettes(< 1/4 pack)/day in last 30 days. (Last Updated: 12/26/2020 14:09:14 EST by CARTER, RN, EYVONNE)

Electronic Cigarette:

E-Cigarette Use: Never. (Last Updated: 12/26/2020 14:09:06 EST by CARTER, RN, EYVONNE)

Glasgow Coma

Eye Opening : Spontaneously

Best Verbal Response : Oriented

Best Motor Response : Obeys commands

Glasgow Coma Score : 15

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Morse Fall Risk

History of Fall in Last 3 Months : No

Presence of Secondary Diagnosis : No

Use of Ambulatory Aid : None, bedrest, wheelchair, nurse

IV or IV Lock Morse : No

Gait/Transferring : Normal, bedrest, immobile

Mental Status : Oriented to own ability

Score : 0

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364 Admit: 12/26/2020
FIN: 1001254106 Disch: 12/26/2020
DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Emergency Documentation

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST
Image 1 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Advance Directive

Advance Directive: No

CARTER, RN, EYVONNE - 12/26/2020 14:05 EST

Electronically Signed on 12/26/20 02:05 PM

CARTER, RN, EYVONNE

Document Type: ED Triage Note
Service Date/Time: 12/26/2020 11:36 EST
Result Status: Auth (Verified)
Document Subject: ED First Nurse Triage
Sign Information: RHODES, BEVERLY (12/26/2020 11:36 EST)

ED First Nurse Triage Entered On: 12/26/2020 11:38 EST
Performed On: 12/26/2020 11:36 EST by RHODES, BEVERLY

ED First Nurse Triage

Chief Complaint: lower back pain onset 1 1/2 months ago after exercising, pain to bend or twist
Lynx Mode of Arrival: Walking
ID Risk Screening: Document assessment

RHODES, BEVERLY - 12/26/2020 11:36 EST

DCP GENERIC CODE

Tracking Acuity: 4 - Less Urgent
Tracking Group: MPMC ED Tracking Group

RHODES, BEVERLY - 12/26/2020 11:36 EST

ID Risk Screen - First Nurse v2

COVID-19 Screening: None
Unable to Obtain Current Visit Info: None

RHODES, BEVERLY - 12/26/2020 11:36 EST

Electronically Signed on 12/26/20 11:36 AM

RHODES, BEVERLY

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Document Type: ED Note Physician
 Service Date/Time: 12/26/2020 14:39 EST
 Result Status: Auth (Verified)
 Document Subject: ED Note.
 Sign Information: LANE, APRN, LATOYA S (1/17/2021 19:44 EST); Mitropolous, Joanna V (12/26/2020 17:16 EST); Mitropolous, Joanna V (12/26/2020 14:43 EST)

Basic Information

Time Seen:
 LANE, APRN, LATOYA S / 12/26/2020 12:33

Chief Complaint

lower back pain onset 1 1/2 months ago after exercising, pain to bend or twist

History of Present Illness

History Provided by: Patient
 Reviewed and agreed with available nursing documentation; Yes
 HPI and ROS limited by: Nothing

Nurse Practitioner at bedside 12/26/2020 14:09

31 y/o AAM presents to the ED with c/o back pain, LLE numbness and pain onset 1 1/2 months. Pt describes the pain as a stabbing pain in his lower back and left leg. Pt rates pain a 10/10 in severity. Pt notes that he believes he injured his back working out or at work which is a strenuous job. Pt notes that his left leg will sometimes feel numb. Pt notes that this is the first time being seen for his symptoms because the pain kept getting worse. Pt notes he takes about five ibuprofen tablets at a time with no relief in pain. Pt gets some relief with a heating pad. Pt denies fever, chills, NVD, SOB, headache, sore throat, rhinorrhea, cough, chest pain, or any other associated symptoms. No PMHx.

Onset: 1.5 days
 Duration: 1.5 days
 Timing: Continuous
 Occurred at: Home
 Current Pain: 10
 Pain at worst: 10
 Location: back and LLE
 Quality: stabbing
 Exacerbated by: nothing
 Relieved by: nothing
 Severity: severe
 Radiating to: none
 Associated Symptoms: back pain and LLE numbness and pain

Review of Systems

Constitutional: (-) Chills, (-) Fever
 ENT: (-) Rhinorrhea, (-) Sore Throat
 Cardiovascular: (-) Chest Pain, (-) Palpitations
 Respiratory: (-) Cough, (-) Dyspnea
 GI: (-) Abdominal Pain, (-) Diarrhea, (-) Nausea, (-) Vomiting
 Genitourinary: (-) Dysuria, (-) Flank Pain, (-) Hematuria

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Procedure/Surgical History

none

Medications

Inpatient

No active inpatient medications

Home

No active home medications
 Home medication list reviewed: yes

Allergies

No Known Allergies
 Allergy list reviewed: yes

Social History

Electronic Cigarette

E-Cigarette Use: Never., 12/26/2020

Tobacco

Smoking tobacco use: 4 or less cigarettes (< 1/4 pack)/day in last 30 days., 12/26/2020
 Smoking tobacco use: Never (less than 100 in lifetime), 12/26/2020
 Smoking tobacco use: 4 or less cigarettes (< 1/4 pack)/day in last 30 days. Type: 3.
 Black/MILD DAILY., 12/26/2020

Family History

not known

Lab Results

UA Macroscopic	LATEST RESULTS
Urine Color	12/26/20 Straw Abnormal 14:30
Urine Appearance	12/26/20 Clear 14:30
Urine Specific Gravity	12/26/20 1.015 14:30

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

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Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Musculoskeletal: (-) Joint Pain, (-) Neck Pain, (+) Back Pain, (+) LLE pain

Neurologic: (-) Headache, (-) Numbness, (-) Weakness

Skin: (-) Rash

Psychiatric: (-) Suicidal Thoughts

Additional ROS info: All other Organ Systems Reviewed and negative except as indicated.

Physical Exam

Vitals & Measurements

T: 36.7 °C (Oral) HR: 92 (Peripheral) RR: 18 BP: 160/107 SpO2: 98%

HT: 182.8 cm WT: 129.200 kg BMI: 39

Constitutional: Alert, NAD

Head: NCAT

Eyes: EOMI

ENT: Mucous membranes moist, oropharynx clear

Musculoskeletal: paraspinous tenderness to lumbar spine

Neurologic: no focal deficits

Skin: no rash

Psychiatric: Normal affect, cooperative

Urine pH	12/26/20 5.0
	14:30
Urine Protein	12/26/20 Negative
	14:30
Urine Glucose	12/26/20 Negative
	14:30
Urine Ketones	12/26/20 Negative
	14:30
Urine Bilirubin	12/26/20 Negative
	14:30
Urine Blood	12/26/20 Small Abnormal
	14:30
Urine Nitrite	12/26/20 Negative
	14:30
Urine Urobilinogen	12/26/20 Negative
	14:30
Urine Leukocyte Esterase	12/26/20 Negative
	14:30

Medical Decision Making

31 year old presents with lower back pain. the patient denies any recent injury. he advised he lifts heavy material at work. xray is negative. patient safe for outpatient management

Assessment/Plan

1. Back pain (M54.9)
2. Muscle spasm (M62.838)
3. Hematuria (R31.9)

Data Review/Billing

Laboratory Test Ordered or Reviewed (1 point): yes

Radiology Test Ordered or Reviewed (1 point): yes

EKG or Other Medical Test Ordered or Reviewed (1 point): No

Decision to Obtain Old Record (1 point): yes

Review and Summation of Old Record (2 points):

History obtained from someone other than the patient: No

The SCRIPTS database was verified prior to the issuance of a Schedule II controlled substance prescription: no

All medical record entries made by the scribe were at my direction and personally dictated by me. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam, assessment and plan.

I have personally directed, reviewed, and agree with the discharge instructions.

UA Microscopic	LATEST RESULTS
Urine Microscopic	12/26/20 Indicated
Indicated?	14:30 Abnormal
Cx Not Indicated	12/26/20 Cx Not
	14:30 Indicated
Urine WBC	12/26/20 0
	14:30
Urine RBC	12/26/20 <1
	14:30
Urine Squamous	12/26/20 0
Epithelial Cells	14:30
Urine Mucous	12/26/20 Trace Abnormal
	14:30

Diagnostic Results

XR Spine Lumbar 2-3 Views AP+LAT

12/26/20 15:01:40

IMPRESSION:

1. Loss of the lumbar lordosis most likely due to muscle spasm.

2. Otherwise normal 2 views of the lumbar spine. No acute findings.

SIGNATURE:

Electronically Signed.
By: Stephan Stamato M.D.
On: 12/26/2020 15:02

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Signed By: Stamato, MD, Stephan

CT Renal / Kidney Stone Scan

12/26/20 16:42:32

IMPRESSION:

1. Evaluation of soft tissue organs and vasculature compromised by lack of IV contrast.
2. Within limitations, no acute abnormality in the abdomen or pelvis.
3. Degenerative changes of the lumbar spine at L5-S1. With

SIGNATURE:

Electronically Signed

By: Thomas Pacicco

On: 12/26/2020 16:46

Signed By: Pacicco, Thomas A

Electronically Signed on 12/26/20 02:43 PM

Mitropolous, Joanna V

Electronically Signed on 12/26/20 05:16 PM

Mitropolous, Joanna V

Electronically Signed on 01/17/21 07:44 PM

LANE, APRN, LATOYA S

Document Type:

Service Date/Time:

Result Status:

Document Subject:

Sign Information:

ED Discharge Information

12/26/2020 17:08 EST

Auth (Verified)

ED Disposition Documentation

CARTER, RN, EYVONNE (12/26/2020 17:08 EST)

ED Disposition Documentation Entered On: 12/26/2020 17:08 EST

Performed On: 12/26/2020 17:08 EST by CARTER, RN, EYVONNE

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Disposition Documentation

Patient Condition/Disposition: Satisfactory
ED Procedural Sedation: No
ED Restraint/Seclusion: No
ED Assistance Summary Documentation: Open assistance summary documentation
ED Discharged to: Home with Self Care/Family
ED Discharge Documentation: Open Discharge Documentation

CARTER, RN, EYVONNE - 12/26/2020 17:08 EST

Assistance Summary

Not Applicable: N/A

CARTER, RN, EYVONNE - 12/26/2020 17:08 EST

Discharge

Discharged to care of: Self
Mode of Discharge: Ambulatory
Individuals Taught: Patient
Home Caregiver Present for Session: No
Teaching Method - ED: Written/printout, Explanation
Barriers to Learning: None evident

CARTER, RN, EYVONNE - 12/26/2020 17:08 EST

Electronically Signed on 12/26/20 05:08 PM

CARTER, RN, EYVONNE

Document Type:
Service Date/Time:
Result Status:
Document Subject:
Sign Information:

ED Patient Education Note
12/26/2020 17:18 EST
Modified
ED Patient Education Note
CARTER, RN, EYVONNE (12/26/2020 17:18 EST); CARTER,
RN, EYVONNE (12/26/2020 17:10 EST); LANE, APRN, LATOYA
S (12/26/2020 17:07 EST); LANE, APRN, LATOYA S
(12/26/2020 17:07 EST)

ED Patient Education Note

Patient Education Instructions

Name: INMAN, QUSHON MONTREESE Current Date: 12/26/2020 17:18:20
MRN: 001073364 FIN: 1001254106
The following sheet(s) are the Patient Education Leaflets for INMAN, QUSHON MONTREESE

Back Pain, Adult

Back pain is very common in adults. The cause of back pain is rarely dangerous and the pain often gets better over time. The cause of your back pain may not be known. Some common causes of back pain include:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation



- Strain of the muscles or ligaments supporting the spine.
- Wear and tear (*degeneration*) of the spinal disks.
- Arthritis.
- Direct injury to the back.

For many people, back pain may return. Since back pain is rarely dangerous, most people can learn to manage this condition on their own.

Follow these instructions at home:

Watch your back pain for any changes. The following actions may help to lessen any discomfort you are feeling:

- Remain active. It is stressful on your back to sit or stand in one place for long periods of time. Do not sit, drive, or stand in one place for more than 30 minutes at a time. Take short walks on even surfaces as soon as you are able. Try to increase the length of time you walk each day.
- Exercise regularly as directed by your health care provider. Exercise helps your back heal faster. It also helps avoid future injury by keeping your muscles strong and flexible.
- Do not stay in bed. Resting more than 1-2 days can delay your recovery.
- Pay attention to your body when you bend and lift. The most comfortable positions are those that put less stress on your recovering back. Always use proper lifting techniques, including:
 - 46 Bending your knees.
 - 46 Keeping the load close to your body.
 - 46 Avoiding twisting.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Emergency Documentation

- Find a comfortable position to sleep. Use a firm mattress and lie on your side with your knees slightly bent. If you lie on your back, put a pillow under your knees.
- Avoid feeling anxious or stressed. Stress increases muscle tension and can worsen back pain. It is important to recognize when you are anxious or stressed and learn ways to manage it, such as with exercise.
- Take medicines only as directed by your health care provider. Over-the-counter medicines to reduce pain and inflammation are often the most helpful. Your health care provider may prescribe muscle relaxant drugs. These medicines help dull your pain so you can more quickly return to your normal activities and healthy exercise.
- Apply ice to the injured area:
 - 46 Put ice in a plastic bag.
 - 46 Place a towel between your skin and the bag.
 - 46 Leave the ice on for 20 minutes, 2–3 times a day for the first 2–3 days. After that, ice and heat may be alternated to reduce pain and spasms.
- Maintain a healthy weight. Excess weight puts extra stress on your back and makes it difficult to maintain good posture.

Contact a health care provider if:

- You have pain that is not relieved with rest or medicine.
- You have increasing pain going down into the legs or buttocks.
- You have pain that does not improve in one week.
- You have night pain.
- You lose weight.
- You have a fever or chills.

Get help right away if:

- You develop new bowel or bladder control problems.
- You have unusual weakness or numbness in your arms or legs.
- You develop nausea or vomiting.
- You develop abdominal pain.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

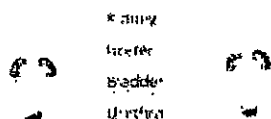
- You feel faint.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 04/27/2017 Document Reviewed: 04/21/2015
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Urology

Hematuria, Adult



Hematuria is blood in the urine. Blood may be visible in the urine, or it may be identified with a test. This condition can be caused by infections of the bladder, urethra, kidney, or prostate. Other possible causes include:

- Kidney stones.
- Cancer of the urinary tract.
- Too much calcium in the urine.
- Conditions that are passed from parent to child (inherited conditions).
- Exercise that requires a lot of energy.

Infections can usually be treated with medicine, and a kidney stone usually will pass through your urine. If neither of these is the cause of your hematuria, more tests may be needed to identify the cause of your symptoms.

It is very important to tell your health care provider about any blood in your urine, even if it is painless or the blood stops without treatment. Blood in the urine, when it happens and then stops and then happens again, can be a symptom of a very serious condition, including cancer. There is no pain in the initial stages of many urinary cancers.

Follow these instructions at home:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic medicine, take it as told by your health care provider. **Do not stop** taking the antibiotic even if you start to feel better.

Eating and drinking

- Drink enough fluid to keep your urine clear or pale yellow. It is recommended that you drink 3–4 quarts (2.8–3.8 L) a day. If you have been diagnosed with an infection, it is recommended that you drink cranberry juice in addition to large amounts of water.
- Avoid caffeine, tea, and carbonated beverages. These tend to irritate the bladder.
- Avoid alcohol because it may irritate the prostate (men).

General instructions

- If you have been diagnosed with a kidney stone, follow your health care provider's instructions about straining your urine to catch the stone.
- Empty your bladder often. Avoid holding urine for long periods of time.
- If you are female:
 - 46 After a bowel movement, wipe from front to back and use each piece of toilet paper only once.
 - 46 Empty your bladder before and after sex.
- Pay attention to any changes in your symptoms. Tell your health care provider about any changes or any new symptoms.
- It is your responsibility to get your test results. Ask your health care provider, or the department performing the test, when your results will be ready.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- You develop back pain.
- You have a fever.
- You have nausea or vomiting.
- Your symptoms do not improve after 3 days.
- Your symptoms get worse.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA.S

Emergency Documentation

Get help right away if:

- You develop severe vomiting and are unable take medicine without vomiting.
- You develop severe pain in your back or abdomen even though you are taking medicine.
- You pass a large amount of blood in your urine.
- You pass blood clots in your urine.
- You feel very weak or like you might faint.
- You faint.

Summary

- Hematuria is blood in the urine. It has many possible causes.
- It is very important that you tell your health care provider about any blood in your urine, even if it is painless or the blood stops without treatment.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- Drink enough fluid to keep your urine clear or pale yellow.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/16/2006 Document Revised: 05/13/2020 Document Reviewed: 01/20/2018
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Document Type:
Service Date/Time:
Result Status:
Document Subject:
Sign Information:

ED Patient Summary
12/26/2020 17:18 EST
Modified
ED Patient Summary
CARTER, RN, EYVONNE (12/26/2020 17:18 EST); CARTER,
RN, EYVONNE (12/26/2020 17:10 EST)

ED Patient Summary

McLeod Regional Medical Center
555 East Cheves Street
Florence SC 29502
(843) 777-2955
Discharge Instructions (Patient)

Name: INMAN, QUSHON MONTREESE

Current Date: 12/26/2020 17:18:19

Report Request ID: 79186906

Page 14 of 64

Print Date/Time: 6/24/2021 10:21 EDT

000017

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

DOB: MRN: 001073364 FIN: 1001254106
Diagnosis: 1: Back pain; 2: Muscle spasm; 3: Hematuria

Visit Date: 12/26/2020 11:32:54 America/New York

Address:

Phone: (843)601-2495

Primary Care Provider:

Name:

Phone:

Emergency Department Providers:

Primary Physician:

Primary Physician:

LANE, APRN, LATOYA S

Comment:

INMAN, QUSHON MONTREESE has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions:

With:	Address:	When:
O'Kelly, MD, Peter P	201 CASHUA STREET Florence, SC 29505 (843)673-0900	Within 2 to 4 days

Comments:

Call Monday and request an appointment

Patient Education Materials:

Hematuria, Adult; Back Pain, Adult

Hematuria, Adult

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

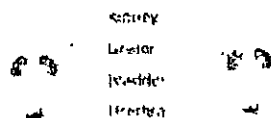
FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation



Hematuria is blood in the urine. Blood may be visible in the urine, or it may be identified with a test. This condition can be caused by infections of the bladder, urethra, kidney, or prostate. Other possible causes include:

- Kidney stones.
- Cancer of the urinary tract.
- Too much calcium in the urine.
- Conditions that are passed from parent to child (inherited conditions).
- Exercise that requires a lot of energy.

Infections can usually be treated with medicine, and a kidney stone usually will pass through your urine. If neither of these is the cause of your hematuria, more tests may be needed to identify the cause of your symptoms.

It is very important to tell your health care provider about any blood in your urine, even if it is painless or the blood stops without treatment. Blood in the urine, when it happens and then stops and then happens again, can be a symptom of a very serious condition, including cancer. There is no pain in the initial stages of many urinary cancers.

Follow these instructions at home:

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic medicine, take it as told by your health care provider. Do not stop taking the antibiotic even if you start to feel better.

Eating and drinking

- Drink enough fluid to keep your urine clear or pale yellow. It is recommended that you drink 3–4 quarts (2.8–3.8 L) a day. If you have been diagnosed with an infection, it is recommended that you drink cranberry juice in addition to large amounts of water.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

- Avoid caffeine, tea, and carbonated beverages. These tend to irritate the bladder.
- Avoid alcohol because it may irritate the prostate (men).

General instructions

- If you have been diagnosed with a kidney stone, follow your health care provider's instructions about straining your urine to catch the stone.
- Empty your bladder often. Avoid holding urine for long periods of time.
- If you are female:
 - 46 After a bowel movement, wipe from front to back and use each piece of toilet paper only once.
 - 46 Empty your bladder before and after sex.
- Pay attention to any changes in your symptoms. Tell your health care provider about any changes or any new symptoms.
- It is your responsibility to get your test results. Ask your health care provider, or the department performing the test, when your results will be ready.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- You develop back pain.
- You have a fever.
- You have nausea or vomiting.
- Your symptoms do not improve after 3 days.
- Your symptoms get worse.

Get help right away if:

- You develop severe vomiting and are unable take medicine without vomiting.
- You develop severe pain in your back or abdomen even though you are taking medicine.
- You pass a large amount of blood in your urine.
- You pass blood clots in your urine.
- You feel very weak or like you might faint.
- You faint.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

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DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Summary

- Hematuria is blood in the urine. It has many possible causes.
- It is very important that you tell your health care provider about any blood in your urine, even if it is painless or the blood stops without treatment.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- Drink enough fluid to keep your urine clear or pale yellow.

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Back Pain, Adult

Back pain is very common in adults. The cause of back pain is rarely dangerous and the pain often gets better over time. The cause of your back pain may not be known. Some common causes of back pain include:



- Strain of the muscles or ligaments supporting the spine.
- Wear and tear (*degeneration*) of the spinal disks.
- Arthritis.
- Direct injury to the back.

For many people, back pain may return. Since back pain is rarely dangerous, most people can learn to manage this condition on their own.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Follow these instructions at home:

Watch your back pain for any changes. The following actions may help to lessen any discomfort you are feeling:

- Remain active. It is stressful on your back to sit or stand in one place for long periods of time. **Do not** sit, drive, or stand in one place for more than 30 minutes at a time. Take short walks on even surfaces as soon as you are able. Try to increase the length of time you walk each day.
- Exercise regularly as directed by your health care provider. Exercise helps your back heal faster. It also helps avoid future injury by keeping your muscles strong and flexible.
- **Do not** stay in bed. Resting more than 1–2 days can delay your recovery.
- Pay attention to your body when you bend and lift. The most comfortable positions are those that put less stress on your recovering back. Always use proper lifting techniques, including:
 - 46 Bending your knees.
 - 46 Keeping the load close to your body.
 - 46 Avoiding twisting.
- Find a comfortable position to sleep. Use a firm mattress and lie on your side with your knees slightly bent. If you lie on your back, put a pillow under your knees.
- Avoid feeling anxious or stressed. Stress increases muscle tension and can worsen back pain. It is important to recognize when you are anxious or stressed and learn ways to manage it, such as with exercise.
- Take medicines only as directed by your health care provider. Over-the-counter medicines to reduce pain and inflammation are often the most helpful. Your health care provider may prescribe muscle relaxant drugs. These medicines help dull your pain so you can more quickly return to your normal activities and healthy exercise.
- Apply ice to the injured area:
 - 46 Put ice in a plastic bag.
 - 46 Place a towel between your skin and the bag.
 - 46 Leave the ice on for 20 minutes, 2–3 times a day for the first 2–3 days. After that, ice and heat may be alternated to reduce pain and spasms.
- Maintain a healthy weight. Excess weight puts extra stress on your back and makes it difficult to maintain good posture.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Contact a health care provider if:

- You have pain that is not relieved with rest or medicine.
- You have increasing pain going down into the legs or buttocks.
- You have pain that does not improve in one week.
- You have night pain.
- You lose weight.
- You have a fever or chills.

Get help right away if:

- You develop new bowel or bladder control problems.
- You have unusual weakness or numbness in your arms or legs.
- You develop nausea or vomiting.
- You develop abdominal pain.
- You feel faint.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 04/27/2017 Document Reviewed: 04/21/2015
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Allergies: No Known Allergies

Medication Information:

McLeod ED Physicians provided you with a complete list of medications post discharge. If you have been instructed to stop taking a medication, please ensure you also follow up with this information to your Primary Care Physician. Unless otherwise noted, please continue to take medications as prescribed prior to your Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

New Medications and Prescriptions

Printed Prescriptions

diclofenac (diclofenac sodium 75 mg oral delayed release tablet)

1 tab Oral (given by mouth) 2 times a day for 7 Days. Refills: 0.

Last Dose: _____ Next Dose: _____

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Emergency Documentation

tiZANidine (Zanaflex 4 mg oral capsule) 1 Capsules Oral (given by mouth) 3 times a day for 7 Days. Refills: 0.

Last Dose: _____ Next Dose: _____

Comment:

McLeod Regional Medical Center
555 East Cheves Street
Florence SC 29502
(843) 777-2955
Discharge Instructions (Patient)

Name: INMAN, QUSHON MONTREESE

Current Date: 12/26/2020 17:18:19 America/New_York

DOB:

MRN: 001073364

FIN: 1001254106

Diagnosis: 1:Back pain; 2:Muscle spasm; 3:Hematuria1:Back pain; 2:Muscle spasm; 3:Hematuria

I, INMAN, QUSHON MONTREESE, have reviewed the discharge instructions with a MCLD healthcare representative. I have received and understand my discharge instructions.

We are pleased to have been able to provide you with care today. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition.

In most cases, treatment in an Emergency Department is intended to be temporary in nature. In general any additional treatment is to be given by your family doctor, or the physician to whom you have been referred upon discharge from the Emergency Department.

These instructions are temporary. If you have any questions or problems after leaving the Emergency Department, please notify your physician or the physician to whom you have been referred, or return to the Emergency Department if your condition worsens.

Reminder: If you have been referred to another physician for follow-up care, your treatment physician may expect payment at time of service. Please contact the physician's office prior to treatment to clarify payment options.

X-RAYS and LAB TESTS:

If you had x-rays today, they were read by a radiologist. If you had a culture done, it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Emergency Documentation

If you received a prescription for medication(s) today, it is important that when you fill this, you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Patient (or Guardian) Signature 12/26/2020 17:18:19

Primary Nurse Signature 12/26/2020 17:18:19

McLeod Regional Medical Center
555 East Cheves Street
Florence SC 29502
(843) 777-2855
Discharge Instructions (Patient)

Name: INMAN, QUSHON MONTREESE Current Date: 12/26/2020 17:18:19 America/New_York
DOB: MRN: 001073364 FIN: 1001254106
Diagnosis: 1:Back pain; 2:Muscle spasm; 3:Hematuria 1:Back pain; 2:Muscle spasm; 3:Hematuria

I, INMAN, QUSHON MONTREESE, have reviewed the discharge instructions with a MCLD healthcare representative. I have received and understand my discharge instructions.

We are pleased to have been able to provide you with care today. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition.

In most cases, treatment in an Emergency Department is intended to be temporary in nature. In general any additional treatment is to be given by your family doctor, or the physician to whom you have been referred upon discharge from the Emergency Department.

These instructions are temporary. If you have any questions or problems after leaving the Emergency Department, please notify your physician or the physician to whom you have been referred, or return to the Emergency Department if your condition worsens.

Reminder: If you have been referred to another physician for follow-up care, your treatment physician may expect payment at time of service. Please contact the physician's office prior to treatment to clarify payment options.

X-RAYS and LAB TESTS:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Emergency Documentation

If you had x-rays today, they were read by a radiologist. If you had a culture done, it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this, you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Patient (or Guardian) Signature 12/26/2020 17:18:19

Primary Nurse Signature 12/26/2020 17:18:19

Document Type:
Service Date/Time:
Result Status:
Document Subject:
Sign Information:

ED Clinical Summary
12/26/2020 17:18 EST
Modified
ED Clinical Summary
CARTER, RN, EYVONNE (12/26/2020 17:18 EST); CARTER,
RN, EYVONNE (12/26/2020 17:10 EST)

ED Clinical Summary

McLeod Healthcare

Emergency Department

Clinical Summary

PERSON INFORMATION

Name: INMAN, QUSHON MONTREESE
Sex: Male
Marital Status: Single
MRN: 001073364
Visit Reason: Back pain; LOWER BACK
PAIN
Address:

Age: 31 Years
Language: English
Phone: (843)601-2495
Acct# 1001254106
Acuity: 4 - Less Urgent

DOB:
PCP:
Med Service: Emergency Medicine
Arrival: 12/26/2020 11:32:54
LOS: 000 05:45

Diagnosis:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Emergency Documentation

1: Back pain; 2: Muscle spasm; 3: Hematuria
Medications Administered:

Medication	Dose	Route
tramadol	50 mg	Oral

Radiology Orders:

CT Renal / Kidney Stone Scan 12/26/20 15:28:00 EST, Stat, Reason: Flank pain, Reason: back pain

XR Spine Lumbar 2-3 Views AP+LAT 12/26/20 14:16:00 EST, Stat, Reason: pain

Laboratory Orders:

UA Culture Not Indicated Urine, Clean Catch, Stat Collect, 12/26/20 14:16:00 EST, Once, Nurse collect

UA w Reflex Culture if Indicated

Urine, Clean Catch, Stat Collect, 12/26/20 14:16:00 EST, Once, Nurse collect, Print Label

Lab and Rad:

Laboratory or Other Results This Visit (last charted value for your 12/26/2020 visit)

Urinalysis

12/26/2020 2:30 PM

Urine Color: Straw

Urine WBC: 0 /HPF

Urine Urobilinogen: Negative EU/dL

Urine Bilirubin: Negative

Urine Ketones: Negative mg/dL

Urine RBC: <1 /HPF

Urine Leukocyte Esterase: Negative

Urine Nitrite: Negative

Urine Glucose: Negative mg/dL

Urine Protein: Negative mg/dL

Urine Blood: Small

Urine Mucous: Trace /HPF

Urine Specific Gravity: 1.015 -- Normal range between (1.003 and 1.040)

Urine Squamous Epithelial Cells: 0 /HPF

Urine pH: 5.0 -- Normal range between (4.5 and 7.5)

Urine Appearance: Clear

Urine Microscopic Indicated?: Indicated

Cx Not Indicated: Cx Not Indicated

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Emergency Documentation

Computed Tomography

12/26/2020 4:15 PM

CT Renal / Kidney Stone Scan: CT Renal / Kidney Stone Scan

Diagnostic Radiology

12/26/2020 2:56 PM

XR Spine Lumbar 2-3 Views AP+LAT: XR Spine Lumbar 2-3 Views AP+LAT

Medications:

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Mitropoulos, Joanna V	ED Scribe	12/26/2020 11:44:00	12/26/2020 12:01:24
LANE, APRN, LATOYA S	ED Midlevel	12/26/2020 12:33:09	
Mitropoulos, Joanna V	ED Scribe	12/26/2020 13:20:37	

Attending Physician:
LANE, APRN, LATOYA S

Admit Doc
LANE, APRN, LATOYA S

Consulting Doc

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.7 Deg C	36.7 Deg C
Temp Temporal		
Temp Intravascular		
Temp Axillary		
Temp Rectal		
O2 Sat	98 %	98 %
Respiratory Rate	18 br/min	18 br/min
Peripheral Pulse Rate		
Apical Heart Rate		
Blood Pressure	160 mmHg / 107 mmHg	149 mmHg / 88 mmHg

Allergies

No Known Allergies

Immunizations

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364 Admit: 12/26/2020
FIN: 1001254106 Disch: 12/26/2020
DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Emergency Documentation

No Immunizations Documented This Visit

DISCHARGE INFORMATION

Discharge Disposition: Home or Self Care
Discharge Location: Home
Discharge Date and Time: 12/26/2020 17:17:00
ED Checkout Date and Time: 12/26/2020 17:17:00

DEPART REASON INCOMPLETE INFORMATION

Problems

No Problems Documented

Smoking Status

4 or less cigarettes(< 1/4 pack)/day in last 30 days

PATIENT EDUCATION INFORMATION

Instructions:
Hematuria, Adult; Back Pain, Adult
Follow up:

With:	Address:	When:
O'Kelly, MD, Peter P	201 CASHUA STREET Florence, SC 29505 (843)673-0900	Within 2 to 4 days

Comments:

Call Monday and request an appointment!

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

MRN: 001073304
FIN: 1001254106

* ED Documentation - Auth (Verified) *

McLeod Regional Medical Center
555 East Cheves Street
Florence SC 29502
(843) 777-2955
Discharge Instructions (Patient)

Name: INMAN, QUSHON MONTREESE Current Date: 12/29/2020 17:10:01
Address: New York
DOB: MRN: 001073304 FIN: 1001254106
Diagnosis: 1: Back pain; 2: Muscle spasms; 3: Herniated disc; 4: Back pain; 5: Muscle spasms; 6: Herniated disc

I, INMAN, QUSHON MONTREESE, have reviewed the discharge instructions with a
McLeod healthcare representative. I have received and understand my discharge
instructions.

We are pleased to have been able to provide you with care today. Please review these instructions when
you return home in order to better understand your diagnosis and the necessary further treatment and
precautions related to your condition.

In most cases, treatment in an Emergency Department is intended to be temporary in nature. In general,
any additional treatment is to be given by your family doctor, or the physician to whom you have been
referred upon discharge from the Emergency Department.

These instructions are temporary. If you have any questions or problems after leaving the Emergency
Department, please notify your physician or the physician to whom you have been referred, or return to
the Emergency Department if your condition worsens.

Reminder: If you have been referred to another physician for follow-up care, your treatment physician may
expect payment at time of service. Please contact the physician's office prior to treatment to clarify
payment options.

X-RAYS and LAB TESTS:
If you had x-rays today, they were read by a radiologist. If you had a culture done, it will take 24 to 72
hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact
you. Please verify your current phone number prior to discharge at the check-out desk.

MEDICATIONS:
If you received a prescription for medication(s) today, it is important that when you fill this, you let the
pharmacist know all the other medications that you are on and any allergies you might have. It is also
important that you notify your follow-up physician of all your medications including the prescriptions you
may receive today.

Name: INMAN, QUSHON MONTREESE
MRN: 001073304

8 of 10

Dec 29/2020 17:10:03

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

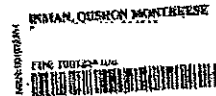
MRN: 001073364
FIN: 1001254106

* ED Documentation - Auth (Verified) *

Patient (or Guardian) Signature: 12/26/2020 17:10:01

[Handwritten Signature]
Primary Nurse Signature: 12/26/2020 17:10:01

12/26/20 17:17



Name: INMAN, QUSHON MONTREESE
MRN: 001073364

10 of 10

Dec 26 2020 17:10:03

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Progress Notes

Document Type:

Service Date/Time:

Result Status:

Document Subject:

Sign Information:

Radiology Progress Note

12/26/2020 16:15 EST

Auth (Verified)

ct

WHITLEY, BRIAN (12/26/2020 16:16 EST)

Scan complete, no change in pt status

Administrative

*** Clinical Documentation Content on Following Page ***

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

MRN: 001073364
FIN: 1001254106

* Consent Forms - Auth (Verified) *

McLeod Health

The Choice for Medical Excellence.

ADMISSION/OUTPATIENT CONDITIONS FOR MCLEOD HEALTH FACILITIES

Consent for Admission or Outpatient Treatment: I/we hereby give my consent for the admission or Outpatient Treatment considered necessary to this McLeod Health facility for the patient whose name appears below under the care of the attending physician, his associates, partners, assistants or designees. I/we consent to the care or treatment, which may encompass necessary laboratory, diagnostic or medical treatment and procedures; prescribed medication information, if available; or recordings and/or filming's for internal purposes, which the physician, his associates, partners, assistants or designees may deem necessary or advisable during my stay. Physicians, members of the house staff, and employees of the hospital will perform this care.

Teaching Programs: I/we understand the facilities may enter into agreements with medical, nursing and allied health programs. Various health profession students may participate in my care. I/we agree to participate, but have the right to limit my participation at any time.

Assignment of Insurance Benefits and Third Party Claims: I/we hereby authorize payment directly to this McLeod Health facility of medical benefits otherwise payable to me, including major medical insurance benefits, PIP benefits, sick benefits or injury benefits due because of any insurance policy and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient unless I/we pay the account in full upon discharge. I/we also authorize payment of surgical or medical, including major medical benefits, directly to attending physicians, but not to exceed charges for these services. I/we also authorize payment of hospital and medical benefits otherwise payable to me for professional services performed by hospital based physician groups and/or any other designated service provider and for any other physician on the active staff of this McLeod Health facility. I/we understand that I/we am financially responsible to the facility and physicians for charges, whether or not covered by this assignment. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may bear interest at the legal rate. I/we further agree that in the event medical benefits exceed charges of the McLeod Health facility for its services in connection with this episode of care, that any such excess amount be first applied to the payment of any other indebtedness due by me for treatment and services rendered or any for any amount which I/we am responsible on account of other episodes of care, and the balance, if any remains, paid to me. I/we further authorize refund of overpaid insurance benefits in accordance with my policy conditions where my coverages are subject to the coordination of benefits clause. I/we further agree that the facility is authorized to act in my behalf in the endorsement of benefit checks made payable to me and/or the facility. If I/we am a participant/beneficiary of an employee welfare benefit plan governed by the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. § 1001 et seq., I/we designate McLeod Health as my authorized representative and grant to McLeod Health the authority to act on my behalf in pursuing and appealing a benefit determination under the plan. Such authority shall include the right to request and receive a copy of the plan description and/or summary plan description.

Medicare-Medicaid Patient's Certification: Payment Request: I/we assign payment for the unpaid charges for certain physician services furnished by specialists, and physicians for whom the facility is authorized to bill. I/we understand that I/we am responsible for any health insurance deductibles and coinsurance. I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I/we request that payment of authorized benefits be made on my behalf.

Payment Guarantee: I/we hereby jointly and severally agree to pay all charges for services received by the patient named below during this "episode of care."

Also, I/we understand that a personal physician is to be selected, by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise.

Also, I/we have read the above consent/authorization and understand the same and certify that no guarantee or assurance has been made as to the results that may be obtained.

- ☒ **Personal Property:** I understand that upon request the facility will hold on deposit any money or valuables and is not responsible for personal property retained in the patient's room or with the patient.
- ☒ I have received information regarding the Hospital Patient Safety Act and a copy of the Patient Rights and Responsibilities.
- ☒ I/we consent to all communications by McLeod Health, its subsidiaries, employees, agents and business associates to my telephone or cell phone, via text messages or emails. I/we acknowledge and understand that methods of contact may include using a pre-recorded/artificial voice message and/or use of an automatic telephone dialing device.

1001254106

Account Number


Patient's (Guarantor's) Signature

Patient

Relationship to Patient

12/26/2020

Date

Time

INMAN, QUSHON MONTREESE
Patient's Name

Gee, Wilandra

Witness

12/26/2020 11:33:46

Date

Time

McLeod Health complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, sex, religion, gender identity or sexual orientation.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1001254106
DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
Disch: 12/26/2020
Admitting: LANE, APRN, LATOYA S

Administrative

Document Type: Coding Query
Service Date/Time: 12/30/2020 15:10 EST
Result Status: Auth (Verified)
Document Subject: Coding Query
Sign Information: LANE, APRN, LATOYA S (1/17/2021 22:50 EST)

Please add final dx and sign your note for DOS 12/26/20 FIN 1001254106. Thanks, SGriggs

Electronically Signed on 01/17/21 10:50 PM

LANE, APRN, LATOYA S

Document Type: Coding Summary
Service Date/Time: 12/26/2020 17:17 EST
Result Status: Auth (Verified)
Document Subject: Coding Summary
Sign Information:

CODING DATE: 01/18/2021 FINAL
McLeod Regional Medical Center

DSCH STATUS:
Home or Self Care

PAYOR:
Self Pay

APC	DESCRIPTION
5523	Level 3 Imaging without Contrast
5024	Level 4 Type A ED Visits

ADMIT DX:
M54.9 Dorsalgia, unspecified

REASON FOR VISIT DX:
R20.0 Anesthesia of skin

FINAL DX:
PRINCIPAL:
M54.9 Dorsalgia, unspecified

SECONDARY:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Administrative

M62.838 Other muscle spasm

R31.9 Hematuria, unspecified

F17.210 Nicotine dependence, cigarettes, uncomplicated

PYMT

PROC APC STAT DESCRIPTION

DOCTOR NAME

DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Revised Coded By: Griggs, Stacy N

Revised Date Saved: 01/18/2021 12:48 pm

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

MRN: 001073364
FIN: 1001254106

* Release of Information - Auth (Verified) *

To: 8437775256

From: Claire Owens

5-21-21 2:07pm p. 1 of 5



**ROBINSON
GRAY**

Litigation + Business

CLAIRE OWENS

DIRECT 803.231.7623 FAX 803.231.7696

c.owens@robinsongray.com

May 21, 2021

VIA FAX - 843-777-5256
McLeod Regional Medical Center
ATTN: Medical Records
555 E. Cheves St.
Florence, SC 29506

1073364
100454106

RE: PATIENT: Qushon Inman
Qushon Inman v. General Electric - Florence
DOI: 03/19/2021
WCC No.: 2104833
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

REQUEST FOR AN ABSTRACT ONLY OF ALL RECORDS FROM 03/19/2001 TO
PRESENT

Dear Medical Records Custodian:

Enclosed for service upon you is a Subpoena (Form 27) for records in the above-
referenced case.

Copying Charges

Pursuant to SC Code of Law 42-15-95, a health care facility and a health care provider
may charge a fee for the search and duplication of a medical record in accordance
with regulations promulgated by the Workers' Compensation Commission. Providers
must respond to a request for copies within fourteen days of receipt or face a penalty
of up to \$200.

According to the 2020 South Carolina Workers' Compensation Medical Services
Provider Manual:

- Copying charges for electronic format (PREFERRED) are \$0.65 per page for
the first 30 pages in an electronic format, and \$0.50 per page thereafter
provided in an electronic format, which may not exceed \$150.00 per
request, plus a clerical and handling fee of \$25 plus tax and actual postage
costs.
- Copying charges for printed format are \$0.65 per page for the first
30 printed pages, and \$0.50 per printed page thereafter, which may not
exceed \$200.00 per request, plus a clerical and handling fee of \$25 plus tax
and actual postage costs.

1310 Gadsden Street | PO Box 11449 | Columbia, SC 29211
MAIN 803.528.1400 FAX 803.529.0300

RECEIVED MAY 21 2021

MENTAS LAW FIRM WORLDWIDE

ROBINSON GRAY STEPP LAFFITTE, LLC ROBINSONGRAY.COM

clx 9 pgs 05/27/21

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth: *

MRN: 001073364
FIN: 1001254106

* Release of Information - Auth (Verified) *

To: 6437775256

From: Claire Owens

5-21-21 2:07pm p. 2 of 5



**ROBINSON
GRAY**

Litigation + Business

If the production of the requested records is more than \$100.00 please call or fax correspondence for fee approval.

Please be further advised that this matter is pending under the South Carolina Workers' Compensation Act. Pursuant to Section 164.512(l) of the Health Insurance Portability and Accountability Act (HIPAA) an entity covered by HIPAA may disclose protected health information when necessary to comply with laws relating to workers' compensation. Specifically, that Section states:

A covered entity may use or disclose protected health information without the written authorization of the individual, as described in § 164.508 or the opportunity for the individual to agree or object as described in § 164.510, in the situations covered by this section, subject to the applicable requirements of this section. ...

(1) **Standard: Disclosure for workers' compensation.** A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Therefore, the information requested through this Subpoena is not protected by HIPAA.

By copy of this letter, we are hereby furnishing the claimant's attorney with a copy of the enclosed Subpoena. Thank you for your assistance in this matter.

Very truly yours,

Claire Owens
Paralegal to Nicolas Haigler
Enclosures

cc: Steve Wukela, Jr. Esquire w/enc.
Tracey Archambeault (via email)

MRN: 001073364
FIN: 1001254106

5-21-21 2:07pm p. 1 of 5.

WFO File #: 2104813
 Carrier File #: 441104ASG00001
 Carrier Code #: _____
 Employee FICA #: _____

Employer's Name
3001 West Radio Drive, Florence, SC 29501
Address City State

Prepared by Phone #: (803) 523-1400

DATE AND TIME:

DATE AND TIME:

See Attachment

May 31, 2021 at 5:00 PM

DATE AND TIME:

5/21/2021
DATE

SUBPOENA

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

MRN: 001073364
FIN: 1001254106

* Release of Information - Auth (Verified) *

To: 8437775256

From: Claire Owens

5-21-21 2:07pm p. 4 of 5

Qushon Inman v. General Electric - Florence
WCC No.: 2104833
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252
(Attachment to Form 27)

Copies of an ABSTRACT ONLY of all medical records relating to the treatment and/or evaluation of **Qushon Inman** (Social Security No.:) including, but not limited to, copies of any and all records regarding medical evaluations, diagnosis, treatment, procedures, radiology reports, and/or consultation reports **FROM 03/19/2001 TO PRESENT**. In addition, any and all causation opinions, statements, correspondence, including but not limited to, those addressed to or from attorneys, to or from other physicians, facilities, experts and/or any other persons concerning the claimant.

Please provide records in ELECTRONIC FORMAT when available.

Please refer to cover letter regarding the South Carolina Workers' Compensation Medical Services Provider Manual allowable copying charges.

If the production of the requested records is more than \$100.00, please call or fax correspondence for fee approval.

Patient Name: INMAN OLUSHON MONTREESE
Date of Birth:

MRN: 001073364
FIN: 1001254106

* Release of Information - Auth (Verified) *

To: 8437775256

From: Claire Owens

5-21-21 2:07pm p. 5 of 5

CERTIFICATE OF SERVICE

I, the undersigned, paralegal with the law offices of Robinson Gray Stepp & Laffitte, L.L.C., attorneys for Defendant, do hereby certify that I have served the foregoing documents on recipient and opposing counsel(s) of record as follows:

Pleading(s): FORM 27 - SUBPOENA

Person/Party Served: VIA FAX - 843-777-5256
McLeod Regional Medical Center
ATTN: Medical Records
555 E. Cheves St.
Florence, SC 29508

VIA ELECTRONIC SERVICE
Steve Wukela, Jr. Esquire
Wukela Law Firm
PO Box 13057
Florence, SC 29504-3057
steve@wukelalaw.com



Claire Owens

Columbia, SC
May 21, 2021

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

MRN: 001073364
FIN: 1001254106

* Release of Information - Auth (Verified) *



McLeod Health

This Choice for Medical Excellence

AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
Created 2003, Reviewed 12-04-2015, Revised 12-07-2018

01/07/2020
16:01:25
P. K. Up

Patient Name: Qushon M. Inman Date of Birth: _____
Address: _____ SSN: _____
Patient or MPO: _____

I authorize McLeod Regional Medical Center (Provider) to use or disclose my "protected health information" (PHI) for

Recipient Name: Qushon M. Inman

Information for treatment period: From (date) Dec 26, 2020 To (date) Dec 26, 2020

- ☒ Discharge Summary ☒ History and Physical Examination ☐ Consultation
☒ Pathology Reports ☒ Laboratory Tests ☒ Radiology Reports
☒ Operative Notes ☒ Emergency Department Reports
☒ Other (please specify): Medical Records and Files

Purpose(s): ☒ Legal Investigation ☒ Insurance ☐ Disability Determination ☐ Other _____

OR: ☒ I request my information be released to me to exercise my right to access and obtain a copy of my PHI.

- A. I understand that PHI may include records disclosed by health-care providers and facilities that previously provided treatment to me.
B. I understand that PHI may include information and records protected under Federal Law (such as alcohol and drug abuse treatment) and/or State Law (such as mental health, AIDS or HIV).
C. I understand I may revoke this Authorization at any time however the revocation will not apply to PHI that has already been used or disclosed pursuant to this authorization. Contact the Privacy Officer to initiate the revocation process.
D. I understand that McLeod Health will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.
E. I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal privacy standards.
F. I understand that this Authorization will expire in 90 days after it is signed unless another date is specified here.

I have read and understand this Authorization. I certify that I am the Patient listed above or a person authorized to permit release of records on the Patient's behalf. I hereby release the Provider (as named above) from any liability or damages arising in connection or related to with the use and/or disclosure of my protected health information pursuant to this Authorization.

Print Patient Name: Qushon M. Inman Patient Signature: [Signature] Date: 01/07/2020
Authorized Representative: _____ Relationship to Patient: _____ Telephone Number: _____

PROVIDER USE ONLY:	Received on _____	Disclosure on _____	Copy to Patient on <u>7-2-20</u>
Disclosure by: <u>[Signature]</u>	Authority: <u>[Signature]</u>		

000041

Patient Name: INMAN, QUSHON MONTREESE
Date of Birth:

MRN: 001073364
FIN: 1001254106

* Release of Information - Auth (Verified) *

MRN: 001073364
FINE: 1001254106

HIGON

The Choice for Medical Excellence.

Date of Birth: _____
 SS #: _____
 Patient's of MRSA: 1073364

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SC# 101359329

PROVIDER USE ONLY Received on _____ Disclosure on _____ Copy to Patient on _____
Disclosure by: 9/10 Author: _____

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073354
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Allergy List

Substance: No Known Allergies

Recorded Date/Time:

12/26/2020 14:06 EST

Allergy Type: Allergy; Category Drug; Reaction Status: Active; Reviewed Date/Time: 12/26/2020 14:06 EST; Reviewed By: CARTER, RN, EYVONNE

Social History

Electronic Cigarette

Detail: E-Cigarette Use: Never; (Last Update: 12/26/2020 14:09 EST by CARTER, RN, EYVONNE)

Tobacco

Detail: Smoking tobacco use: 4 or less cigarettes (< 1/4 pack)/day in last 30 days. Type: 3 Black/MILD DAILY. (Last Update: 12/26/2020 14:08 EST by CARTER, RN, EYVONNE)

Detail: Smoking tobacco use: Never (less than 100 in lifetime). (Last Update: 12/26/2020 14:09 EST by CARTER, RN, EYVONNE)

Detail: Smoking tobacco use: 4 or less cigarettes (< 1/4 pack)/day in last 30 days. (Last Update: 12/26/2020 14:09 EST by CARTER, RN, EYVONNE)

Clinical Diagnoses

Diagnosis: Hematuria (Qualifier:)

Secondary Description:

Last Reviewed Date: 12/26/2020 17:07 EST; LANE, APRN, LATOYA S Responsible Provider: LANE, APRN, LATOYA S

Diagnosis Date: 12/26/2020

Status: Active

Clinical Service: ; Classification: Medical; Confirmation: Confirmed; Code: R31.9 (ICD-10-CM); Ranking: ; Severity: ;

Severity Class: ; Certainty:

Diagnosis: Muscle spasm (Qualifier:)

Secondary Description:

Last Reviewed Date: 12/26/2020 17:07 EST; LANE, APRN, LATOYA S Responsible Provider: LANE, APRN, LATOYA S

Diagnosis Date: 12/26/2020

Status: Active

Clinical Service: ; Classification: Medical; Confirmation: Confirmed; Code: M62.838 (ICD-10-CM); Ranking: ; Severity: ;

Severity Class: ; Certainty:

Diagnosis: Back pain (Qualifier:)

Secondary Description:

Last Reviewed Date: 12/26/2020 17:07 EST; LANE, APRN, LATOYA S Responsible Provider: LANE, APRN, LATOYA S

Diagnosis Date: 12/26/2020

Status: Active

Clinical Service: ; Classification: Medical; Confirmation: Confirmed; Code: M54.9 (ICD-10-CM); Ranking: ; Severity: ;

Severity Class: ; Certainty:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Clinical Diagnoses

Diagnosis: Back pain (Qualifier:)

Secondary Description:

Last Reviewed Date: 12/26/2020 14:07 EST; CARTER, RN, Responsible Provider:
EYVONNE

Diagnosis Date: 12/26/2020

Status: Active

Clinical Service: Non-Specified; Classification: Nursing; Confirmation: Complaint of; Code:

EB3604E6-BBDC-406B-89B6-C97C33BDD763 (PNED); Ranking: ; Severity: ; Severity Class: ; Certainty:

Medication Administration Record

Medications

Medication Name: tramADol

Admin Date/Time: 12/26/2020 14:28 EST

Charted Date/Time: 12/26/2020 14:28 EST

Ingredients: trams50Tab 50 mg

Admin Details: (Auth) Oral

Pain Scale: Numeric Rating Pain Scale; Pain Score Obtained: 10; Primary Pain Location: Back

Action Details: Order: LANE, APRN, LATOYA S 12/26/2020 14:16 EST; Perform: CARTER, RN, EYVONNE 12/26/2020 14:28 EST; VERIFY: CARTER, RN, EYVONNE 12/26/2020 14:28 EST

Infusion Billing

Infusion Billing Report

12/26/20 11:32 US/Eastern to 06/24/21 10:21 US/Eastern

INMAN, QUSHON MONTREESE FIN 1001254106
Emergency Location: A

MRN 1073364

No Results Qualified.

Orders - Medications

Prescription

Order: tiZANidine (Zanaflex 4 mg oral capsule)

Order Date/Time: 12/26/2020 17:06 EST

Order Status: Prescribed

Clinical Category: Medications

Medication Type: Prescription

End-state Date/Time: 1/2/2021 17:06 EST

End-state Reason:

Ordering Physician: LANE, APRN, LATOYA S

Consulting Physician:

Entered By: LANE, APRN, LATOYA S on 12/26/2020 17:06 EST

Order Details: 4 mg = 1 cap, Oral, TID, # 21 cap, 0 Refill(s)

Order Comment:

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073384 Admit: 12/26/2020
 FIN: 1001254106 Disch: 12/26/2020
 DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Orders - Medications

Prescription

Order: diclofenac (diclofenac sodium 75 mg oral delayed release tablet)
 Order Date/Time: 12/26/2020 17:06 EST
 Order Status: Prescribed Clinical Category: Medications Medication Type: Prescription
 End-state Date/Time: 1/2/2021 17:06 EST End-state Reason:
 Ordering Physician: LANE, APRN, LATOYA S Consulting Physician:
 Entered By: LANE, APRN, LATOYA S on 12/26/2020 17:06 EST
 Order Details: 75 mg = 1 tab, Oral, BID, # 14 tab, 0 Refill(s)
 Order Comment:

Orders - Medications

Inpatient

Order: tramADol
 Order Date/Time: 12/26/2020 14:16 EST
 Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 12/26/2020 14:28 EST End-state Reason:
 Ordering Physician: LANE, APRN, LATOYA S Consulting Physician:
 Entered By: LANE, APRN, LATOYA S on 12/26/2020 14:16 EST
 Order Details: 50 mg = 1 tab, Oral, Tab, Once, First Dose: 12/26/20 2:16:00 PM EST, Stop Date: 12/26/20 2:28:55 PM EST, STAT
 Order Comment:

Orders

Admit/Transfer/Discharge

Order: Discharge Patient
 Order Date/Time: 12/26/2020 17:08 EST
 Order Status: Discontinued Department Status: Discontinued Activity Type: Admit/Transfer/Discharge
 End-state Date/Time: 12/29/2020 18:16 EST End-state Reason:
 Ordering Physician: LANE, APRN, LATOYA S Consulting Physician:
 Entered By: LANE, APRN, LATOYA S on 12/26/2020 17:08 EST
 Order Details: 12/26/20 5:08:00 PM EST, Home with Family Care
 Action Type: Discontinue Action Date/Time: 12/29/2020 18:16 EST Electronically Signed By: SYSTEM, SYSTEM Cerner
 Communication Type:
 Action Type: Order Action Date/Time: 12/26/2020 17:08 EST Electronically Signed By: LANE, APRN, LATOYA S
 Communication Type: Written

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Orders

Laboratory

Order: UA Culture Not Indicated		
Order Date/Time: 12/26/2020 15:06 EST		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 12/26/2020 15:06 EST		End-state Reason:
Ordering Physician: LANE, APRN, LATOYA S		Consulting Physician:
Entered By: SYSTEM, SYSTEM Cerner on 12/26/2020 15:06 EST		
Order Details: Urine, Clean Catch, Stat Collect, 12/26/20 2:16:00 PM EST, Once, Nurse collect		
Action Type: Complete	Action Date/Time: 12/26/2020 15:06 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Action Type: Order	Action Date/Time: 12/26/2020 15:06 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: Discern-Expert		
Action Type: Status Change	Action Date/Time: 12/26/2020 15:06 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Order: Urinalysis w Reflex Culture if Indicated (UA w Reflex Culture if Indicated)		
Order Date/Time: 12/26/2020 14:16 EST		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 12/26/2020 14:59 EST		End-state Reason:
Ordering Physician: LANE, APRN, LATOYA S		Consulting Physician:
Entered By: LANE, APRN, LATOYA S on 12/26/2020 14:16 EST		
Order Details: Urine, Clean Catch, Stat Collect, 12/26/20 2:30:00 PM EST, Once, Nurse collect, Print Label		
Action Type: Status Change	Action Date/Time: 12/26/2020 14:59 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Action Type: Complete	Action Date/Time: 12/26/2020 14:59 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Action Type: Status Change	Action Date/Time: 12/26/2020 14:49 EST	Electronically Signed By: EVANS, PHYLLIS
Communication Type:		
Action Type: Status Change	Action Date/Time: 12/26/2020 14:44 EST	Electronically Signed By: CARTER, RN, EYVONNE
Communication Type:		
Action Type: Order	Action Date/Time: 12/26/2020 14:17 EST	Electronically Signed By: LANE, APRN, LATOYA S
Communication Type: Written		

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McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364 Admit: 12/26/2020
 FIN: 1001254106 Disch: 12/26/2020
 DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Orders

Patient Care

Order: ED Assessment Adult		
Order Date/Time: 12/26/2020 11:38 EST		
Order Status: Completed	Department Status: Completed	Activity Type: Patient Care
End-state Date/Time: 12/26/2020 14:12 EST		End-state Reason:
Ordering Physician: SYSTEM, SYSTEM Cerner		Consulting Physician:
Entered By: SYSTEM, SYSTEM Cerner on 12/26/2020 11:38 EST		
Order Details: 12/26/20 11:38:13 AM EST, Stop date 12/26/20 2:12:12 PM EST		
Action Type: Complete	Action Date/Time: 12/26/2020 14:12 EST	Electronically Signed By: CARTER, RN, EYVONNE
Communication Type:		
Action Type: Order	Action Date/Time: 12/26/2020 11:38 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Order: ED General Assessment		
Order Date/Time: 12/26/2020 11:38 EST		
Order Status: Completed	Department Status: Completed	Activity Type: Patient Care
End-state Date/Time: 12/26/2020 14:12 EST		End-state Reason:
Ordering Physician: SYSTEM, SYSTEM Cerner		Consulting Physician:
Entered By: SYSTEM, SYSTEM Cerner on 12/26/2020 11:38 EST		
Order Details: 12/26/20 11:38:13 AM EST, Stop date 12/26/20 2:12:12 PM EST		
Action Type: Complete	Action Date/Time: 12/26/2020 14:12 EST	Electronically Signed By: CARTER, RN, EYVONNE
Communication Type:		
Action Type: Order	Action Date/Time: 12/26/2020 11:38 EST	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073354 Admit: 12/26/2020
 FIN: 1001254106 Disch: 12/26/2020
 DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Orders

Pharmacy

Order: tramADol		
Order Date/Time: 12/26/2020 14:16 EST		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 12/26/2020 14:28 EST		End-state Reason:
Ordering Physician: LANE, APRN, LATOYA S		Consulting Physician:
Entered By: LANE, APRN, LATOYA S on 12/26/2020 14:16 EST		
Order Details: 50 mg = 1 tab, Oral, Tab, Once, First Dose: 12/26/20 2:16:00 PM EST, Stop Date: 12/26/20 2:28:55 PM EST, STAT		
Action Type: Complete	Action Date/Time: 12/26/2020 14:28 EST	Electronically Signed By: CARTER, RN, EYVONNE
Communication Type:		
Action Type: Order	Action Date/Time: 12/26/2020 14:17 EST	Electronically Signed By: LANE, APRN, LATOYA S
Communication Type: Written		

Radiology

Order: XR Spine Lumbar AP/LAT/FLEX/EXT		
Order Date/Time: 3/31/2021 15:48 EDT		
Order Status: Future	Department Status: On Hold	Activity Type: Radiology
End-state Date/Time: 4/1/2021 15:48 EDT		End-state Reason:
Ordering Physician: Hulet, PA-C, C Dean		Consulting Physician:
Entered By: Yarborough, Brent on 3/31/2021 15:48 EDT		
Order Details: 4/1/21, Routine, Reason: Pain; pain, Pain		
Action Type: Modify	Action Date/Time: 3/31/2021 15:48 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: Discern Expert		
Action Type: Order	Action Date/Time: 3/31/2021 15:48 EDT	Electronically Signed By: Yarborough, Brent
Communication Type: No Co-sign Required		

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Medication Reconciliation

No Reconciliation History

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Orders

Radiology

Order: **CT Renal /Kidney Stone Scan**

Order Date/Time: 12/26/2020 15:28 EST

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 12/26/2020 16:47 EST

End-state Reason:

Ordering Physician: LANE, APRN, LATOYA S

Consulting Physician:

Entered By: LANE, APRN, LATOYA S on 12/26/2020 15:28 EST

Order Details: 12/26/20 3:28:00 PM EST, Stat, Reason: Flank pain, Reason: back pain

Action Type: Complete

Action Date/Time: 12/26/2020 16:47 EST

Electronically Signed By: Pacicco, Thomas A

Communication Type: Written

Action Type: Status Change

Action Date/Time: 12/26/2020 16:15 EST

Electronically Signed By: WHITLEY, BRIAN

Communication Type: Written

Action Type: Status Change

Action Date/Time: 12/26/2020 16:14 EST

Electronically Signed By: WHITLEY, BRIAN

Communication Type: Written

Action Type: Order

Action Date/Time: 12/26/2020 15:29 EST

Electronically Signed By: LANE, APRN, LATOYA S

Communication Type: Written

Order: **XR Spine Lumbar 2-3 Views AP+LAT**

Order Date/Time: 12/26/2020 14:16 EST

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 12/26/2020 15:03 EST

End-state Reason:

Ordering Physician: LANE, APRN, LATOYA S

Consulting Physician:

Entered By: LANE, APRN, LATOYA S on 12/26/2020 14:16 EST

Order Details: 12/26/20 2:16:00 PM EST, Stat, Reason: pain

Action Type: Complete

Action Date/Time: 12/26/2020 15:03 EST

Electronically Signed By: Stamato, MD, Stephan

Communication Type: Written

Action Type: Status Change

Action Date/Time: 12/26/2020 14:56 EST

Electronically Signed By: Gainey, Darien N

Communication Type: Written

Action Type: Status Change

Action Date/Time: 12/26/2020 14:56 EST

Electronically Signed By: Gainey, Darien N

Communication Type: Written

Action Type: Order

Action Date/Time: 12/26/2020 14:17 EST

Electronically Signed By: LANE, APRN, LATOYA S

Communication Type: Written

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Urinalysis

Legend: a=Amended, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

UA Macroscopic

Collected Date: 12/26/2020 14:30 EST				
Procedure	Results	Units	Reference Range	Verified Date/Time
Urine Color	Straw@		[Yellow]	12/26/2020 14:59 EST
Urine Appearance	Clear		[Clear]	12/26/2020 14:59 EST
Urine Specific Gravity	1.015		[1.003-1.040]	12/26/2020 14:59 EST
Urine pH	5.0		[4.5-7.5]	12/26/2020 14:59 EST
Urine Protein	Negative	mg/dL	[Negative]	12/26/2020 14:59 EST
Urine Glucose	Negative	mg/dL	[Negative]	12/26/2020 14:59 EST
Urine Ketones	Negative	mg/dL	[Negative]	12/26/2020 14:59 EST
Urine Bilirubin	Negative ^{††}		[Negative]	12/26/2020 14:59 EST
Urine Blood	Small@		[Negative]	12/26/2020 14:59 EST
Urine Nitrite	Negative		[Negative]	12/26/2020 14:59 EST
Urine Urobilinogen	Negative	EU/dL	[Negative]	12/26/2020 14:59 EST
Urine Leukocyte Esterase	Negative		[Negative]	12/26/2020 14:59 EST

Interpretive Data

i1: Urine Bilirubin
 Some urine specimens may contain impurities such as food dyes and therapeutic pigments that produce discoloration of the test that may lead to a false positive bilirubin result.

UA Microscopic

Collected Date: 12/26/2020 14:30 EST				
Procedure	Results	Units	Reference Range	Verified Date/Time
Urine Microscopic Indicated?	Indicated@		[Not Indicated]	12/26/2020 14:59 EST
Urine WBC	0	/HPF	[≤5]	12/26/2020 15:06 EST
Urine RBC	<1	/HPF	[≤5]	12/26/2020 15:06 EST
Urine Squamous Epithelial Cells	0	/HPF		12/26/2020 15:06 EST
Urine Mucous	Trace@	/HPF	[None Seen]	12/26/2020 15:06 EST
Cx Not Indicated	See Below ^{†††}			12/26/2020 15:06 EST

Textual Results

T1: 12/26/2020 14:30 EST (Cx Not Indicated)
 Urine Culture Not Indicated, See Comment

Result Comments

f1: Cx Not Indicated
 WBC must be ≥10/hpf AND Epithelial cells ≤5/hpf in order for culture to reflex. A new order and a specimen recollection is recommended if patient is symptomatic.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Computed Tomography

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
10-CT-20-103548	12/26/2020 16:15 EST	CT Renal / Kidney Stone Scan	LANE, APRN, LATOYA S	31 years

Reason for Exam

(CT Renal / Kidney Stone Scan) back pain; Flank pain

Report

EXAM:

CT RENAL STONE

CLINICAL DATA:

Flank pain; lower back pain onset 1 1/2 months ago after exercising, pain to bend or twist

COMPARISON:

None.

TECHNIQUE:

Multi-detector CT imaging of the abdomen and pelvis was performed following the standard protocol without intravenous contrast.

All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

FINDINGS:

Scout: No acute abnormality.

Lower Thorax: No cardiomegaly. No pericardial effusion. Lung bases are clear.

Abdomen and Pelvis:

Liver: No hepatomegaly. Smooth surface contour. Normal attenuation.

Biliary System:

Gallbladder: Present. Unremarkable.

Bile Ducts: No intrahepatic or extrahepatic biliary ductal dilation.

Spleen: No splenomegaly.

Pancreas: No ductal dilation.

Adrenals: No thickening or nodules.

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
MRN: 001073364 Admit: 12/26/2020
FIN: 1001254106 Disch: 12/26/2020
DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Computed Tomography

Report

Urinary System:

Kidneys and Ureters: Normal in size and location. No renal or ureteral calculi. No hydronephrosis or hydroureter.

Bladder: Normal.

GI System:

Stomach: Normal.

Small Bowel: Normal in course and caliber.

Large Bowel: Normal in caliber. Appendix is Normal.

Vasculature: Abdominal aorta is normal in caliber.

Lymph nodes: No lymphadenopathy.

Peritoneal cavity and surface: No free fluid. No pneumoperitoneum.

Soft Tissues: Normal.

Reproductive Organs: Normal.

Bones: Degenerative changes of the spine, most prominent at L5-S1.
No acute fracture or aggressive osseous lesion.

IMPRESSION:

1. Evaluation of soft tissue organs and vasculature compromised by lack of IV contrast.
2. Within limitations, no acute abnormality in the abdomen or pelvis.
3. Degenerative changes of the lumbar spine at L5-S1. With

SIGNATURE:

Electronically Signed
By: Thomas Pacicco
On: 12/26/2020 16:46

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Computed Tomography

Report

***** Final *****

Dictated by: Pacicco, Thomas A

Dictated DT/TM: 12/26/2020 4:42 pm

Signed by: Pacicco, Thomas A

Signed (Electronic Signature): 12/26/2020 4:47 pm

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
10-XR-20-292409	12/26/2020 14:56 EST	XR Spine Lumbar 2-3 Views AP+LAT	LANE, APRN, LATOYA S	31 years

Reason for Exam

(XR Spine Lumbar 2-3 Views AP+LAT) pain

Report

EXAM:

LUMBAR SPINE - 2-3 VIEWS

CLINICAL DATA:

pain;

COMPARISON:

None.

FINDINGS:

Five lumbar type vertebral bodies are noted. There is loss of the lumbar lordosis with otherwise normal alignment of the vertebral bodies of the lumbar spine. The disc spaces, and the vertebral body heights are preserved. No acute fractures or dislocations. No spondylolysis, or spondylolisthesis. The bilateral sacroiliac joints are normal. The sacroiliac joints are normal.

IMPRESSION:

1. Loss of the lumbar lordosis most likely due to muscle spasm.
2. Otherwise normal 2 views of the lumbar spine. No acute findings.

SIGNATURE:

Electronically Signed

By: Stephan Stamato M.D.

On: 12/26/2020 15:02

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Diagnostic Radiology

Report

***** Final *****

Dictated by: Stamato, MD, Stephan

Dictated DT/TM: 12/26/2020 3:01 pm

Signed by: Stamato, MD, Stephan

Signed (Electronic Signature): 12/26/2020 3:03 pm

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Admit-Discharge-Transfer Forms

Electronically Signed By:

CARTER, RN, EYVONNE (12/26/2020 17:09 EST)

Valuables/Belongings Entered On: 12/26/2020 17:09 EST

Performed On: 12/26/2020 17:09 EST by CARTER, RN, EYVONNE

Valuables/Belongings

Belonging Status on ED Admission : Patient

Belongings Status on ED Disposition : Patient

CARTER, RN, EYVONNE - 12/26/2020 17:09 EST

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Measurements

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Measurements

Recorded Date:	12/26/2020	12/26/2020		
Recorded Time:	14:07 EST	14:05 EST		
Recorded By:	SYSTEM, SYSTEM Corner	CARTER, RN, EYVONNE		
Procedure:			Units:	Reference Range
Weight Measured	-	129.2	kg	
Weight Dosing	129.200	-	kg	
Height/Length Measured	-	182.8	cm	
Body Mass Index Measured	-	39	kg/m2	

Recorded Date:	12/26/2020	12/26/2020		
Recorded Time:	11:38 EST	11:38 EST		
Recorded By:	SYSTEM, SYSTEM Corner	Owens, MST, Cecilia A		
Procedure:			Units:	Reference Range
Weight Measured	-	129.2	kg	
Weight Dosing	129.200	-	kg	
Height/Length Measured	-	182.8	cm	

Musculoskeletal Assessment ED

Recorded Date:	12/26/2020			
Recorded Time:	14:09 EST			
Recorded By:	CARTER, RN, EYVONNE			
Procedure:		Units:	Reference Range	
Lower Back				
ED Cap refill distal to injury musc	Less than or equal to 3 seconds ⁰¹			
ED Pulse distal to injury musc	2+ normal ⁰¹			
ED Sensation distal in injury musc	Numbness ⁰¹			

Order Comments

01: ED General Assessment

Order placed due to patient arrival to the Emergency Department

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date:	12/26/2020	12/26/2020
		Recorded Time:	17:16 EST	11:38 EST
		Recorded By:	CARTER, RN, EYVONNE	Owens, MST, Cecilia A
Procedure	Units	Reference Range		
Systolic Blood Pressure	mmHg	[91-140]	149 ^H	160 ^H
Diastolic Blood Pressure	mmHg	[90]	88	107 ^H
Temperature Oral	Deg C	[36.1-37.8]	-	36.7
Pulse Rate	bpm	[50-100]	-	92
Respiratory Rate	br/min	[12-20]	-	16
Mean Arterial Pressure, Cuff	mmHg	[65-140]	114	125

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pain Tools

		Recorded Date:	12/26/2020	12/26/2020	12/26/2020
		Recorded Time:	14:28 EST	14:28 EST	14:05 EST
		Recorded By:	CARTER, RN, EYVONNE	CARTER, RN, EYVONNE	CARTER, RN, EYVONNE
Procedure					
Pain Present	-	-	-	-	Yes actual or suspected pain
Preferred Pain Tool	-	-	-	-	Numeric rating scale
Numeric Rating Pain Scale	10	-	-	-	-
Pain Scale	-	-	Numeric Rating Pain Scale	-	-
Pain Score Obtained	-	-	10	-	-

Primary Pain Assessment

		Recorded Date:	12/26/2020	12/26/2020
		Recorded Time:	14:28 EST	14:05 EST
		Recorded By:	CARTER, RN, EYVONNE	CARTER, RN, EYVONNE
Procedure				
Primary Pain Location	Back		Back	

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Newborn

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Caregiver Learning Assessment

Recorded Date	12/26/2020		
Recorded Time	17:08 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure		Units	Reference Range
Home Caregiver Present for Session	No		

General

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Discharge Needs

Recorded Date	12/26/2020
Recorded Time	17:08 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
ED Discharged to	Home with Self Care/Family

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Respiratory Assessment

Recorded Date	12/26/2020		
Recorded Time	14:09 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure		Units	Reference Range
Respirations	Unlabored ^{02 01}		
Respiratory Pattern	Regular ^{02 01}		

Order Comments

- O1: ED General Assessment
Order placed due to patient arrival to the Emergency Department
- O2: ED Assessment Adult
Order placed due to patient arrival to the Emergency Department

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Airway Information

Recorded Date:	12/26/2020
Recorded Time:	14:09 EST
Recorded By:	CARTER, RN, EYVONNE
Procedure	Units Reference Range
Patient Airway Status	Patent ^{02 01}

Order Comments:

- O1: ED General Assessment
 Order placed due to patient arrival to the Emergency Department
- O2: ED Assessment Adult.
 Order placed due to patient arrival to the Emergency Department

Oxygen Therapy & Oxygenation Information

Recorded Date:	12/26/2020
Recorded Time:	11:38 EST
Recorded By:	Owens, MST, Cecilia A
Procedure	Units Reference Range
SpO2	98 % [90-100]

Gastrointestinal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Gastrointestinal Assessment

Recorded Date:	12/26/2020
Recorded Time:	14:09 EST
Recorded By:	CARTER, RN, EYVONNE
Procedure	Units Reference Range
Abdomen Description	Normal for Age/Size ⁰¹

Order Comments:

- O1: ED General Assessment
 Order placed due to patient arrival to the Emergency Department

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Genitourinary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Genitourinary Assessment

Recorded Date	12/26/2020		
Recorded Time	14:09 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure		Units	Reference Range
Urinary Symptoms	Voiding no difficulties ⁰¹		

Order Comments

01: ED General Assessment
 Order placed due to patient arrival to the Emergency Department

Gynecology-Obstetrics

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Menstrual History

Recorded Date	12/26/2020		
Recorded Time	14:05 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure		Units	
Pregnancy Status	N/A		

Musculoskeletal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Musculoskeletal Assessment

Recorded Date	12/26/2020		
Recorded Time	14:09 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure			
Lower Back			
Musculoskeletal Abnormality:	No abnormalities ⁰¹		
Musculoskeletal Symptoms:	See Below ^{12 12 01}		
Musculoskeletal Color	Expected for Ethnicity ⁰¹		
Musculoskeletal Temperature	Warm ⁰¹		
Musculoskeletal ROM:	Full motion ⁰¹		

Textual Results

T2: 12/26/2020 14:09 EST (Musculoskeletal Symptoms:)
 Impaired movement, Joint stiffness, Weakness, Pain

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Musculoskeletal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Musculoskeletal Assessment

Result Comments

R2: Musculoskeletal Symptoms:
 states painshoots down left leg, intermittent numbness of left foot, nailbed on great Toe is white

Order Comments

O1: ED General Assessment
 Order placed due to patient arrival to the Emergency Department

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

Recorded Date	12/26/2020		
Recorded Time	14:09 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure		Units	Reference Range
Skin Color General	Expected for Ethnicity ⁰²		
Skin Temperature	Warm ⁰²		
Skin Description	Dry ⁰²		

Order Comments

O2: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neurological Assessment

Recorded Date	12/26/2020		
Recorded Time	14:09 EST		
Recorded By	CARTER, RN, EYVONNE		
Procedure		Units	Reference Range
Characteristics of Speech	Clear ⁰¹		
Characteristics of Verbal Expression	See Below ^{T3,01}		
Level of Consciousness AVPU	Alert and responsive ⁰²		
Characteristics of Comprehension	See Below ^{T4,01}		

Textual Results

T3: 12/26/2020 14:09 EST (Characteristics of Verbal Expression)

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364
 FIN: 1001254106
 DOB/Age/Sex: 31 years Male

Admit: 12/26/2020
 Disch: 12/26/2020
 Admitting: LANE, APRN, LATOYA S

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neurological Assessment

Textual Results

T3: 12/26/2020 14:09 EST (Characteristics of Verbal Expression)
 Appropriate for developmental age, Speaks full sentences
 T4: 12/26/2020 14:09 EST (Characteristics of Comprehension)
 Appropriate for developmental age

Order Comments

O1: ED General Assessment
 Order placed due to patient arrival to the Emergency Department
 O2: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Glasgow Coma Assessment

Recorded Date	12/26/2020
Recorded Time	14:05 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	Units Reference Range
Eye Opening Response Glasgow	Spontaneously
Best Verbal Response Glasgow	Oriented
Best Motor Response Glasgow	Obeys commands
Glasgow Coma Score	15

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Fall Risk Scale Morse

Recorded Date	12/26/2020
Recorded Time	14:05 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
History of Fall in Last 3 Months Morse	No
Presence of Secondary Diagnosis Morse	No
Use of Ambulatory Aid Morse	None, bedrest, wheelchair, nurse
IV/Heparin Lock Fall Risk Morse	No
Gait Weak or Impaired Fall Risk Morse	Normal, bedrest, immobile
Mental Status Fall Risk Morse	Oriented to own ability
Morse Fall Score	0

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

Admit: 12/26/2020

FIN: 1001254106

Disch: 12/26/2020

DOB/Age/Sex: 31 years Male

Admitting: LANE, APRN, LATOYA S

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychological Functions

Recorded Date	12/26/2020
Recorded Time	14:09 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	Units
Orientation Assessment	Oriented x 4 ⁰²

Order Comments:

O2: ED Assessment Adult

Order placed due to patient arrival to the Emergency Department

Emergency Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

ED Teaching

Recorded Date	12/26/2020
Recorded Time	17:08 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
Teaching Method -ED	Written/printout, Explanation

Triage Information

Recorded Date	12/26/2020	12/26/2020
Recorded Time	14:05 EST	11:36 EST
Recorded By	CARTER, RN, EYVONNE	RHODES, BEVERLY
Procedure		
Tracking Group	MRMC ED Tracking Group	MRMC ED Tracking Group
Tracking Acuity	4 - Less Urgent	4 - Less Urgent

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE
 MRN: 001073364 Admit: 12/26/2020
 FIN: 1001254106 Disch: 12/26/2020
 DOB/Age/Sex: 31 years Male Admitting: LANE, APRN, LATOYA S

Procedures

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Valuables and Belongings

Recorded Date	12/26/2020
Recorded Time	17:09 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
Belonging Status on ED Admission	Patient
Belongings Status on ED Disposition	Patient

Education

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient and Family Education

Recorded Date	12/26/2020
Recorded Time	17:08 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
Barriers to Learning	None evident
Home Caregiver Present for Session	No
Individuals Taught	Patient

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Recorded Date	12/26/2020	12/26/2020
Recorded Time	14:05 EST	11:36 EST
Recorded By	CARTER, RN, EYVONNE	RHODES, BEVERLY
Procedure		
Chief Complaint	See Below T5	See Below T6
Lynx Mode of Arrival	Walking	Walking
Preferred Languages	English	

Textual Results

T5: 12/26/2020 14:05 EST (Chief Complaint)
 lower back pain onset 1 1/2 months ago after exercising, pain to bend or twist
 T6: 12/26/2020 11:36 EST (Chief Complaint)
 lower back pain onset 1 1/2 months ago after exercising, pain to bend or twist

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1001254106

DOB/Age/Sex: 31 years Male

Admit: 12/26/2020

Disch: 12/26/2020

Admitting: LANE, APRN, LATOYA S

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Discharge Information

Recorded Date	12/26/2020
Recorded Time	17:08 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
Mode of Discharge	Ambulatory
ED Discharged to	Home with Self Care/Family

Advance Directives

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Advance Directive Information

Recorded Date	12/26/2020
Recorded Time	14:05 EST
Recorded By	CARTER, RN, EYVONNE
Procedure	
Advance Directive	No

2	Manuel Fonseca, MD	MUSC - Florence	03/23/21	68-105
	Kenneth Burns, MD		03/24/21	106-142
	Kristin Dubose, NP		03/29/21	143-180



MUSC Health
Medical University of South Carolina

MUSC Regional Health Network

- Charleston
- Chester
- Florence
- Lancaster
- Marion

FAX MEMORANDUM

Date: Monday, May 10, 2021

pages (including cover): 04

If you did not receive the number of pages stated, please contact sender.

From: Veta Sumter
Fax: 843-876-8080
Phone: 843-876-8022

To: Florence
Company:
Fax: 8436742198
Phone:

RECEIVED

MAY 10 2021

BY ROI

NOTES:

If you have received this communication in error, please immediately notify the MUSC Compliance Office at (843) 792-4037 or the sender at the number indicated on this fax. Thank you.

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Date and time of transmission: Monday, May 10, 2021 8:17:44 AM
Number of pages including this cover sheet: 04
This fax with unique id # VES6098EC2DDF2C
was sent by Veta Sumter

000068

Florence
5/17/21

WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 689-5634
FAX (843) 689-5150

April 27, 2021

PLEASE NOTE THIS LETTER HEREIN RECITES A NEW FEDERAL REGULATION, 45 CFR § 171.302 (EFFECTIVE JUNE 30, 2020) REGARDING THE CHARGES FOR PROVIDING MEDICAL RECORDS PERTAINING TO THE PATIENT'S MEDICAL REQUEST AND AUTHORIZATION.

Medical University of South Carolina ✓
Attention: Health Information Management
1 South Park Circle
Building 1 - Suite 200
Charleston, SC 29407

Re: Patient's Name: Qushon M. Inman
DOB: [REDACTED]

Dear Sir or Madame:

Please be advised that this office represents Qushon M. Inman. It is my understanding that your office has provided medical care to Mr. Inman. Pursuant to Federal Law, to-wit: 42 USC § 17935(e), and 45 CFR § 164.524 (a) (1), (c) (3), Qushon M. Inman, has, by virtue of the attached Authorization to Disclose, directed your office to transmit electronically certain designated protected health information (PHI) to my office at medical.steve@wukelalaw.com.

Be advised that under the authority delegated to it by the 21st Century Cares Act, Health and Human Services has promulgated a new regulation, *21st Century Cares act: Interoperability, Information Blocking, and the ONC Health IT Certification Program*, that prohibits medical-records providers from charging more than the patient rate for Electronic Health Information (EHI) requests like those requested by my client. See 85 Fed. Reg. 25642 (May 1, 2020).

Under this new rule, any request for electronic access to medical records is subject to the patient rate regardless of whether it comes from the patient themselves or from a third-party seeking the records on the patient's behalf. See 45 CFR § 171.302 (Effective June 30, 2020). The rule establishes that the patient rate must also apply where the records are directed to be sent to a third party. *Id.*

The scope of this rule sweeps broadly in that it covers requests made by or directed to any "person or entity designated by the individual" and is not limited to an individual's "agent" or "personal representative." *Id.* As a result, the patient rate now applies to any requests for EHI made by third parties including lawyers representing patients. Here, because my client's request is covered by this rule, any attempt to assess more than the patient rate will be invalid and stand

000069

Medical University of South Carolina

Page 2

April 27, 2021

In clear violation of federal law.

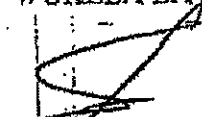
Please produce the requested medical records immediately by e-mail to medical.steve@wukelalaw.com. If you charge an amount in excess of the "patient rate" for my client's authorization and request to your office to transmit electronically certain designated protected health information (PHI) to my office, we will be forced to file an action seeking a ruling that the charge is invalid and that you have acted illegally. We will furthermore apprise the Department of Health and Human Services Office of Civil Rights ("OCR") of your violation.

Thank you for your consideration of this matter.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM


STEVE WUKELA, JR.

SWJr/tcc
Attachment

000070

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER:

Muse ~ Florence
1 South Park Circle
Building 1 - Suite 200
Charleston SC 29407

Patient Name: Oushon M. InmanRoadDate of Birth:

Pursuant to the HITECH Act § 13405(e); 42 USC § 17935(e); and 45 CFR § 164.524 (a)(1),(c)(3); and the Public Health Service Act 42 USC § 300 jj-52; and 45 CFR § 171.302 (Effective June 30, 2020), I hereby direct and authorize the above named provider to disclose and electronically transmit my Protected Health Information (PHI) to the below designated recipient:

Steve Wukela, Jr. via e-mail to: medical.steve@wukelalaw.com
Wukela Law Firm, P.O. Box 13057, Florence, SC 29504
Phone: (843) 669-5634 Fax: (843) 669-5150

This information may be disclosed and used by Steve Wukela, Jr. for the purpose of pending litigation.

I direct and authorize you to electronically transmit my complete record including, but not limited to, all intakes, evaluation and treatment notes, test results, admission records, operative notes, discharge summaries, and billing records for dates of treatment from March 1, 2021 to present.

I understand that information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this request and authorization will expire on the following date, event, or condition: . If I fail to specify an expiration date, event, or condition, this request and authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that if I have any questions about disclosure of my health information, I can contact your privacy officer.

Signature of Patient or Legal Representative

If Signed by Legal Representative, Relationship to Patient

Date

April 27, 2021
Jarnela Charles
Signature of Witness

000071

DATE: 5/12/21

The information enclosed in the following document/s pertains to the patient: **Inman, Qushon Montreese**

FROM:

MEDICAL RECORDS
RELEASE OF INFORMATION
MEDICAL UNIVERSITY OF SOUTH CAROLINA
Phone (843)792-3881 - Status/General Information

If you have received this communication in error, please notify the MUSC Compliance Office immediately at (843)792-4037. Thank you.

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000072



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Patient Demographics

Address	Phone	E-mail Address
	843-731-2495 (Home)	

CSN:
1152953573

Admission Information

Arrival Date/Time:	03/23/2021 12:59 PM	Admit Date/Time:	03/23/2021 1:10 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Ub01 - Self Referral	Admit Category:	
Means of Arrival:	Walk In	Primary Service:	Emm-emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	MUSC Service Area	Unit:	MUSC Florence Emergency Services
Admit Provider:		Attending Provider:		Referring Provider:	Manuel Antonio Fonseca, MD

Admission Orders

No orders found

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/23/2021 2:45 PM	Home Or Self Care	None	None	MUSC Florence Emergency Services

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S39.012A [Principal]	Strain of muscle, fascia and tendon of lower back, initial encounter				

Events

ED Arrival at 3/23/2021 1259

Unit: MUSC Florence Emergency Services

Admission at 3/23/2021 1310

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC25

Service: EMM-EMERGENCY MEDICINE

Bed: EC25

ED Roomed at 3/23/2021 1310

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC25

Service: EMM-EMERGENCY MEDICINE

Bed: EC25

Discharge at 3/23/2021 1445

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC25

Service: EMM-EMERGENCY MEDICINE

Bed: EC25

Discharge at 3/23/2021 1445

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC25

Service: EMM-EMERGENCY MEDICINE

Bed: EC25

Providers as of 3/23/2021

PCP

Name	Type	Specialty	Phone Number
No Pop	Not available	Not available	Not available

Referring Provider

Name	Type	Specialty	Phone Number
Manuel Antonio Fonseca, MD	Physician	Emergency Medicine	843-674-5100

Treatment Team

Role	Name	Specialty	Status	Active From	Active To	Phone Number
Nurse	Lorrie Diane Peyton,	Emergency Medicine,	Active	3/23/2021 1:05		843-674-5100



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [redacted]
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

i, Sex: M

Providers as of 3/23/2021 (continued)

Practitioner	FNP	Nurse Practitioner	PM

Review status set to Review Complete by Lorrie Diane Peyton, FNP on 3/23/2021

Allergies as of 3/23/2021

No Known Allergies

Medical as of 3/23/2021

None

Family as of 3/23/2021

None

Family Status as of 3/23/2021

None

Surgical History

Past Surgical History

None

Social History

Tobacco Use as of 3/23/2021

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Never Smoker	—	—	—	—
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source Provider
—	—	Never Used	—	—

Alcohol Use as of 3/23/2021

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source Provider
—	—	—	—	—
Frequency	Typical Drinks	Binge Drinking	—	—
—	—	—	—	—

Drug Use as of 3/23/2021

Drug Use	Types	Frequency	Comments	Source Provider
—	—	—	—	—

Sexual Activity as of 3/23/2021

Sexually Active	Birth Control	Partners	Comments	Source Provider
—	—	—	—	—

Activities of Daily Living as of 3/23/2021

None

Social Documentation as of 3/23/2021

None

Occupational as of 3/23/2021

None



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Socioeconomic as of 3/23/2021

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Not Hispanic or Latino	Black or African American	—
Financial Resource Strain					Transportation Needs: Medical		Transportation Needs: Non-medical	
—					—		—	

Lifestyle as of 3/23/2021

None

Relationships as of 3/23/2021

None

Problem List as of 3/23/2021

Never Reviewed

None

All Notes

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM

Author: Lorrie Diane Peyton, FNP

Service: EMM-EMERGENCY MEDICINE

Author Type: Nurse Practitioner

Filed: 3/23/2021 5:26 PM

Date of Service: 3/23/2021 1:05 PM

Status: Attested

Editor: Lorrie Diane Peyton, FNP (Nurse Practitioner)

Cosigner: Manuel Antonio Fonseca, MD at 3/23/2021 6:02 PM

Attestation signed by Manuel Antonio Fonseca, MD at 3/23/2021 6:02 PM

Emergency department attending physician.

Patient care provided by APP, I was available for consultation.

ED Provider Note

History

Chief Complaint

Patient presents with

- Back Pain

lower back pain that started last friday, states it shoots down both legs and up his back, pain started at work

Patient is seen by provider in triage for medical screening exam: 1306, Peyton FNP

HPI (state provider name, time, and give brief HPI): Pt c/o pain in low back since Friday (had similar pain in Dec. Of 2020). States "I might have jumped on a truck wrong."

ROS (brief 4-point ROS): Positive for low back and upper leg pain. Negative for cp, abd pain, dysuria, f/c.

All Notes (continued)

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM (continued)

Past medical history, surgical history, family history, and social history reviewed in nursing notes.

Physical Exam:

Vital signs reviewed in nursing notes

General: Alert in no distress

HEENT: Atraumatic, External ears are unremarkable, Nares patent, mucous membranes moist

Neck: Trachea midline

CV: RRR

Lungs: No respiratory distress, breath sounds equal

Abdomen: soft, non-distended

Extremities: no clubbing, cyanosis

Neuro: Alert, no gross lateralizing findings

Patient stable at present. Evaluation has been initiated and further disposition will be determined by subsequent provider. This will be achieved in as timely manner as is possible. The patient and/or family/caregiver are aware that further tests, interpretation of results, and/or treatment will follow this initial evaluation.

The history is provided by the patient. No language interpreter was used.

Back Pain

Location: **Lumbar spine**

Quality: **Aching**

Radiates to: **R thigh and L thigh**

Pain severity: **Moderate**

Pain is: **Same all the time**

Onset quality: **Gradual**

Duration: **4 days**

Timing: **Constant**

Progression: **Unchanged**

Chronicity: **Recurrent**

Context: **jumping from heights**

Context: **not falling, not MVA and not recent illness**

Worsened by: **Movement**

Ineffective treatments: **NSAIDs**

Associated symptoms: **leg pain**

Associated symptoms: **no abdominal pain, no bladder incontinence, no bowel incontinence, no chest pain, no dysuria, no fever, no numbness, no tingling and no weakness**

Risk factors: **no recent surgery**

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

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All Notes (continued)

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM (continued)

No family history on file.

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use/Topics

- Alcohol use: Not on file
- Drug use: Not on file

Review of Systems

Constitutional: Negative for fever.

HENT: Negative for congestion.

Eyes: Negative for redness.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain and bowel incontinence.

Genitourinary: Negative for bladder incontinence, decreased urine volume, dysuria, flank pain, genital sores and hematuria.

Musculoskeletal: Positive for back pain. Negative for neck pain.

Skin: Negative for rash and wound.

Neurological: Negative for tingling, weakness and numbness.

Psychiatric/Behavioral: Negative for behavioral problems.

Physical Exam

ED Triage Vitals [03/23/21 1300]

BP	Heart Rate	Resp	Temp	Temp Source	SpO2
130/78	87	18	37.1 °C (98.7 °F)	Oral	98 %

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: Normal appearance. He is not ill-appearing, toxic-appearing or diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

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All Notes (continued)

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM (continued)

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Neck supple. No neck rigidity.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds.

Musculoskeletal:

General: No swelling or deformity.

Comments: **Mild, diffuse paracervical tenderness to palpation. No midline bony tenderness. No bony step-off.**

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

General: No focal deficit present.

Mental Status: He is alert.

Psychiatric:

Behavior: Behavior normal.

ED Documentation - Procedures and MDM

Procedures

MDM

Number of Diagnoses or Management Options

Lumbar strain, initial encounter: new and does not require workup

Diagnosis management comments: Patient is a 31-year-old male presents to the ER with low back pain. He believes this started after jumping off of a truck at work. He denies numbness or tingling in the extremities, groin or buttock region. No change in bowel or bladder control. Lumbar x-ray was negative. Urine is negative as well. Patient is given muscle relaxants and pain medication. He will follow-up with family doctor.

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

Tests in the radiology section of CPT®: ordered and reviewed

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: low

Diagnostic procedures: moderate

Management options: low

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All Notes (continued)

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM (continued)

Patient Progress

Patient progress: stable

Clinical & Imaging Tests: Ordered & Reviewed

Labs

URINALYSIS W/MICROSCOPIC - Abnormal

Result	Value	Ref Range
COLOR	YELLOW	Yellow
CLARITY	CLEAR	Clear
Specific Gravity, UA	>=1.030	>1.030
PH, UA	5.5	5.0 - 8.0
Glucose, UA	NEGATIV	Negative
	E	
BILIRUBIN UA	NEGATIV	Negative
	E	
KETONES UA	NEGATIV	Negative
	E	
BLOOD UA	SMALL (*)	Negative
PROTEIN UA	NEGATIV	Negative
	E	
UROBILINOGEN UA	0.2	0.2 - 1.0
NITRITE UA	NEGATIV	Negative
	E	
LEUKOCYTE	NEGATIV	Negative
ESTERASE UA	E	
Microscopy Needed	No	
XR LUMBAR SPINE AP AND LATERAL		

Imaging - WET OR FINAL READ

Imaging Results

XR Lumbar Spine AP And Lateral (Final result)
Final result by W. Shawn Conwell, MD (03/23/21 13:44:19)

Result time 03/23/21 13:44:19

Impression:

IMPRESSION:
Unremarkable lumbar spine.

SIGNATURE:

Electronically Signed

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All Notes (continued)

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM (continued)

By: Shawn Conwell M.D.
On: 03/23/2021 13:44

Narrative:

EXAM:
LUMBAR SPINE - 2-3 VIEWS

CLINICAL DATA:

Back Pain (lower back pain that started last friday, states it shoots down both legs and up his back, pain started at work) Pt states it initially started last December and pain has been on and off since.

COMPARISON:
None

FINDINGS:
AP and lateral and cone down sacral views show normal vertebral height and alignment. Mild diffuse degenerative changes to varying degrees at multiple levels. Disc spaces are generally well maintained and posterior elements are unremarkable.

ED Medications: Ordered, Reviewed & Administered

ED Medications

Medications - No data to display

Home Medications

Current Outpatient Medications

Medication	Sig
• naproxen (NAPROSYN) 500 mg tablet	Take 1 tablet by mouth every 12 hours.
• tizanidine (ZANAFLEX) 4 mg capsule	Take 1 capsule by mouth 3 times daily.
• tramadol (ULTRAM) 50 mg tablet	Take 1 tablet by mouth every 6 hours as needed.

ED Consults

No data to display

Clinical Impression

Final diagnoses:

Lumbar strain, initial encounter (Primary)

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All Notes (continued)

ED Provider Notes by Lorrie Diane Peyton, FNP at 3/23/2021 1:05 PM (continued)

Decision Support

Clinical Opiate Withdrawal (If Applicable):

ED Course Notes

Plan

1. Naprosyn, Zanaflex, tramadol for pain and muscle spasm
2. Follow-up PCP
3. 3-day work excuse given
4. Return to ER for worsening symptoms or concerns

Attestations

MUSC ED ATTESTATION

Lorrie Diane Peyton, FNP
03/23/21 1726

000081

Flowsheets (all recorded)

Custom Formula Data

Row Name	03/23/21 1300
OTHER	
SBP (Hypotensive if SBP is <90)	130 -KD
Oxygen Saturation %	98 -KD
10 ml/kg dosing	1270.06 -KD
15 ml/kg dosing	1905.09 -KD
20 ml/kg dosing	2540.12 -KD
% Weight Change Since Birth	0 -KD
RBC/FFP/PLT	
Cryo dispense volume	12.7 Units -KD
KCAL/KG	
20 Kcal/Kg (kcal)	2540.14 -KD
25 Kcal/Kg (kcal)	3175.18 -KD
30 Kcal/Kg (kcal)	3810.21 -KD
35 Kcal/Kg (kcal)	4445.25 -KD
40 Kcal/Kg (kcal)	5080.28 -KD
45 Kcal/Kg (kcal)	5715.32 -KD
50 Kcal/Kg (kcal)	6350.35 -KD
RD Method Male (Adolescent)	
RDA Male (11-14 years) (kcal)	6985.39 -KD
RDA Male (15-18 years) (kcal)	5715.32 -KD
KCAL/KG	
20 Kcal/Kg (kcal)	2540.14 -KD
40 Kcal/Kg (kcal)	5080.28 -KD
60 Kcal/Kg (kcal)	7620.42 -KD
80 Kcal/Kg (kcal)	10160.56 -KD
100 Kcal/Kg (kcal)	12700.7 -KD
120 Kcal/Kg (kcal)	15240.84 -KD
140 Kcal/Kg (kcal)	17780.98 -KD
160 Kcal/Kg (kcal)	20321.12 -KD
180 Kcal/Kg (kcal)	22861.26 -KD
200 Kcal/Kg (kcal)	25401.4 -KD
RDA Method	
RDA (> 1 year-3 years) (kcal)	12954.71 -KD
RDA (4-6 years) (kcal)	11430.63 -KD
RDA (7-10 years) (kcal)	8890.49 -KD
WHO Equation Female	
WHO Equation Female (0-3 years) (kcal)	7696.43 -KD
WHO Equation Female (4-10 years) (kcal)	3356.66 -KD
WHO Equation Female (11-18 years) (kcal)	2295.49 -KD
WHO Equation Male	

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

, Sex: M

Flowsheets (all recorded) (continued)

Custom Formula Data (continued)

Row Name 03/23/21 1300
WHO Equation 7680.73 -KD
Male (0-3 years)
(kcal)

WHO Equation 3378.06 -KD
Male (4-10 years)
(kcal)

WHO Equation 2873.62 -KD
Male (11-18 years)
(kcal)

RDA Method (Infant)

RDA (0-6 month old) (kcal) 13716.76 -KD

RDA (> 6 months-1 year old) (kcal) 12446.69 -KD

RD Method Female (Adolescent)

RDA Female (11-14 years) (kcal) 5969.33 -KD

RDA Female (15-18 years) (kcal) 5080.28 -KD

Current Weight

Current Weight (gm) 127007 -KD

Fluid Requirements

Holliday-Segar Method (<= 10 kg) (mL) 12700.7 -KD

Holliday-Segar Method (>10 <=20 kg) (mL) 7350.35 -KD

Holliday-Segar Method (> 20 kg) (mL) 7850.35 -KD

Fluid Requirements

Holliday-Segar Method (over 20 kg) 4040.14 -KD

MEWS (Calculated) READ ONLY

Temperature 1 -KD

MEWS (Weighted)

Heart Rate MEWS (Weighted) 1 -KD

Respiration MEWS (Weighted) 1 -KD

SPO2 MEWS (Weighted) 1 -KD

Systolic BP MEWS (Weighted) 1 -KD

SIRS: Systemic Inflammatory Response Screening

Temp < 36 C (96.8 F) or > 38.3 C (100.9 F) No -KD

HR > 90 No -KD

RR > 20 bpm No -KD

Total number positive SIRS criteria met (calculated) 0 -KD

Meets criteria for high suspicion of

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

Flowsheets (all recorded) (continued)

Custom Formula Data (continued)

Row Name: 03/23/21 1309
sepsis

Severe Sepsis Screening

SBP < 90 or MAP < No -KD

65 last 6 hours

INR > 1.5 (last 24 No -KD

hours)-not currently
on Warfarin

PTT > 60 (last 24 0 -KD
hours)

RRT CCRN Sepsis Assessment-Severe Sepsis/Septic Shock Screening

Shock Index 0.67 -KD

Relevant Labs and Vitals

Temp (in Celsius) 37.1 -KD

General Assessment

Row Name: 03/23/21 14:44:37

General Assessment (MUST document exceptions in correct section for system, ONLY document on systems assessed)

Neurological: WDL -CB

Cardiac: WDL -CB

Respiratory: WDL -CB

Gastrointestinal: WDL -CB

Musculoskeletal: — c/o back pain radiating
bilateral legs -CB

Genitourinary: WDL -CB

HEENT: WDL -CB

Skin color &
condition: WDL -CB

Work/School Excuse

Row Name: 03/23/21 1416

Work Excuse

The Patient may return to work on

-LP

Date: 03/27/21 -LP

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T-IP MUSC FLORENCE
805 Pamlico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [REDACTED], Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Flowsheets (all recorded)

ESI/Acuity

Row Name	03/23/21 1300
ESI/Acuity	
Patient Acuity	4 -KD
Triage Complete	Triage complete -KD

TRIAGE CALL/START

Row Name	03/23/21 1259
Triage Start	
Triage Start	Start -KD

Triage Call/Complete

Row Name	03/23/21 1259
Triage 1 Complete	
Triage One Complete	Triage One Complete
Complete	-KD

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T-IP MUSC FLORENCE
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Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

Flowsheets (all recorded)

Vital Signs

Row Name	03/23/21 1300
Detailed Vitals	
BP	130/78 -KD
BP Location	Left arm -KD
BP Method	Machine -KD
Pulse	87 -KD
Resp	18 -KD
Temp	37.1 °C (98.7 °F) -KD
Temp src	Oral -KD
SpO2	98 % -KD
Weight	(I) 127 kg (280 lb) -KD

MEWS and qSOFA ED

Temperature	0 -KD
MEWS	
Heart Rate MEWS	0 -KD
Respirations MEWS	0 -KD
SpO2 MEWS	0 -KD
Systolic BP MEWS	0 -KD

Anthropometrics

Row Name	03/23/21 1300
Anthropometrics	
Weight	(I) 127 kg (280 lb) -KD
Weight Change	0 -KD

Provider First Contact

Row Name	03/23/21 1305
Provider First Contact	
Provider First Contact	yes -LP

000086



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: / / , Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Flowsheets (all recorded)

Departure Condition

Row Name	03/23/21 1445	03/23/21 1300
Departure Condition		
Departure Condition	Good -CB	---
Mobility at Departure	Ambulatory -CB	---
Departure Acuity	4 -CB	---
Patient Teaching	Discharge instructions reviewed - Complex (More than one RX, specialized teaching ie asthma, seizure, DM, arrange for transportation, AVS given/reviewed pt/family/caregiver demonstrates difficulty understanding instructions and requires more direction); Follow-up care reviewed; Pain management discussed; Medications discussed; Patient verbalized understanding -CB	---
Work/School Excuse Given?	Work Excuse Given -CB	---
Departure Mode	By Self -CB	---
Detailed Vitals		
BP	---	130/78 -KD
BP Location	---	Left arm -KD
BP Method	---	Machine -KD
Pulse	---	87 -KD
Resp	---	18 -KD
Temp	---	37.1 °C (98.7 °F) -KD
Temp src	---	Oral -KD
SpO2	---	98 % -KD
Weight	---	(I) 127 kg (280 lb) -KD

Triage Start

Row Name	03/23/21 1259
Triage 2 Start	
Triage 2 Start	Triage Start -KD

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
CB	Cynthia Barefoot, RN	08/13/19 -
KD	Kelly Day, RN	08/06/19 -
LP	Lorrie Diane Peyton, FNP	01/14/21 - 03/29/21

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

000088



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Imaging - All Orders and Results

XR Lumbar Spine AP And Lateral [234939920]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1309
Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1309
Frequency: Once 03/23/21 1310 - 1 occurrence

Ordering provider: Lorrie Diane Peyton, FNP

Status: Completed

XR Lumbar Spine AP And Lateral [234939922]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1309
This order may be acted on in another encounter.
Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1309

Ordering provider: Lorrie Diane Peyton, FNP

Status: Completed

XR Lumbar Spine AP And Lateral [234939922]

Resulted by: W. Shawn Conwell, MD
Accession number: 18356100

Resulted: 03/23/21 1318, Result status: In process

Performed: 03/23/21 1318 - 03/23/21 1332

Resulting lab: EXTERNAL NON-INTERFACED LAB

XR Lumbar Spine AP And Lateral [234939922]

Resulted by: W. Shawn Conwell, MD
Accession number: 18356100
Narrative:
EXAM:
LUMBAR SPINE - 2-3 VIEWS

Resulted: 03/23/21 1344, Result status: Final result

Performed: 03/23/21 1318 - 03/23/21 1332
Resulting lab: CRA INTELERAD

CLINICAL DATA:

Back Pain (lower back pain that started last friday, states it shoots down both legs and up his back, pain started at work) Pt states it initially started last December and pain has been on and off since.

COMPARISON:

None

FINDINGS:

AP and lateral and cone down sacral views show normal vertebral height and alignment. Mild diffuse degenerative changes to varying degrees at multiple levels. Disc spaces are generally well maintained and posterior elements are unremarkable.

Impression:

IMPRESSION:

Unremarkable lumbar spine.

SIGNATURE:

Electronically Signed
By: Shawn Conwell M.D.
On: 03/23/2021 13:44

Lab - All Orders and Results

URINALYSIS W/MICROSCOPIC [234939921]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1309
Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1309
Frequency: STAT 03/23/21 1310 - 1 occurrence

Ordering provider: Lorrie Diane Peyton, FNP

Status: Completed

URINALYSIS W/MICROSCOPIC [234939923]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1309

Status: Completed



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

Lab - All Orders and Results (continued)

URINALYSIS W/MICROSCOPIC [234939923] (continued)

Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1309

Ordering provider: Lorrie Diane Peyton, FNP

URINALYSIS W/MICROSCOPIC [234939923] (Abnormal)

Resulted: 03/23/21 1333, Result status: Final result

Resulting lab: FLORENCE LAB

Narrative:

Auto release to MyChart? (Choosing NO triggers result to release in 14 days)->Yes

Specimen Information

Type	Source	Collected On
—	Urine	03/23/21 1315

Components

Component	Value	Reference Range	Flag	Lab
COLOR	YELLOW	Yellow	—	—
CLARITY	CLEAR	Clear	—	—
Specific Gravity, UA	>=1.030	>1.030	—	—
PH, UA	5.5	5.0 - 8.0	—	—
Glucose, UA	NEGATIVE	Negative	—	—
BILIRUBIN UA	NEGATIVE	Negative	—	—
KETONES UA	NEGATIVE	Negative	—	—
BLOOD UA	SMALL	Negative	H ⁺	—
PROTEIN UA	NEGATIVE	Negative	—	—
UROBILINOGEN UA	0.2	0.2 - 1.0	—	—
NITRITE UA	NEGATIVE	Negative	—	—
LEUKOCYTE ESTERASE UA	NEGATIVE	Negative	—	—
Microscopy Needed	No	—	—	FLORENCE LAB

Medications - All Orders and Results

naproxen (NAPROSYN) 500 mg tablet [234939924]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1418

Status: Discontinued

Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1418

Ordering provider: Lorrie Diane Peyton, FNP

Frequency: Q12H 03/23/21 - 03/29/21

Discontinued by: Kristin G Dubose, NP 03/29/21 1653

tramadol (ULTRAM) 50 mg tablet [234939925]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1418

Status: Discontinued

Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1418

Ordering provider: Lorrie Diane Peyton, FNP

Frequency: Q6H PRN 03/23/21 - 03/29/21

Discontinued by: Kristin G Dubose, NP 03/29/21 1653

tizanidine (ZANAFLEX) 4 mg capsule [234939926]

Electronically signed by: Lorrie Diane Peyton, FNP on 03/23/21 1418

Status: Discontinued

Ordering user: Lorrie Diane Peyton, FNP 03/23/21 1418

Ordering provider: Lorrie Diane Peyton, FNP

Frequency: TID 03/23/21 - 03/29/21

Discontinued by: Kristin G Dubose, NP 03/29/21 1653

Testing Performed By

Lab: Abbreviation	Name	Director	Address	Valid Date Range
43 - EXTERNAL	EXTERNAL NON-INTERFACED LAB	Unknown	Unknown	03/10/12 1250 - Present
55 - CRA INTELERAD	CRA INTELERAD	Unknown	Unknown	05/01/19 0948 - Present
57 - FLORENCE LAB	FLORENCE LAB	Unknown	Unknown	06/06/19 1447 - Present

000090



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Care Plan

Multidisciplinary Problems (Active)

There are no active problems.

Patient Education

Inman, Qushon Montreese (MRN 006287528)

Discharge Orders

naproxen (NAPROSYN) tablet [5393] (Medications) - DISCONTINUED

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	Take 1 tablet by mouth every 12 hours.	20 tablet		0
Exception code	Route	Start Date	End Date	Order Date
	Oral	03/23/21	03/29/21	03/23/21 1418

tramadol (ULTRAM) tablet [14632] (Medications) - DISCONTINUED

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	Take 1 tablet by mouth every 6 hours as needed.	15 tablet		0
Exception code	Route	Start Date	End Date	Order Date
	Oral	03/23/21	03/29/21	03/23/21 1418

tiZANidine (ZANAFLEX) capsule [41087] (Medications) - DISCONTINUED

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	Take 1 capsule by mouth 3 times daily.	15 capsule		0
Exception code	Route	Start Date	End Date	Order Date
	Oral	03/23/21	03/29/21	03/23/21 1418

000091

Encounter-Level Documents (no E-sig) - 03/23/2021:

After Visit Summary - Document on 3/23/2021 2:18 PM: ED After Visit Summary (below)

AFTER VISIT SUMMARY

Inm*, Q*

3/23/2021 MUSC Florence Emergency Services 843-674-5000



Instructions

Take medications as directed. Follow-up with your primary care provider. If symptoms are not improving with medication please call Dr. Palutis' office for appointment. Return to ER for any worsening symptoms or concerns.



Your medications have changed today
See your updated medication list for details.



Read the attached information
Muscle Strain (English)



Pick up these medications at CVS/pharmacy #4071
#4071 - FLORENCE, SC - 733 S. IRBY ST. AT CORNER
OF CHEROKEE
naproxen • RIZANIDINE • tramadol
Address: 733 S. IRBY ST, FLORENCE SC 29501
Hours: 24-hours
Phone: 843-665-1071



URINALYSIS W/MICROSCOPIC
Expires: 3/23/2022 (requested)



Follow up with your primary care provider in 2 days
(around 3/25/2021)



Schedule an appointment with GREGORY PALUTIS,
MD as soon as possible for a visit
Why: If symptoms worsen
Specialty: Orthopedic Surgery
Contact: 1580 Freedom Blvd
Ste 100
Florence SC 29505
843-413-6835

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

Reason for Visit:

Back Pain

Diagnosis:

Lumbar strain, initial encounter

Lab Tests Completed

URINALYSIS W/MICROSCOPIC

Imaging Tests

XR Lumbar Spine AP And Lateral

Your End of Visit Vitals

Blood Pressure	Temperature (Oral)
130/78	98.7 °F
Pulse	Respiration
87	18
Oxygen Saturation	
98%	

MUSC Health MyChart

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to mychart.musc.edu, click "Create Your Account", and enter your personal MyChart Access Code: P98DC52V94-DDGZN
Expires: 4/22/2021 1:00 PM

E-mail MyChartSupport@musc.edu or call 843-792-3111 to speak with our MyChart staff.



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [redacted], Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/23/2021: (continued)

You are allergic to the following

No active allergies

MUSC Florence Emergency Services

805 Pamplico Hwy
Florence, SC 29505
Phone: 843-674-5000
Fax: 843-674-5199

Communication to Patients

MUSC Health Virtual Care

When poison ivy or a rash strikes, MUSC Health Virtual Care strikes back.

Now offering quick, quality care for summertime complaints, along with dozens of other common conditions – for you and your family!

Available 24 hours a day, seven days a week.

Visit www.muschealth.org/virtual-care

000093

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/23/2021: (continued)

Changes to Your Medication List

① Please review the med list below for any possible changes to your current medications. For your safety, it is important that you give a copy of this list of medications to your primary care physician as soon as possible after this visit. Keep your own medication list updated any time your medications are changed, or new ones are added. Please carry an up-to-date medication list with you at all times.

START taking these medications



naproxen 500 mg tablet
Commonly known as: NAPROSYN
For diagnoses: Lumbar strain, initial encounter

Take 1 tablet by mouth every 12 hours.



tiZANidine 4 mg capsule
Commonly known as: ZANAFLEX
For diagnoses: Lumbar strain, initial encounter

Take 1 capsule by mouth 3 times daily.



traMADOL 50 mg tablet
Commonly known as: ULTRAM
For diagnoses: Lumbar strain, initial encounter

Take 1 tablet by mouth every 6 hours as needed.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/23/2021: (continued)

 Attached Information

Muscle Strain (English)



Muscle Strain

A muscle strain is an injury that occurs when a muscle is stretched beyond its normal length. Usually, a small number of muscle fibers are torn when this happens. There are three types of muscle strains. First-degree strains have the least amount of muscle fiber tearing and the least amount of pain. Second-degree and third-degree strains have more tearing and pain.

Usually, recovery from muscle strain takes 1-2 weeks. Complete healing normally takes 5-6 weeks.

What are the causes?

This condition is caused when a sudden, violent force is placed on a muscle and stretches it too far. This may occur with a fall, lifting, or sports.

What increases the risk?

This condition is more likely to develop in athletes and people who are physically active.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain.
- Bruising.
- Swelling.
- Trouble using the muscle.

How is this diagnosed?

This condition is diagnosed based on a physical exam and your medical history. Tests may also be done, including an X-ray, ultrasound, or MRI.

How is this treated?

This condition is initially treated with PRICE therapy. This therapy involves:

- Protecting the muscle from being injured again.
- Resting the injured muscle.
- Icing the injured muscle.
- Applying pressure (compression) to the injured muscle. This may be done with a splint or elastic bandage.
- Raising (elevating) the injured muscle.

Your health care provider may also recommend medicine for pain.

Follow these instructions at home:

000095

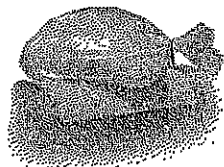
Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/23/2021: (continued)

If you have a splint:

- Wear the splint as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint if your fingers or toes tingle, become numb, or turn cold and blue.
- Keep the splint clean.
- If the splint is not waterproof:
 - Do not let it get wet.
 - Cover it with a watertight covering when you take a bath or a shower.

Managing pain, stiffness, and swelling



- If directed, put ice on the injured area.
 - If you have a removable splint, remove it as told by your health care provider.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2-3 times a day.
- Move your fingers or toes often to avoid stiffness and to lessen swelling.
- Raise (elevate) the injured area above the level of your heart while you are sitting or lying down.
- Wear an elastic bandage as told by your health care provider. Make sure that it is not too tight.

General Instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- Restrict your activity and rest the injured muscle as told by your health care provider. Gentle movements may be allowed.
- If physical therapy was prescribed, do exercises as told by your health care provider.
- Do not put pressure on any part of the splint until it is fully hardened. This may take several hours.
- Do not use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. These can delay bone healing. If you need help quitting, ask your health care provider.
- Ask your health care provider when it is safe to drive if you have a splint.
- Keep all follow-up visits as told by your health care provider. This is important.

How is this prevented?

- Warm up before exercising. This helps to prevent future muscle strains.

Contact a health care provider if:

- You have more pain or swelling in the injured area.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/23/2021: (continued)

Get help right away if:

- You have numbness or tingling or lose a lot of strength in the injured area.

Summary

- A muscle strain is an injury that occurs when a muscle is stretched beyond its normal length.
- This condition is caused when a sudden, violent force is placed on a muscle and stretches it too far.
- This condition is initially treated with PRICE therapy, which involves protecting, resting, icing, compressing, and elevating.
- Gentle movements may be allowed. If physical therapy was prescribed, do exercises as told by your health care provider.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 11/30/2018 Document Reviewed: 01/24/2018
Elsevier Patient Education © 2020 Elsevier Inc.

After Visit Summary - Document on 3/23/2021 2:18 PM: MUSC ED Work and School Excuse (below)



Work/School Excuse

March 23, 2021

Patient: Qushon Montreese Inman
Date of Birth:
Date of Visit: 03/23/2021

To Whom it May Concern,

Qushon Inman was seen in the Emergency Department on 3/23/2021.

It is my medical opinion that the patient:
may return to work on 03/27/21.

Date: March 23, 2021

Signature of Physician or Healthcare Professional

LORRIE PEYTON, FNP

000098



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

After Visit Summary - Document on 3/23/2021 2:18 PM: AVS SIGNATURE PAGE (below)

Inm*, Q*, 12* - Page 1 of 1



MUSC Florence Emergency Services
805 Pamplico Hwy
Florence, SC 29505
Phone: 843-674-5000
Fax: 843-674-5199

Patient Identification

Inm*, Q* -- 31 y.o. male

Patient Signature

The above written discharge/follow-up instructions were provided to the patient, family member or caregiver who retained the printed copy.

000099



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

Order-Level Documents (no E-sig):

There are no order-level documents (no e-sig).

Encounter-Level E-Sig:

Lewis Blackman Acknowledgement E-Sig - Received on 3/23/2021

**Lewis Blackman
Hospital Patient Safety Act
Acknowledgement**

Page 1 of 1

Form Origination Date: 10/06

Version: 3

Version Date: 7/11

Patient Name Inman, Qushon Montreese

MRN 006287528

PATIENT IDENTIFICATION LABEL

MUSC is a Teaching Hospital

I understand that MUSC is an academic medical center providing healthcare, teaching and research. I also understand that I may be cared for by physicians and other healthcare providers in training. My care will be supervised by an attending physician and staff. The information related to the health care I receive may be used for training or for scientific study purposes. I understand that if information contained in my health care record is used for such purposes, precautions will be taken to carefully preserve my anonymity. I also understand that pictures or other recordings may be made for purposes of my treatment or for educational purposes.

In addition, I understand that if I have questions about my medical care I can speak to my attending physician, nurse, resident, or medical student. In addition, I can contact my attending physician or the House Supervisor directly by calling the hospital operator. The hospital operator can be reached by pressing the "0" button on any telephone within the hospital.

I acknowledge that I have received a copy of the brochure titled "Medical University of South Carolina, Patient Safety" which explains the roles of different hospital staff in my care (on page 6 of the brochure).

000100



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

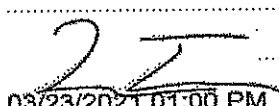
Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

Patient Education (continued)

Encounter-Level E-Sig: (continued)

Date: 3/23/2021


03/23/2021 01:00 PM Sign

Signature of Patient (Parent or Legal
Guardian)

Pandora Cribb

Signature of Guarantor (if different from
the patient)

Registration Representative

blackmanactacknowledge

OTE 700226 Rev. 7/11

Consent for Medical Treatment E-Sig - Received on 3/23/2021

000101

Patient Education (continued)

Encounter-Level E-Sig: (continued)



Patient Name: Qushon Montreese Inman
MRN: 006287528

CONSENT

PATIENT IDENTIFICATION LABEL

Consent for Medical Treatment
Page 1 of 2

Form Origination Date: 6/99

Version: 10

Version Date: 11/2019

Your Permission Is Needed

I (as patient, parent, guardian, spouse, guarantor, or other responsible party) consent to and authorize medical treatment and diagnostic procedures which may be ordered and/or provided by my doctor and performed at the Medical University of South Carolina Hospital Authority ("Hospital"). I consent to have blood drawn and to be tested for infectious diseases, including but not limited to syphilis, AIDS, hepatitis and testing for drugs if my doctor orders these tests.

Agreement of Financial Responsibility and Assignment of Benefits

In return for the services rendered and to be rendered by MUSC Health (Hospital) and/or MUSC Physicians, I hereby guarantee the payment of all charges associated with services received from MUSC Health (Hospital) and the Medical University of South Carolina Physicians ("MUSC Physicians"). I hereby irrevocably assign and transfer to Hospital and/or MUSC Physicians all right, title, and interest in all benefits payable for the healthcare rendered, which are provided in any and all insurance policies and health benefit plans from which I am entitled to recover, including but not limited to hospitalization, medical, third party liability insurance coverage, workers compensation benefits, employer, employer group, individual, welfare benefit, trust sponsored, and benefits paid by Medicare or Medicaid. This assignment is intended to include any interest in benefits that I may have relating to this date of service as well as any prior dates of service.

By executing this assignment of benefits, I am requesting that all insurance companies pay Hospital and/or MUSC Physicians directly for the services Hospital and/or MUSC Physicians provided to this patient. I understand that any payment received from these policies and/or plans will be applied to any outstanding balance that I may have with Hospital or MUSC Physicians. I further understand that I am not entitled to a refund unless all Hospital and MUSC Physicians bills are paid in full for any outstanding balances owed to them; if a third party may be obligated to pay some or all of these charges, I agree to take all actions necessary to assist Hospital and/or MUSC Physicians in collecting payment from any such third party payer. I hereby appoint Hospital as my authorized representative to pursue, if it so chooses, all administrative remedies, claims, appeals, and/or lawsuits on my behalf and at Hospital's election, against any responsible third party, medical insurer, or employer sponsored medical benefit plan for purposes of collecting any and all hospital benefits due me for the payment of the charges. I authorize Hospital and MUSC Physicians to endorse and retain benefit checks made payable directly to me.

I understand that MUSC Health (Hospital) and/or MUSC Physicians may bill an insurance company, as a courtesy to me, but may not be obligated to do so. I understand if Hospital and/or MUSC Physicians initially accept health insurance coverage, this does not waive their rights to collect or accept, as payment in full, any payment made under a different coverage or benefits or any other sources of payment that may or will cover expenses incurred for services and treatment. I understand that Professional Services may be rendered by independent contractors, and are not part of Hospital bill or MUSC Physician bills. I understand that care that is experimental as determined by my insurance company may not be covered and that I will be responsible for those charges. I agree that if my account is not paid, it may be turned over to a collection agency or attorney, and I must pay the amount due plus all costs of collection, including reasonable attorney's fees and costs.

I understand that if I am unable to pay my bills, I may speak with a Financial Counselor to determine whether I qualify for assistance. The telephone number for the Financial Counselor for MUSC Health is (843) 792-2311.

I have read and been given the opportunity to ask questions about this assignment of benefits, and I have signed this document freely and without inducement, other than the rendition of services by MUSC Health (Hospital) and/or MUSC Physicians.

Medicare Patient Certification (Medicare patients only)

I hereby certify that I have provided information about all insurance coverage available to me, including liability or worker's compensation insurance and that the information provided is correct and complete; I hereby authorize MUSC Health (Hospital) and/or MUSC Physicians to release to the Social Security Administration, its intermediaries, or carriers any information needed for this or a related Medicare claim. I hereby authorize the payment of benefits to MUSC Health (Hospital) and/or MUSC Physicians.

All_all_consent_consentfortreat

OTE 700227 Rev. 11/2019 *inpatient

000102



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Sex: M

Patient Education (continued)

Encounter-Level E-Sig: (continued)



CONSENT

Consent for Medical Treatment
Page 1 of 2

Patient Name: Qushon Montreese Inman
MRN: 006287528

PATIENT IDENTIFICATION LABEL

Form Origination Date: 6/99
Version: 10

Version Date: (11/2019)

Consent to Telephone Calls

I hereby expressly agree and consent to Hospital and MUSC Physicians, their employees, agents, collections agents, service providers and the like, to contact me by telephone at any telephone number that I or my representative provided to Hospital and/or MUSC Physicians, including wireless telephone numbers or other numbers which may result in charges to me. I expressly consent to the Hospital and/or MUSC Physicians to contact me on this telephone number regarding my hospitalization, my appointments, medical services rendered or to be provided, my financial obligations, financial assistance for my account(s), debt collection related to my account(s), or any matter relating to my medical care. I understand that methods of contact may include pre-recorded or artificial voice messages and/or automatic telephone dialing systems.

Admission Photographs/ Video Monitoring

I agree that my photograph may be taken for purposes of identifying me, or providing treatment to me. This photograph may become part of my medical record and may be disclosed if copies of my medical record are disclosed. I understand that video monitoring is used throughout the Hospital for safety and to monitor patients who may pose safety risks due to a medical or psychiatric condition. Video monitoring is not used in patient bathrooms. Video monitoring is used in a manner that promotes patient safety, privacy, dignity and confidentiality. Video monitoring is not recorded for research or educational purposes. I agree and consent to such video monitoring.

Responsibility for Personal Items

I understand that Hospital is not responsible for valuable items which I bring with me. I understand it is my responsibility to send any valuable items (such as medications, money, jewelry, electronics, etc.) home for safe keeping. Any items left at Hospital in excess of 30 days will be disposed of.

Emergency Evacuation of MUSC Medical Center

I understand that, in certain cases which may include a natural disaster (e.g., hurricane, tornado, earthquake, flooding, etc.), acts of terrorism or other dangerous situations (e.g., gas leak, explosion, chemical or hazardous waste spill, outbreak of infectious disease), it may be necessary to evacuate part or all of the Hospital. I understand that any such evacuation would be to a safe area/ facility in accordance with the MUSC Medical Center Emergency Operations Plan and any applicable MUSC Medical Center policies. I hereby agree and consent to such evacuation.

Disclosure/ Use of Health Information

I certify that I received a copy of the MUSC Organized Health Care Arrangement's (OHCA) "Notice of Privacy Practices." I understand that uses and disclosures of my personal health information are described in the Notice of Privacy Practices received. Possible disclosures include but are not limited to disclosure to another health care provider or Health Information Exchanges (HIE) for treatment, process of payment or MUSC OHCA operations. See attached Notice of Privacy Practices for additional possible disclosures and instructions on how to limit my participation in HIE or to whom my health information is disclosed.

I certify that I have read or have had read to me this consent and agree to its terms. I also certify that I am the patient, or am duly authorized by the patient, or am duly appointed to sign this agreement. I accept and understand its terms.

3/23/2021 12:59 PM
Date and Time
Print Full Name

Pandora Critch
Signature of Witness
Print Full Name

Signature of Patient (Parent or Legal-Guardian)
Qushon Montreese Inman

Signature of Guarantor/relationship to Patient Self
Qushon M. Inman

Advance Directives information given: ☒ Yes ☐ No (If No, please explain)

000103



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Patient Education (continued)

Encounter-Level E-Sig: (continued)

Original to Medical Records Copy to Patient

All_all_consent_consentfortreat

OTE 700227 Rev. 11/2019 *Inpatient

000104



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: 1/1/1968, Sex: M
Acct #: 101471418
Adm: 3/23/2021, D/C: 3/23/2021

Patient Education (continued)

Encounter-Level E-Sig: (continued)

000105



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Patient Demographics

Address 3639 SAVANNAH GROVE ROAD FLORENCE SC 29506	Phone 843-731-2495 (Home)	E-mail Address iqushon@yahoo.com

CSN:
1153047400

Admission Information

Arrival Date/Time: 03/24/2021 5:43 PM	Admit Date/Time: 03/24/2021 7:58 PM	IP Adm. Date/Time: 03/24/2021 7:58 PM
Admission Type: Emergency	Point of Origin: Ub01 - Self Referral	Admit Category: Emergency
Means of Arrival: Walk In	Primary Service: Emm-emergency Medicine	Secondary Service: N/A
Transfer Source:	Service Area: MUSC Service Area	Unit: MUSC Florence Emergency Services
Admit Provider:	Attending Provider:	Referring Provider: Kenneth Scott Burns Jr., MD

Admission Orders

No orders found

Discharge Information

Discharge Date/Time: 03/24/2021 8:54 PM	Discharge Disposition: Home Or Self Care	Discharge Destination: None	Discharge Provider: None	Unit: MUSC Florence Emergency Services

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M54.16 [Principal]	Radiculopathy, lumbar region				
R10.30	Lower abdominal pain, unspecified				
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (nsaid)				
M25.552	Pain in left hip				

Events

ED Arrival at 3/24/2021 1743

Unit: MUSC Florence Emergency Services

Admission at 3/24/2021 1958

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC27
Service: EMM-EMERGENCY MEDICINE

Bed: EC27

ED Roomed at 3/24/2021 1958

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC27
Service: EMM-EMERGENCY MEDICINE

Bed: EC27

Discharge at 3/24/2021 2054

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC27
Service: EMM-EMERGENCY MEDICINE

Bed: EC27

Discharge at 3/24/2021 2054

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC27
Service: EMM-EMERGENCY MEDICINE

Bed: EC27

Providers as of 3/24/2021

PCP

Name	Type	Specialty	Phone Number
No Pcp	Not available	Not available	Not available

Referring Provider

Name	Type	Specialty	Phone Number
Kenneth Scott Burns Jr., MD	Physician	Emergency Medicine	843-674-5100

000106



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Patient Education (continued)

Providers as of 3/24/2021 (continued)

Treatment Team		Specialty	Status	Active From	Active To	Phone Number
Role	Name					
Nurse Practitioner	Gary A Summerfield Jr., FNP	Emergency Medicine, Nurse Practitioner, Hospitalist	Active	3/24/2021 6:16 PM		843-674-5143

Review status set to Review Complete by Kelly Day, RN on 3/24/2021

Allergies as of 3/24/2021

No Known Allergies

Medical as of 3/24/2021

None

Family as of 3/24/2021

None

Family Status as of 3/24/2021

None

Surgical History

Past Surgical History

None

Social History

Tobacco Use as of 3/24/2021

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Never Smoker				
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source Provider
		Never Used		

Alcohol Use as of 3/24/2021

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source Provider
Frequency	Typical Drinks	Binge Drinking		

Drug Use as of 3/24/2021

Drug Use	Types	Frequency	Comments	Source Provider

Sexual Activity as of 3/24/2021

Sexually Active	Birth Control	Partners	Comments	Source Provider

Activities of Daily Living as of 3/24/2021

None

000107



T-IP MUSC FLORENCE
805 Pamlico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Patient Education (continued)

Social Documentation as of 3/24/2021

None

Occupational as of 3/24/2021

None

Socioeconomic as of 3/24/2021

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	---	---	---	---	English	Not Hispanic or Latino	Black or African American	---
Financial Resource Strain	Food Insecurity: Worry	Food Insecurity: Inability	Transportation Needs: Medical	Transportation Needs: Non-medical				
---	---	---	---	---				

Lifestyle as of 3/24/2021

None

Relationships as of 3/24/2021

None

Problem List as of 3/24/2021

Never Reviewed

None

All Notes

ED Provider Notes by Gary A Summerfield Jr., FNP at 3/24/2021 6:22 PM

Author: Gary A Summerfield Jr., FNP
Filed: 3/24/2021 8:46 PM
Editor: Gary A Summerfield Jr., FNP (Nurse Practitioner)
Related Notes: Original Note by Gary A Summerfield Jr., FNP (Nurse Practitioner) filed at 3/24/2021 8:43 PM
Cosigner: Kenneth Scott Burns Jr., MD at 3/25/2021 4:54 AM
Attestation signed by Kenneth Scott Burns Jr., MD at 3/25/2021 4:54 AM

Reviewed

ED Provider Note

History

Chief Complaint

Patient presents with

- Back Pain
left lower back radiating down left leg , was seen in ED yesterday for same
- Groin Pain

000108

All Notes (continued)

ED Provider Notes by Gary A Summerfield Jr., FNP at 3/24/2021 6:22 PM (continued)

Emergency department with chief complaint of left lower lumbar pain that is radiating down his left leg to his calf but not past his calf. He states when he sits up he also has some pain in his inguinal regions.

No past medical history on file.

No past surgical history on file.

No family history on file.

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

Review of Systems

Constitutional: Negative.

HENT: Negative.

Eyes: Negative.

Endocrine: Negative.

Genitourinary: Negative.

Musculoskeletal: Positive for back pain.

Hip pain left side

Skin: Negative.

Allergic/Immunologic: Negative.

Neurological: Negative.

Hematological: Negative.

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

000109

All Notes (continued)

ED Provider Notes by Gary A Summerfield Jr., FNP at 3/24/2021 6:22 PM (continued)

Physical Exam

ED Triage Vitals [03/24/21 1743]

BP	Heart Rate	Resp	Temp	Temp Source	SpO2
153/88	83	16	36.9 °C (98.5 °F)	Oral	100 %

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

Appearance: He is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Normal range of motion and neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

Normal range of motion.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

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

Psychiatric:

Behavior: Behavior normal.

Thought Content: Thought content normal.

Judgment: Judgment normal.

000110



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [REDACTED]
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

All Notes (continued)

ED Provider Notes by Gary A Summerfield Jr., FNP at 3/24/2021 6:22 PM (continued)

ED Documentation - Procedures

Procedures

Clinical & Imaging Tests: Ordered & Reviewed

Labs

No data to display

Imaging - WET OR FINAL READ

Imaging Results

None

ED Medications: Ordered, Reviewed, & Administered

ED Medications

Medications

ketorolac (TORADOL) 30mg/mL
injection 15 mg (15 mg Intramuscular
Given 3/24/21 1930)
dexamethasone (PF) (DECADRON)
10mg/mL injection 10 mg (10 mg
Intramuscular Given 3/24/21 1930)

Home Medications

Current Outpatient Medications

Medication	Sig

• naproxen (NAPROSYN) 500 mg tablet	Take 1 tablet by mouth every 12 hours.
• tiZANidine (ZANAFLEX) 4 mg capsule	Take 1 capsule by mouth 3 times daily.

000111

All Notes (continued)

ED Provider Notes by Gary A Summerfield Jr., FNP at 3/24/2021 6:22 PM (continued)

- traMADoL (ULTRAM) 50 mg tablet Take 1 tablet by mouth every 6 hours as needed.

ED Consults

No data to display

Decision Support

Clinical Opiate Withdrawal (If Applicable):

ED Course Notes

Clinical Impression

Final diagnoses:

Acute left lumbar radiculopathy (Primary)
Left hip pain

Assessment & Plan

MDM

Number of Diagnoses or Management Options

Acute left lumbar radiculopathy: new and does not require workup

Left hip pain: new and does not require workup

000112

All Notes (continued)

ED Provider Notes by Gary A Summerfield Jr., FNP at 3/24/2021 6:22 PM (continued)

Diagnosis management comments: Physical exam reveals him to have some tenderness in his lumbar region the left side. He also complains of some pain in his groin when he rotates his hip on the left side. It could be that he has lumbar radiculopathy and hip issue. We are going to have him follow-up with the orthopedist on April 1. This is when his appointment is in the meantime I am going to give him a work note until April 1. He can take the medication that was already prescribed to him last night when he was seen in the ER for any worsening symptoms. Discussed this plan at length with the patient. Patient seems amenable to this plan.

Amount and/or Complexity of Data Reviewed

Tests in the radiology section of CPT®: reviewed

Decide to obtain previous medical records or to obtain history from someone other than the patient: yes

Review and summarize past medical records: yes

Discuss the patient with other providers: yes

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: moderate

Diagnostic procedures: moderate

Management options: moderate

Patient Progress

Patient progress: improved

Disclaimer: This note was dictated via the *Dragon Naturally Speaking* application at point of care. A reasonable attempt at proofreading has been made. Nonetheless, incidental transcription errors may occur.

Attestations

MUSC ED ATTESTATION

Gary A Summerfield Jr., FNP
03/24/21 2043

Gary A Summerfield Jr., FNP
03/24/21 2046

000113

Flowsheets (all recorded)

Custom Formula Data

Row Name 03/24/21 17:43

OTHER

SBP (Hypotensive if
SBP is <90) 153 -KD

Oxygen Saturation
% 100 -KD

10 mL/kg dosing 1270.06 -KD

15 mL/kg dosing 1905.09 -KD

20 mL/kg dosing 2540.12 -KD

% Weight Change
Since Birth 0 -KD

RBC/FFP/PLT

Cryo dispense
volume 12.7 Units -KD

KCAL/KG

20 Kcal/Kg (kcal) 2540.14 -KD

25 Kcal/Kg (kcal) 3175.18 -KD

30 Kcal/Kg (kcal) 3810.21 -KD

35 Kcal/Kg (kcal) 4445.25 -KD

40 Kcal/Kg (kcal) 5080.28 -KD

45 Kcal/Kg (kcal) 5715.32 -KD

50 Kcal/Kg (kcal) 6350.35 -KD

RD Method Male (Adolescent)

RDA Male (11-14
years) (kcal) 6985.39 -KD

RDA Male (15-18
years) (kcal) 5715.32 -KD

KCAL/KG

20 Kcal/Kg (kcal) 2540.14 -KD

40 Kcal/Kg (kcal) 5080.28 -KD

60 Kcal/Kg (kcal) 7620.42 -KD

80 Kcal/Kg (kcal) 10160.56 -KD

100 Kcal/Kg (kcal) 12700.7 -KD

120 Kcal/Kg (kcal) 15240.84 -KD

140 Kcal/Kg (kcal) 17780.98 -KD

160 Kcal/Kg (kcal) 20321.12 -KD

180 Kcal/Kg (kcal) 22861.26 -KD

200 Kcal/Kg (kcal) 25401.4 -KD

RDA Method

RDA (> 1 year-3
years) (kcal) 12954.71 -KD

RDA (4-6 years)
(kcal) 11430.63 -KD

RDA (7-10 years)
(kcal) 8890.49 -KD

WHO Equation Female

WHO Equation
Female (0-3 years)
(kcal) 7696.43 -KD

WHO Equation
Female (4-10 years)
(kcal) 3356.66 -KD

WHO Equation
Female (11-18
years) (kcal) 2295.49 -KD

WHO Equation Male

000114

Flowsheets (all recorded) (continued)

Custom Formula Data (continued)

Row Name 03/24/21 1743

WHO Equation 7680.73 -KD

Male (0-3 years)
(kcal)

WHO Equation 3378.06 -KD

Male (4-10 years)
(kcal)

WHO Equation 2873.62 -KD

Male (11-18 years)
(kcal)

RDA Method (Infant)

RDA (0-6 month old) (kcal) 13716.76 -KD

RDA (> 6 months-1 year old) (kcal) 12446.69 -KD

RD Method Female (Adolescent)

RDA Female (11-14 years) (kcal) 5969.33 -KD

RDA Female (15-18 years) (kcal) 5080.28 -KD

Current Weight

Current Weight (gm) 127007 -KD

Fluid Requirements

Holliday-Segar Method (<= 10 kg) (mL) 12700.7 -KD

Holliday-Segar Method (> 10 <= 20 kg) (mL) 7350.35 -KD

Holliday-Segar Method (> 20 kg) (mL) 7850.35 -KD

Fluid Requirements

Holliday-Segar Method (over 20 kg) 4040.14 -KD

MEWS (Calculated) READ ONLY

Temperature 1 -KD

MEWS (Weighted)

Heart Rate MEWS 1 -KD

(Weighted)

Respiration MEWS 1 -KD

(Weighted)

SPO2 MEWS 1 -KD

(Weighted)

Systolic BP MEWS 1 -KD

(Weighted)

SIRS: Systemic Inflammatory Response Screening

Temp < 36 C (96.8 F) or > 38.3 C (100.9 F) No -KD

HR > 90 No -KD

RR > 20 bpm No -KD

Total number 0 -KD

positive SIRS

criteria met

(calculated)

Meets criteria for No -KD

high suspicion of

000115



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Flowsheets (all recorded) (continued)

Custom Formula Data (continued)

Row Name 03/24/21 1743

sepsis

Severe Sepsis Screening

SBP < 90 or MAP < 65 last 6 hours No -KD

INR > 1.5 (last 24 hours)-not currently on Warfarin No -KD

PTT > 60 (last 24 hours) 0 -KD

RRT CCRN Sepsis Assessment-Severe Sepsis/Septic Shock Screening

Shock Index 0.54 -KD

Relevant Labs and Vitals

Temp (in Celsius) 36.9 -KD

Work/School Excuse

Row Name 03/24/21 2046

Work Excuse

The Patient should remain out of work until -GS

Date: 04/02/21 -GS

ESI/Acuity

Row Name 03/24/21 1815

ESI/Acuity

Patient Acuity 4 -KD

Triage Complete Triage complete -KD

000116



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

I, Sex: M

Flowsheets (all recorded)

Anthropometrics

Row Name	03/24/21 1743
Anthropometrics	
Weight	(I) 127 kg (280 lb) -KD
Weight Change	0 -KD

Departure Condition

Row Name	03/24/21 2054	03/24/21 1743
Departure Condition		
Departure Condition	Good -CB	---
Mobility at Departure	Ambulatory -CB	---
Departure Acuity	4 -CB	---
Patient Teaching	Discharge instructions reviewed - Simple (One RX, review of follow up, wound/dressing care, AVS given/reviewed pt/family/caregiver demonstrates quick and easy understanding); Follow-up care reviewed; Patient verbalized understanding -CB	---
Work/School Excuse Given?	Work Excuse Given -CB	---
Departure Mode	By Self -CB	---
Detailed Vitals		
BP	---	153/88 -KD
BP Location	---	Left arm -KD
BP Method	---	Machine -KD
Pulse	---	83 -KD
Resp	---	16 -KD
Temp	---	36.9 °C (98.5 °F) -KD
Temp src	---	Oral -KD
SpO2	---	100 % -KD
Weight	---	(I) 127 kg (280 lb) -KD

Triage Start

Row Name	03/24/21 1743
Triage 2 Start	
Triage 2 Start	Triage Start -KD

User Key

(r) = Recorded By, (I) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
CB	Cynthia Barefoot, RN	08/13/19 -
GS	Gary A Summerfield Jr., FNP	01/14/21 - 03/29/21
KD	Kelly Day, RN	08/06/19 -

000118



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

, Sex: M

Flowsheets (all recorded)

TRIAGE CALL/START

Row Name	03/24/21 1743
Triage Start	
Triage Start	Start -KD

Triage Call/Complete

Row Name	03/24/21 1743
Triage 1 Complete	
Triage One Complete	Triage One Complete -KD

Vital Signs

Row Name	03/24/21 1743
Detailed Vitals	
BP	153/88 -KD
BP Location	Left arm -KD
BP Method	Machine -KD
Pulse	83 -KD
Resp	16 -KD
Temp	36.9 °C (98.5 °F) -KD
Temp src	Oral -KD
SpO2	100 % -KD
Weight	(I) 127 kg (280 lb) -KD

MEWS and qSOFA ED

Temperature MEWS	0 -KD
Heart Rate MEWS	0 -KD
Respirations MEWS	0 -KD
SpO2 MEWS	0 -KD
Systolic BP MEWS	0 -KD

000117



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: Sex: M
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

000119



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Medications - All Orders and Results

ketorolac (TORADOL) 30mg/mL injection 15 mg [234939927]

Electronically signed by: Gary A Summerfield Jr., FNP on 03/24/21 1822
Ordering user: Gary A Summerfield Jr., FNP 03/24/21 1822
Frequency: Once 03/24/21 1830 - 1 occurrence

Ordering provider: Gary A Summerfield Jr., FNP
Package: 0338-0072-25

Status: Completed

dexamethasone (PF) (DECADRON) 10mg/mL injection 10 mg [234939928]

Electronically signed by: Gary A Summerfield Jr., FNP on 03/24/21 1822
Ordering user: Gary A Summerfield Jr., FNP 03/24/21 1822
Frequency: Once 03/24/21 1830 - 1 occurrence

Ordering provider: Gary A Summerfield Jr., FNP
Package: 70069-021-01

Status: Completed

000120



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0650
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [redacted]
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Encounter-Level Documents (no E-sig) - 03/24/2021:

After Visit Summary - Document on 3/24/2021 8:48 PM: ED After Visit Summary (below)

AFTER VISIT SUMMARY

Inm*, Q*

3/24/2021 MUSC Florence Emergency Services 843-674-5000



Instructions

Follow-up with the orthopedist at your already scheduled appointment.



Read the attached information

1. Neuropathic Pain (English)
2. Radicular Pain (English)
3. Heat Therapy Easy-to-Read (English)
4. Cryotherapy (English)



Go to The orthopedic surgeon on 4/1/2021
Why: For recheck

What's Next

You currently have no upcoming appointments scheduled.

You are allergic to the following

No active allergies

MUSC Florence Emergency Services
805 Pamplico Hwy
Florence, SC 29505
Phone: 843-674-5000
Fax: 843-674-5199

Communication to Patients

MUSC Health Virtual Care

When poison ivy or a rash strikes, MUSC Health Virtual Care strikes back.

Now offering quick, quality care for summertime complaints, along with dozens of other common conditions - for you and your family!

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Today's Visit

Reason for Visit

- Back Pain
- Groin Pain

Diagnoses

- Acute left lumbar radiculopathy
- Left hip pain

Medications Given

dexamethasone (PF) (DECADRON)
10mg/mL injection 10 mg Last given at 7:00 PM
ketorolac (TORADOL) 30mg/mL
injection 15 mg Last given at 7:30 PM

Your End of Visit Vitals

Blood Pressure	Temperature (Oral)
153/88	98.5 °F
Pulse	Respiration
83	16
Oxygen Saturation	
100%	

MUSC Health MyChart

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to mychart.muschealth.com, click "Create Your Account", and enter your personal MyChart Access Code:
P96DC-5ZV94-DDGZN
Expires: 4/22/2021 1:00 PM

E-mail MyChartSupport@muscedu or call 843-792-3111 to speak with our MyChart staff.

000122



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Medications

Enc Medication Administration Record Report

ketorolac (TORADOL) 30mg/mL injection 15 mg [234939927]

Ordering Provider: Gary A Summerfield Jr., FNP
Ordered On: 03/24/21 1822
Dose (Remaining/Total): 15 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 03/24/21 1830 - 03/24/21 1930
Route: Intramuscular
Rate/Duration: — / —

Question	Answer	Comment
Formulary Restriction Met?:	To be administered for < or = to 5 days	—

Timestamps	Action	Dose	Route / Site	Other Information
03/24/21 1930	Given	15 mg	Intramuscular Other	Performed by: Cynthia Barefoot, RN Scanned Package: 0338-0072-25

dexamethasone (PF) (DECADRON) 10mg/mL injection 10 mg [234939928]

Ordering Provider: Gary A Summerfield Jr., FNP
Ordered On: 03/24/21 1822
Dose (Remaining/Total): 10 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 03/24/21 1830 - 03/24/21 1930
Route: Intramuscular
Rate/Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
03/24/21 1930	Given	10 mg	Intramuscular Other	Performed by: Cynthia Barefoot, RN Scanned Package: 70069-021-01

Care Plan

Multidisciplinary Problems (Active)

There are no active problems.

Patient Education

Discharge Orders

(none)

Inman, Qushon Montreese (MRN 006287528)

000121

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

Changes to Your Medication List

① Please review the med list below for any possible changes to your current medications. For your safety, it is important that you give a copy of this list of medications to your primary care physician as soon as possible after this visit. Keep your own medication list updated any time your medications are changed, or new ones are added. Please carry an up-to-date medication list with you at all times.

ASK your doctor about these medications



naproxen 500 mg tablet
Commonly known as: NAPROSYN
For diagnoses: Lumbar strain, Initial encounter

Take 1 tablet by mouth every 12 hours.



tiZANidine 4 mg capsule
Commonly known as: ZANAFLEX
For diagnoses: Lumbar strain, Initial encounter

Take 1 capsule by mouth 3 times daily.



traMADol 50 mg tablet
Commonly known as: ULTRAM
For diagnoses: Lumbar strain, Initial encounter

Take 1 tablet by mouth every 6 hours as needed.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

 Attached Information

Neuropathic Pain (English)



Neuropathic Pain

Neuropathic pain is pain caused by damage to the nerves that are responsible for certain sensations in your body (*sensory nerves*). The pain can be caused by:

- Damage to the sensory nerves that send signals to your spinal cord and brain (*peripheral nervous system*).
- Damage to the sensory nerves in your brain or spinal cord (*central nervous system*).

Neuropathic pain can make you more sensitive to pain. Even a minor sensation can feel very painful. This is usually a long-term condition that can be difficult to treat. The type of pain differs from person to person. It may:

- Start suddenly (*acute*), or it may develop slowly and last for a long time (*chronic*).
- Come and go as damaged nerves heal, or it may stay at the same level for years.
- Cause emotional distress, loss of sleep, and a lower quality of life.

What are the causes?

The most common cause of this condition is diabetes. Many other diseases and conditions can also cause neuropathic pain. Causes of neuropathic pain can be classified as:

- **Toxic:** This is caused by medicines and chemicals. The most common cause of toxic neuropathic pain is damage from cancer treatments (*chemotherapy*).
- **Metabolic:** This can be caused by:
 - Diabetes. This is the most common disease that damages the nerves.
 - Lack of vitamin B from long-term alcohol abuse.
- **Traumatic:** Any injury that cuts, crushes, or stretches a nerve can cause damage and pain. A common example is feeling pain after losing an arm or leg (*phantom limb pain*).
- **Compression-related:** If a sensory nerve gets trapped or compressed for a long period of time, the blood supply to the nerve can be cut off.
- **Vascular:** Many blood vessel diseases can cause neuropathic pain by decreasing blood supply and oxygen to nerves.
- **Autoimmune:** This type of pain results from diseases in which the body's defense system (*immune system*) mistakenly attacks sensory nerves. Examples of autoimmune diseases that can cause neuropathic pain include lupus and multiple sclerosis.
- **Infectious:** Many types of viral infections can damage sensory nerves and cause pain. Shingles infection is a common cause of this type of pain.
- **Inherited:** Neuropathic pain can be a symptom of many diseases that are passed down through families (*genetic*).

What increases the risk?

You are more likely to develop this condition if:

- You have diabetes.
- You smoke.
- You drink too much alcohol.

000124

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

- You are taking certain medicines, including medicines that kill cancer cells (*chemotherapy*) or that treat immune system disorders.

What are the signs or symptoms?

The main symptom is pain. Neuropathic pain is often described as:

- Burning.
- Shock-like.
- Stinging.
- Hot or cold.
- Itching.

How is this diagnosed?

No single test can diagnose neuropathic pain. It is diagnosed based on:

- Physical exam and your symptoms. Your health care provider will ask you about your pain. You may be asked to use a pain scale to describe how bad your pain is.
- Tests. These may be done to see if you have a high sensitivity to pain and to help find the cause and location of any sensory nerve damage. They include:
 - Nerve conduction studies to test how well nerve signals travel through your sensory nerves (*electrodiagnostic testing*).
 - Stimulating your sensory nerves through electrodes on your skin and measuring the response in your spinal cord and brain (*somatosensory evoked potential*).
- Imaging studies, such as:
 - X-rays.
 - CT scan.
 - MRI.

How is this treated?

Treatment for neuropathic pain may change over time. You may need to try different treatment options or a combination of treatments. Some options include:

- Treating the underlying cause of the neuropathy, such as diabetes, kidney disease, or vitamin deficiencies.
- Stopping medicines that can cause neuropathy, such as chemotherapy.
- Medicine to relieve pain. Medicines may include:
 - Prescription or over-the-counter pain medicine.
 - Anti-seizure medicine.
 - Antidepressant medicines.
 - Pain-relieving patches that are applied to painful areas of skin.
 - A medicine to numb the area (*local anesthetic*), which can be injected as a nerve block.
- Transcutaneous nerve stimulation. This uses electrical currents to block painful nerve signals. The treatment is painless.
- Alternative treatments, such as:
 - Acupuncture.
 - Meditation.
 - Massage.
 - Physical therapy.
 - Pain management programs.
 - Counseling.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

Follow these instructions at home:

Medicines



- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** drive or use heavy machinery while taking prescription pain medicine.
- If you are taking prescription pain medicine, take actions to prevent or treat constipation. Your health care provider may recommend that you:
 - Drink enough fluid to keep your urine pale yellow.
 - Eat foods that are high in fiber, such as fresh fruits and vegetables, whole grains, and beans.
 - Limit foods that are high in fat and processed sugars, such as fried or sweet foods.
 - Take an over-the-counter or prescription medicine for constipation.

Lifestyle



- Have a good support system at home.
- Consider joining a chronic pain support group.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- **Do not** drink alcohol.

General instructions

- Learn as much as you can about your condition.
- Work closely with all your health care providers to find the treatment plan that works best for you.
- Ask your health care provider what activities are safe for you.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- Your pain treatments are not working.
- You are having side effects from your medicines.
- You are struggling with tiredness (*fatigue*), mood changes, depression, or anxiety.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

Summary

- Neuropathic pain is pain caused by damage to the nerves that are responsible for certain sensations in your body (sensory nerves).
- Neuropathic pain may come and go as damaged nerves heal, or it may stay at the same level for years.
- Neuropathic pain is usually a long-term condition that can be difficult to treat. Consider joining a chronic pain support group.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/14/2005 Document Revised: 04/09/2020 Document Reviewed: 01/04/2019
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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

 Attached Information

Radicular Pain (English)



Radicular Pain



Radicular pain is a type of pain that spreads from your back or neck along a spinal nerve. Spinal nerves are nerves that leave the spinal cord and go to the muscles. Radicular pain is sometimes called radiculopathy, radiculitis, or a pinched nerve. When you have this type of pain, you may also have weakness, numbness, or tingling in the area of your body that is supplied by the nerve. The pain may feel sharp and burning. Depending on which spinal nerve is affected, the pain may occur in the:

- Neck area (*cervical radicular pain*). You may also feel pain, numbness, weakness, or tingling in the arms.
- Mid-spine area (*thoracic radicular pain*). You would feel this pain in the back and chest. This type is rare.
- Lower back area (*lumbar radicular pain*). You would feel this pain as low back pain. You may feel pain, numbness, weakness, or tingling in the buttocks or legs. Sciatica is a type of lumbar radicular pain that shoots down the back of the leg.

Radicular pain occurs when one of the spinal nerves becomes irritated or squeezed (*compressed*). It is often caused by something pushing on a spinal nerve, such as one of the bones of the spine (*vertebrae*) or one of the round cushions between vertebrae (*intervertebral disks*). This can result from:

- An injury.
- Wear and tear or aging of a disk.
- The growth of a bone spur that pushes on the nerve.

Radicular pain often goes away when you follow instructions from your health care provider for relieving pain at home.

Follow these instructions at home:

Managing pain

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)



- If directed, put ice on the affected area:
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2-3 times a day.
- If directed, apply heat to the affected area as often as told by your health care provider. Use the heat source that your health care provider recommends, such as a moist heat pack or a heating pad.
 - Place a towel between your skin and the heat source.
 - Leave the heat on for 20-30 minutes.
 - Remove the heat if your skin turns bright red. This is especially important if you are unable to feel pain, heat, or cold. You may have a greater risk of getting burned.

Activity



- Do not sit or rest in bed for long periods of time.
- Try to stay as active as possible. Ask your health care provider what type of exercise or activity is best for you.
- Avoid activities that make your pain worse, such as bending and lifting.
- Do not lift anything that is heavier than 10 lb (4.5 kg), or the limit that you are told, until your health care provider says that it is safe.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

- Practice using proper technique when lifting items. Proper lifting technique involves bending your knees and rising up.
- Do strength and range-of-motion exercises only as told by your health care provider or physical therapist.

General Instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- Pay attention to any changes in your symptoms.
- Keep all follow-up visits as told by your health care provider. This is important.
 - Your health care provider may send you to a physical therapist to help with this pain.

Contact a health care provider if:

- Your pain and other symptoms get worse.
- Your pain medicine is not helping.
- Your pain has not improved after a few weeks of home care.
- You have a fever.

Get help right away if:

- You have severe pain, weakness, or numbness.
- You have difficulty with bladder or bowel control.

Summary

- Radicular pain is a type of pain that spreads from your back or neck along a spinal nerve.
- When you have radicular pain, you may also have weakness, numbness, or tingling in the area of your body that is supplied by the nerve.
- The pain may feel sharp or burning.
- Radicular pain may be treated with ice, heat, medicines, or physical therapy.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2005 Document Revised: 07/02/2019 Document Reviewed: 07/02/2019
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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

 Attached Information

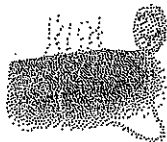
Heat Therapy Easy-to-Read (English)



Heat Therapy

Heat therapy can help ease sore, stiff, injured, and tight muscles and joints. Heat relaxes your muscles, which may help ease your pain and muscle spasms. **Do not use heat therapy unless your doctor tells you to use it.**

How to use heat therapy



There are several different kinds of heat therapy, including:

- Moist heat pack.
- Hot water bottle.
- Electric heating pad.
- Heated gel pack.
- Heated wrap.
- Warm water bath.

Your doctor will tell you how to use heat therapy. In general, you should:

1. Place a towel between your skin and the heat source.
2. Leave the heat on for 20–30 minutes. Your skin may turn pink.
3. Remove the heat if your skin turns bright red. You should remove the heat source if you are unable to feel pain, heat, or cold. You are more likely to get burned if you leave it on the skin for too long.

Your doctor may also tell you to take a warm water bath. To do this:

1. Put a non-slip pad in the bathtub to prevent a fall.
2. Fill the bathtub with warm water.
3. Check the water temperature.
4. Soak in the water for 15–20 minutes, or as told by your doctor.
5. Be careful when you stand up after the bath. You may feel dizzy.
6. Pat yourself dry after the bath. **Do not** rub your skin to dry it.

General recommendations for heat therapy

- **Do not** sleep while using heat therapy. Only use heat therapy while you are awake.
- Your skin may turn pink while using heat therapy. **Do not** use heat therapy if your skin turns red.
- **Do not** use heat therapy if you have a new injury.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)

- High heat or using heat for a long time can cause burns. Be careful not to burn your skin when using heat therapy.
- **Do not** use heat therapy on areas of your skin that are already irritated, such as with a rash or sunburn.

Get help if you have:

- Blisters, redness, swelling (*puffiness*), or numbness.
- New pain.
- Pain that is getting worse.

Summary

- Heat therapy is the use of heat to help ease sore, stiff injured, and tight muscles and joints.
- There are different types of heat therapy. Your doctor will tell you which one to use.
- Only use heat therapy while you are awake.
- Watch your skin to make sure you do not get burned while using heat therapy.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 03/11/2013 Document Revised: 02/10/2020 Document Reviewed: 12/29/2018
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Patient Education (continued)

Encounter-Level Documents (no E-s/g) - 03/24/2021: (continued)

 Attached Information

Cryotherapy (English)



How to Use Cold Therapy

Cold therapy, also known as cryotherapy, is a treatment that uses cold temperatures to treat an injury or medical condition. It includes using cold packs or ice packs to reduce pain and swelling.

What are the risks?

Generally, cold therapy is a safe treatment. However, it is not safe for:

- People who cannot express pain, such as small children and people who have dementia.
- People who have certain conditions, such as:
 - A problem in the vessels that slows blood flow to the fingers and toes (*Raynaud's syndrome*).
 - Feeling very cold easily (*cold hypersensitivity*).
 - Numbness or lack of feeling in the area being iced.

Cold therapy may be unsafe for people who have other conditions. **Do not** use cold therapy without your health care provider's approval if you have:

- A heart condition.
- High blood pressure.
- Open or healing wounds.
- An infection.
- Rheumatoid arthritis.
- Poor circulation.
- Diabetes.
- Certain skin conditions.

How can I make a cold pack?

When using a cold pack at home to reduce pain and swelling, you can use:

- A silica gel cold pack that has been left in the freezer. You can buy this online or in stores.
- A sealable plastic bag that has been filled with crushed ice.
- A washcloth or paper towels soaked in cold (or ice) water.
- A plastic bag of frozen vegetables. Discard when finished using them as a cold pack.

Supplies needed:

- A cold pack.
- A towel. This can be dry or damp, depending on your preference and comfort.

How to use cold therapy

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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/24/2021: (continued)



1. Have your cold pack ready.
2. Place a towel between the cold pack and your skin, or wrap the cold pack in a towel.
3. Apply the cold pack to the affected area. Apply for no more than 20 minutes at a time.
4. Check your skin after 5 minutes to make sure that there is no skin damage or other signs of problems. Check for:
 - White spots on your skin. Your skin may look blotchy or mottled.
 - Skin that looks blue or pale.
 - Skin that feels waxy or hard.
5. Repeat these steps as many times each day as told by your health care provider.

Always use a towel to avoid direct contact with your skin.

Contact a health care provider if:

- You develop white spots on your skin. This may give your skin a blotchy or mottled look.
- Your skin turns blue or pale.
- Your skin becomes waxy or hard.
- Your swelling gets worse.

Summary

- Cold therapy, or cryotherapy, is used to treat an injury or medical condition. It includes using cold packs or ice packs to reduce pain and swelling.
- Cold therapy is not safe if you are unable to express pain or have certain conditions.
- When using cold packs or ice packs, always place a towel between the cold source and your skin.
- Check your skin after 5 minutes of icing. It to make sure that there is no skin damage or other signs of problems.
- Contact a health care provider if you notice changes in your skin or your swelling gets worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 08/13/2012 Document Revised: 09/16/2019 Document Reviewed: 09/16/2019
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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

After Visit Summary - Document on 3/24/2021 8:46 PM: MUSC ED Work and School Excuse (below)



Work/School Excuse

March 24, 2021

Patient: Qushon Montreese Inman
Date of Birth:
Date of Visit: 3/24/2021

To Whom It May Concern,

Qushon Inman was seen in the Emergency Department on 3/24/2021.

It is my medical opinion that the patient:
should remain out of work until 04/02/21.

Date: March 24, 2021

Signature of Physician or Healthcare Professional

GARY A SUMMERFIELD, FNP

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

After Visit Summary - Document on 3/24/2021 8:48 PM: AVS SIGNATURE PAGE (below)

Inm*,Q*,12* - Page 1 of 1



MUSC Florence Emergency Services
805 Pamplico Hwy
Florence, SC 29505
Phone: 843-674-5000
Fax: 843-674-5199

Patient Identification

Inm*,Q* - 31 y.o. male

Patient Signature

The above written discharge/follow-up instructions were provided to the patient, family member or caregiver who retained the printed copy.

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [redacted]
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Order-Level Documents (no E-sig):

There are no order-level documents (no e-sig).

Encounter-Level E-Sig:

Lewis Blackman Acknowledgement E-Sig - Received on 3/24/2021

**Lewis Blackman
Hospital Patient Safety Act
Acknowledgement**

Page 1 of 1

Form Origination Date: 10/06

Version: 3

Version Date: 7/11

Patient Name Inman, Qushon Montreese

MRN 006287528

PATIENT IDENTIFICATION LABEL

MUSC is a Teaching Hospital

I understand that MUSC is an academic medical center providing healthcare, teaching and research. I also understand that I may be cared for by physicians and other healthcare providers in training. My care will be supervised by an attending physician and staff. The information related to the health care I receive may be used for training or for scientific study purposes. I understand that if information contained in my health care record is used for such purposes, precautions will be taken to carefully preserve my anonymity. I also understand that pictures or other recordings may be made for purposes of my treatment or for educational purposes.

In addition, I understand that if I have questions about my medical care I can speak to my attending physician, nurse, resident, or medical student. In addition, I can contact my attending physician or the House Supervisor directly by calling the hospital operator. The hospital operator can be reached by pressing the "0" button on any telephone within the hospital.

I acknowledge that I have received a copy of the brochure titled "Medical University of South Carolina, Patient Safety" which explains the roles of different hospital staff in my care (on page 6 of the brochure).

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Patient Education (continued)

Encounter-Level E-Sig: (continued)

Date: 3/24/2021


03/24/2021 05:45 PM Sign

Signature of Patient (Parent or Legal
Guardian

Michael Cribb

Registration Representative

Signature of Guarantor (if different from
the patient)

blackmanacknowledge

OTE 700226 Rev. 7/11

Consent for Medical Treatment E-Sig - Received on 3/24/2021

000138



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [redacted]
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Patient Education (continued)

Encounter-Level E-Sig: (continued)



Patient Name: Qushon Montreese Inman
MRN: 006287528

CONSENT

PATIENT IDENTIFICATION LABEL

Consent for Medical Treatment
Page 1 of 2

Form Origination Date: 6/98

Version: 10

Version Date: (11/2019)

Your Permission Is Needed

I (as patient, parent, guardian, spouse, guarantor, or other responsible party) consent to and authorize medical treatment and diagnostic procedures which may be ordered and/or provided by my doctor and performed at the Medical University Hospital Authority ("Hospital"). I consent to have blood drawn and to be tested for infectious diseases, including but not limited to syphilis, AIDS, hepatitis and testing for drugs if my doctor orders these tests.

Agreement of Financial Responsibility and Assignment of Benefits

In return for the services rendered and to be rendered by MUSC Health (Hospital) and/or MUSC Physicians, I hereby guarantee the payment of all charges associated with services received from MUSC Health (Hospital) and the Medical University of South Carolina Physicians ("MUSC Physicians"). I hereby irrevocably assign and transfer to Hospital and/or MUSC Physicians all right, title, and interest in all benefits payable for the healthcare rendered, which are provided in any and all insurance policies and health benefit plans from which I am entitled to recover, including but not limited to hospitalization, medical, third party liability insurance coverage, workers compensation benefits, employer, employer group, individual, welfare benefit, trust sponsored, and benefits paid by Medicare or Medicaid. This assignment is intended to include any interest in benefits that I may have relating to this date of service as well as any prior dates of service.

By executing this assignment of benefits, I am requesting that all insurance companies pay Hospital and/or MUSC Physicians directly for the services Hospital and/or MUSC Physicians provided to the patient. I understand that any payment received from these policies and/or plans will be applied to any outstanding balance that I may have with Hospital and/or MUSC Physicians. I further understand that I am not entitled to a refund unless all Hospital and MUSC Physicians bills are paid in full for any outstanding balances owed to them; if a third party may be obligated to pay some or all of these charges, I agree to take all actions necessary to assist Hospital and/or MUSC Physicians in collecting payment from any such third party payer. I hereby appoint Hospital as my authorized representative to pursue, if it so chooses, all administrative remedies, claims, appeals, and/or lawsuits on my behalf and at Hospital's election, against any responsible third party, medical insurer, or employer sponsored medical benefit plan for purposes of collecting any and all hospital benefits due me for the payment of the charges. I authorize Hospital and MUSC Physicians to endorse and retain benefit checks made payable directly to me.

I understand that MUSC Health (Hospital) and/or MUSC Physicians may bill an insurance company, as a courtesy to me, but may not be obligated to do so. I understand if Hospital and/or MUSC Physicians initially accept health insurance coverage, this does not waive their rights to collect or accept, as payment in full, any payment made under a different coverage or benefits or any other sources of payment that may or will cover expenses incurred for services and treatment. I understand that Professional Services may be rendered by independent contractors, and are not part of Hospital bill or MUSC Physician bills. I understand that care that is experimental as determined by my insurance company may not be covered and that I will be responsible for those charges. I agree that if my account is not paid, it may be turned over to a collection agency or attorney, and I must pay the amount due plus all costs of collection, including reasonable attorney's fees and costs.

I understand that if I am unable to pay my bills, I may speak with a Financial Counselor to determine whether I qualify for assistance. The telephone number for the Financial Counselor for MUSC Health is (843) 792-2311.

I have read and been given the opportunity to ask questions about this assignment of benefits, and I have signed this document freely and without inducement, other than the rendition of services by MUSC Health (Hospital) and/or MUSC Physicians.

Medicare Patient Certification (Medicare patients only)

I hereby certify that I have provided information about all insurance coverage available to me, including liability or worker's compensation insurance and that the information provided is correct and complete; I hereby authorize MUSC Health (Hospital) and/or MUSC Physicians to release to the Social Security Administration, its intermediaries, or carriers any information needed for this or a related Medicare claim. I hereby authorize the payment of benefits to MUSC Health (Hospital) and/or MUSC Physicians.

All_all_consent_consentfortreat

OTE 700227 Rev. 11/2019 *inpatient

000139



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Patient Education (continued)

Encounter-Level E-Sig: (continued)



Patient Name: Qushon Montreese Inman
MRN: 006287528

CONSENT

Consent for Medical Treatment
Page 1 of 2

PATIENT IDENTIFICATION LABEL

Form Origination Date: 8/99
Version: 10

Version Date: (11/2018)

Consent to Telephone Calls

I hereby expressly agree and consent to Hospital and MUSC Physicians, their employees, agents, collections agents, service providers and the like, to contact me by telephone at any telephone number that I or my representative provides to Hospital and/or MUSC Physicians, including wireless telephone numbers or other numbers which may result in charges to me. I expressly consent to the Hospital and/or MUSC Physicians to contact me on this telephone number regarding my hospitalization, my appointments, medical services rendered or to be provided, my financial obligations, financial assistance for my account(s), debt collection related to my account(s), or any matter relating to my medical care. I understand that methods of contact may include pre-recorded or artificial voice messages and/or automatic telephone dialing systems.

Admission Photographs/ Video Monitoring

I agree that my photograph may be taken for purposes of identifying me, or providing treatment to me. This photograph may become part of my medical record and may be disclosed if copies of my medical record are disclosed. I understand that video monitoring is used throughout the Hospital for safety and to monitor patients who may pose safety risks due to a medical or psychiatric condition. Video monitoring is not used in patient bathrooms. Video monitoring is used in a manner that promotes patient safety, privacy, dignity and confidentiality. Video monitoring is not recorded for research or educational purposes. I agree and consent to such video monitoring.

Responsibility for Personal Items

I understand that Hospital is not responsible for valuable items which I bring with me. I understand it is my responsibility to send any valuable items (such as medications, money, jewelry, electronics, etc.) home for safe keeping. Any items left at Hospital in excess of 30 days will be disposed of.

Emergency Evacuation of MUSC Medical Center

I understand that, in certain cases which may include a natural disaster (e.g., hurricane, tornado, earthquake, flooding, etc.), acts of terrorism or other dangerous situations (e.g., gas leak, explosion, chemical or hazardous waste spill, outbreak of infectious disease), it may be necessary to evacuate part or all of the Hospital. I understand that any such evacuation would be to a safe area/facility in accordance with the MUSC Medical Center Emergency Operations Plan and any applicable MUSC Medical Center policies. I hereby agree and consent to such evacuation.

Disclosure/ Use of Health Information

I certify that I received a copy of the MUSC Organized Health Care Arrangement's (OHCA) "Notice of Privacy Practices." I understand that uses and disclosures of my personal health information are described in the Notice of Privacy Practices received. Possible disclosures include but are not limited to disclosure to another health care provider or Health Information Exchanges (HIE) for treatment, process of payment or MUSC OHCA operations. See attached Notice of Privacy Practices for additional possible disclosures and instructions on how to limit my participation in HIE or to whom my health information is disclosed.

I certify that I have read or have had read to me this consent and agree to its terms. I also certify that I am the patient, or am duly authorized by the patient, or am duly appointed to sign this agreement. I accept and understand its terms.

3/24/2021 6:44 PM
Date and Time
Print Full Name

Michael Crub
Signature of Witness
Print Full Name

3/24/2021 6:44 PM
Signature of Patient (Parent or Legal Guardian)
Qushon Montreese Inman

Signature of Guarantor/relationship to Patient: Self
Qushon M. Inman

Advance Directives Information given: ☒ Yes ☐ No (If No, please explain)

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Patient Education (continued)

Encounter-Level E-Sig: (continued)

Original to Medical Records Copy to Patient

Alt_all_consent_consentfortreat

OTE 700227 Rev. 11/2019 *inpatient

000141



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [REDACTED]
Acct #: 101477483
Adm: 3/24/2021, D/C: 3/24/2021

Sex: M

Patient Education (continued)

Encounter-Level E-Sig: (continued)

000142



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Patient Demographics

Address	Phone	E-mail Address
_____ 36	_____	_____
CSN: 1153257014		

Admission Information

Arrival Date/Time: 03/29/2021 4:13 PM	Admit Date/Time: 03/29/2021 4:51 PM	IP Adm. Date/Time:
Admission Type: Emergency	Point of Origin: Ub01 - Self Referral	Admit Category:
Means of Arrival: Walk In	Primary Service: Emm-emergency Medicine	Secondary Service: N/A
Transfer Source:	Service Area: MUSC Service Area	Unit: MUSC Florence Emergency Services
Admit Provider:	Attending Provider:	Referring Provider:

Admission Orders

No orders found

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/29/2021 7:03 PM	Home Or Self Care	None	None	MUSC Florence Emergency Services

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M54.42 (Principal)	Lumbago with sciatica, left side				
I10	Essential (primary) hypertension				
F17.210	Nicotine dependence, cigarettes, uncomplicated				

Events

ED Arrival at 3/29/2021 1613

Unit: MUSC Florence Emergency Services

Admission at 3/29/2021 1651

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC24

Service: EMM-EMERGENCY MEDICINE

Bed: EC24

ED Roomed at 3/29/2021 1651

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC24

Service: EMM-EMERGENCY MEDICINE

Bed: EC24

Discharge at 3/29/2021 1903

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC24

Service: EMM-EMERGENCY MEDICINE

Bed: EC24

Discharge at 3/29/2021 1903

Unit: MUSC Florence Emergency Services
Patient class: Emergency

Room: EC24

Service: EMM-EMERGENCY MEDICINE

Bed: EC24

Providers as of 3/29/2021

PCP

Name	Type	Specialty	Phone Number
No Pcp	Not available	Not available	Not available

Treatment Team

Role	Name	Specialty	Status	Active From	Active To	Phone Number
Nurse Practitioner	Kristin G Dubose, NP	Emergency Medicine, Nurse Practitioner	Active	3/29/2021 4:43 PM		843-674-5143

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: ---
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Patient Education (continued)

Allergies as of 3/29/2021

No Known Allergies

Review status set to Review Complete by Kristin G Dubose,
NP on 3/29/2021

Medical as of 3/29/2021

None

Family as of 3/29/2021

None

Family Status as of 3/29/2021

None

Surgical History

Past Surgical History

None

Social History

Tobacco Use as of 3/29/2021

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Current Every Day Smoker	---	---	---	---
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source Provider
Cigars	---	Never Used	---	---

Alcohol Use as of 3/29/2021

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source Provider
---	---	---	---	---
Frequency	Typical Drinks	Binge Drinking	---	---
---	---	---	---	---

Drug Use as of 3/29/2021

Drug Use	Types	Frequency	Comments	Source Provider
---	---	---	---	---

Sexual Activity as of 3/29/2021

Sexually Active	Birth Control	Partners	Comments	Source Provider
---	---	---	---	---

Activities of Daily Living as of 3/29/2021

None

Social Documentation as of 3/29/2021

None

Occupational as of 3/29/2021

None

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Patient Education (continued)

Socioeconomic as of 3/29/2021

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Not Hispanic or Latino	Black or African American	—
Financial Resource Strain						Transportation Needs: Medical	Transportation Needs: Non-medical	
—						—	—	

Lifestyle as of 3/29/2021

None

Relationships as of 3/29/2021

None

Problem List as of 3/29/2021

None

Reviewed: 3/29/2021 8:09 PM by Kristin DuBose, NP

All Notes

ED Provider Notes by Kristin G Dubose, NP at 3/29/2021 4:43 PM

Author: Kristin G Dubose, NP

Filed: 3/29/2021 8:09 PM

Editor: Kristin G Dubose, NP (Nurse Practitioner)

Service: EMM-EMERGENCY MEDICINE

Date of Service: 3/29/2021 4:43 PM

Author Type: Nurse Practitioner

Status: Attested

Cosigner: Bradley Stokes Russell, MD at 3/30/2021 7:01 AM

Attestation signed by Bradley Stokes Russell, MD at 3/30/2021 7:01 AM

Patient evaluated and managed by APP. I was available for consultation but did not see this patient.

ED Provider Note

History

Chief Complaint

Patient presents with:

- Leg Pain

Was seen on Friday for back pain running down Lt leg

31-year-old male presenting to emergency department with complaints of left lower back pain with radiation to the left lower leg for several months. He has been seen at Mcleod ED and MUSC Florence for the same. When he was initially seen at Mcleod he was given medication with significant relief. Over the last two the weeks the pain has returned and has been worse. His pain is worse with standing, sitting, and certain positions. He reports that he has to get into certain positions to any relief of pain. He was seen on March 23 for the same and was prescribed zanaflex and tramadol-he is taking these medications reports no relief. He was also given steroid shot and pain shot while in the ED and reports no relief.

000145

All Notes (continued)

ED Provider Notes by Kristin G Dubose, NP at 3/29/2021 4:43 PM (continued)

The history is provided by the patient.

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

History reviewed. No pertinent family history.

Social History

Tobacco Use

- Smoking status: Current Every Day Smoker
- Types: Cigars
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

Review of Systems

Musculoskeletal: Positive for back pain.

All other systems reviewed and are negative.

Physical Exam

ED Triage Vitals [03/29/21 1644]

BP	Heart Rate	Resp	Temp	Temp Source	SpO2
(I) 179/98	84	16	36.5 °C (97.7 °F)	Oral	99 %

Physical Exam

Vitals signs and nursing note reviewed.

Cardiovascular:

Pulses: Normal pulses.

Abdominal:

General: Bowel sounds are normal.

Musculoskeletal:

Comments: **Point tenderness over the left SI joint-palpation over the joint elicits tenderness down the left leg-positive straight leg raise at 30 degrees**

Negative right straight leg raise

000146

All Notes (continued)

ED Provider Notes by Kristin G Dubose, NP at 3/29/2021 4:43 PM (continued)

Cap refill less than three seconds

DP/PT pulses are 2+

Ambulatory without assistance-slight limp to the left leg

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

Judgment: Judgment normal.

ED Documentation - Procedures and MDM

Procedures

MDM

Clinical & Imaging Tests: Ordered & Reviewed

Labs

No data to display

Imaging - WET OR FINAL READ

Imaging Results

None

ED Medications: Ordered, Reviewed & Administered

ED Medications

Medications

clonidine HCL (CATAPRES) tablet 0.2 mg (0.2 mg Oral Not
Given 3/29/21 1711)

morphine 4 mg/mL injection 8 mg (8 mg Intramuscular Given
3/29/21 1700)

ondansetron (PF) (ZOFTRAN) 2mg/mL injection 4 mg (4 mg
Intramuscular Given 3/29/21 1700)

Home Medications

Current Outpatient Medications

Medication

Sig

000147

All Notes (continued)

ED Provider Notes by Kristin G Dubose, NP at 3/29/2021 4:43 PM (continued)

- HYDROcodone-acetaminophen (LORCET) 5-325 mg tablet Take 1 tablet by mouth every 6 hours as needed.
- ibuprofen (MOTRIN) 800 mg tablet Take 1 tablet by mouth every 6 hours as needed for mild pain or fever (see comment). Take with food or milk.
- predniSONE (DELTASONE) 20 mg tablet 60 mg orally x two days 40 mg orally x two days 20 mg orally x two days
- tiZANidine (ZANAFLEX) 4 mg tablet Take 1 tablet by mouth every 8 hours as needed.

ED Consults

No data to display

Clinical Impression

Final diagnoses:

Hypertension, unspecified type (Primary)
Sciatica of left side

Decision Support

Clinical Opiate Withdrawal (If Applicable):

ED Course Notes

The patient was given information regarding smoking cessation and encouraged to follow up with their PCP regarding potential interventions to help to stop smoking.

The patient was informed of their elevated blood pressure while in the ED today and instructed to follow up with their primary provider for further evaluation.

Plan

1. Patient was given morphine and Zofran for pain in the emergency department with significant relief. He was prescribed hydrocodone, zanaflex, prednisone, and ibuprofen for pain. He was discouraged from taking Zanaflex and hydrocodone together as this may cause oversedation. He was given discharge instructions and precautions instructed follow-up with his primary care provider or return to the emergency department for worsening symptomology. He was given discharge instructions and discharged in stable condition with his family.

000148



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [REDACTED], Sex: M
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

All Notes (continued)

ED Provider Notes by Kristin G Dubose, NP at 3/29/2021 4:43 PM (continued)

Attestations

MUSC ED ATTESTATION

Kristin G Dubose, NP
03/29/21 2009

000149

Flowsheets (all recorded)

Custom Formula Data

Row Name	03/29/21 17:07:53	03/29/21 1644
OTHER		
SBP (Hypotensive if SBP is <90)	133 -CB	179 -AJ
Oxygen Saturation %	—	99 -AJ
10 mL/kg dosing	—	1270.06 -AJ
15 mL/kg dosing	—	1905.09 -AJ
20 mL/kg dosing	—	2540.12 -AJ
% Weight Change Since Birth	—	0 -AJ
RBC/FFP/PLT		
Cryo dispense volume	—	12.7 Units -AJ
KCAL/KG		
20 Kcal/Kg (kcal)	—	2540.14 -AJ
25 Kcal/Kg (kcal)	—	3175.18 -AJ
30 Kcal/Kg (kcal)	—	3810.21 -AJ
35 Kcal/Kg (kcal)	—	4445.25 -AJ
40 Kcal/Kg (kcal)	—	5080.28 -AJ
45 Kcal/Kg (kcal)	—	5715.32 -AJ
50 Kcal/Kg (kcal)	—	6350.35 -AJ
RD Method Male (Adolescent)		
RDA Male (11-14 years) (kcal)	—	6985.39 -AJ
RDA Male (15-18 years) (kcal)	—	5715.32 -AJ
KCAL/KG		
20 Kcal/Kg (kcal)	—	2540.14 -AJ
40 Kcal/Kg (kcal)	—	5080.28 -AJ
60 Kcal/Kg (kcal)	—	7620.42 -AJ
80 Kcal/Kg (kcal)	—	10160.56 -AJ
100 Kcal/Kg (kcal)	—	12700.7 -AJ
120 Kcal/Kg (kcal)	—	15240.84 -AJ
140 Kcal/Kg (kcal)	—	17780.98 -AJ
160 Kcal/Kg (kcal)	—	20321.12 -AJ
180 Kcal/Kg (kcal)	—	22861.26 -AJ
200 Kcal/Kg (kcal)	—	25401.4 -AJ
RDA Method		
RDA (> 1 year-3 years) (kcal)	—	12954.71 -AJ
RDA (4-6 years) (kcal)	—	11430.63 -AJ
RDA (7-10 years) (kcal)	—	8890.49 -AJ
WHO Equation Female		
WHO Equation Female (0-3 years) (kcal)	—	7696.43 -AJ
WHO Equation Female (4-10 years) (kcal)	—	3358.66 -AJ
WHO Equation Female (11-18 years) (kcal)	—	2295.49 -AJ
WHO Equation Male		

000150

Flowsheets (all recorded) (continued)

Custom Formula Data (continued)

Row Name	03/29/21 17:07:53	03/29/21 16:44
WHO Equation Male (0-3 years) (kcal)	—	7680.73 -AJ
WHO Equation Male (4-10 years) (kcal)	—	3378.06 -AJ
WHO Equation Male (11-18 years) (kcal)	—	2873.62 -AJ
RDA Method (Infant)		
RDA (0-6 month old) (kcal)	—	13716.76 -AJ
RDA (> 6 months-1 year old) (kcal)	—	12446.69 -AJ
RD Method Female (Adolescent)		
RDA Female (11-14 years) (kcal)	—	5969.33 -AJ
RDA Female (15-18 years) (kcal)	—	5080.28 -AJ
Current Weight		
Current Weight (gm)	—	127007 -AJ
Fluid Requirements		
Holliday-Segar Method (<= 10 kg) (mL)	—	12700.7 -AJ
Holliday-Segar Method (>10 <=20 kg) (mL)	—	7350.35 -AJ
Holliday-Segar Method (> 20 kg) (mL)	—	7850.35 -AJ
Fluid Requirements		
Holliday-Segar Method (over 20 kg)	—	4040.14 -AJ
MEWS (Calculated) READ ONLY		
Heart Rate MEWS	0 -CB	0 -AJ
Systolic BP MEWS	0 -CB	0 -AJ
Temperature	—	1 -AJ
MEWS (Weighted)		
Heart Rate MEWS (Weighted)	1 -CB	1 -AJ
Respiration MEWS (Weighted)	—	1 -AJ
SPO2 MEWS (Weighted)	—	1 -AJ
Systolic BP MEWS (Weighted)	1 -CB	1 -AJ
SIRS: Systemic Inflammatory Response Screening		
Temp < 36 C (96.8 F) or > 38.3 C (100.9 F)	—	No -AJ
HR > 90	No -CB	No -AJ
RR > 20 bpm	—	No -AJ
Total number positive SIRS criteria met (calculated)	0 -CB	0 -AJ

000151

Flowsheets (all recorded) (continued)

Custom Formula Data (continued)

Row Name	03/29/21 17:07:53	03/29/21 16:44
Meets criteria for high suspicion of sepsis	No -CB	No -AJ
Severe Sepsis Screening		
SBP < 90 or MAP < 65 last 6 hours	No -CB	No -AJ
INR > 1.5 (last 24 hours)-not currently on Warfarin	No -CB	No -AJ
PTT > 60 (last 24 hours)	0 -CB	0 -AJ
RRT CCRN Sepsis Assessment-Severe Sepsis/Septic Shock Screening		
Shock Index	0.66 -CB	0.47 -AJ
Relevant Labs and Vitals		
Temp (in Celsius)	—	36.5 -AJ

Work/School Excuse

Row Name	03/29/21 18:39
Work Excuse	
The Patient	may return to work on -KD
Date:	03/30/21 -KD

ESI/Acuity

Row Name	03/29/21 16:45
ESI/Acuity	
Patient Acuity	4 -AJ
Triage Complete	Triage complete -AJ

000152

Flowsheets (all recorded)

TRIAGE CALL/START

Row Name	03/29/21 1642
Triage Call	
Triage Call	Call 1x -AJ
Triage Start	
Triage Start	Start -AJ

Triage Call/Complete

Row Name	03/29/21 1643
Triage 1 Complete	
Triage One Complete	Triage One Complete -AJ

Vital Signs

Row Name	03/29/21 17:07:53	03/29/21 1644

Detailed Vitals

BP	133/71 -CB	(I) 179/98 -AJ
BP Location	Right arm -CB	Right arm -AJ
BP Method	Machine -CB	Machine -AJ
BP CUFF SIZE	Adult Long -CB	Adult Long -AJ
Pulse	88 -CB	84 -AJ
Resp	—	16 -AJ
Temp	—	36.5 °C (97.7 °F) -AJ
Temp src	—	Oral -AJ
SpO2	—	99 % -AJ
Weight	—	(I) 127 kg (280 lb) -AJ
Weight Method	—	Stated -AJ

MEWS and qSOFA ED

Temperature	—	0 -AJ
MEWS		
Heart Rate MEWS	0 -CB	0 -AJ
Respirations MEWS	—	0 -AJ
SpO2 MEWS	—	0 -AJ
Systolic BP MEWS	0 -CB	0 -AJ

Orthostatic P/BP

Patient Position	Sitting -CB	—

000153



T-IP MUSC FLORENCE
805 Pampllico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Flowsheets (all recorded)

Anthropometrics

Row Name	03/29/21 1644
Anthropometrics	
Weight	(1) 127 kg (280 lb) -AJ
Weight Change	0 -AJ

Provider First Contact

Row Name	03/29/21 1643
Provider First Contact	
Provider First Contact	yes -KD
Contact	

Departure Condition

Row Name	03/29/21 1903	03/29/21 17:07:58	03/29/21 1644
Departure Condition			
Departure Condition	Good -CB	---	---
Mobility at Departure	Ambulatory -CB	---	---
Departure Acuity	4 -CB	---	---
Patient Teaching	Discharge instructions reviewed - Complex (More than one RX, specialized teaching ie asthma, seizure, DM, arrange for transportation, AVS given/reviewed pt/family/caregiver demonstrates difficulty understanding instructions and requires more direction); Follow-up care reviewed; Medications discussed; Pain management discussed; Patient verbalized understanding -CB	---	---
Work/School Excuse Given?	Work Excuse Given -CB	---	---
Departure Mode	With Spouse -CB	---	---

Detailed Vitals

BP	---	133/71 -CB	(1) 179/98 -AJ
BP Location	---	Right arm -CB	Right arm -AJ
BP Method	---	Machine -CB	Machine -AJ
BP CUFF SIZE	---	Adult Long -CB	Adult Long -AJ
Pulse	---	88 -CB	84 -AJ
Resp	---	---	16 -AJ
Temp	---	---	36.5 °C (97.7 °F) -AJ
Temp src	---	---	Oral -AJ
SpO2	---	---	99 % -AJ
Weight	---	---	(1) 127 kg (280 lb) -AJ
Weight Method	---	---	Stated -AJ

000154



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: ---
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Flowsheets (all recorded)

Vital Signs

Row Name	03/29/21 17:07:53	03/29/21 1644
Detailed Vitals		
BP	133/71 -CB	(I) 179/98 -AJ
BP Location	Right arm -CB	Right arm -AJ
BP Method	Machine -CB	Machine -AJ
BP CUFF SIZE	Adult Long -CB	Adult Long -AJ
Patient Position	Sitting -CB	---
Pulse	88 -CB	84 -AJ
Resp	---	16 -AJ
Temp	---	36.5 °C (97.7 °F) -AJ
Temp src	---	Oral -AJ
SpO2	---	99 % -AJ
Weight	---	(I) 127 kg (280 lb) -AJ
Height and Weight		
Weight Method	---	Stated -AJ

Triage Start

Row Name	03/29/21 1643
Triage 2 Start	
Triage 2 Start	Triage Start -AJ

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AJ	Ashley Johnson, RN	08/20/20 -
CB	Cynthia Barefoot, RN	08/13/19 -
KD	Kristin G Dubose, NP	01/14/21 -

000155



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

000156



T-IP MUSC FLORENCE
805 Pamlico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Medications - All Orders and Results

morphine 4 mg/mL Injection 8 mg [234939929]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1653

Ordering user: Kristin G Dubose, NP 03/29/21 1653

Cosigning events

Electronically cosigned by Manuel Antonio Fonseca, MD 03/29/21 1705 for Ordering

Frequency: Once 03/29/21 1700 - 1 occurrence

Admin instructions: Alert; this is NOT hydromorphone.

Package: 0409-1891-03

Ordering provider: Kristin G Dubose, NP

Status: Completed

ondansetron (PF) (ZOFTRAN) 2mg/mL Injection 4 mg [234939930]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1653

Ordering user: Kristin G Dubose, NP 03/29/21 1653

Frequency: Once 03/29/21 1700 - 1 occurrence

Ordering provider: Kristin G Dubose, NP

Package: 60505-6130-0

Status: Completed

clonidine HCL (CATAPRES) tablet 0.2 mg [234939931]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1658

Ordering user: Kristin G Dubose, NP 03/29/21 1658

Frequency: Once 03/29/21 1700 - 1 occurrence

Ordering provider: Kristin G Dubose, NP

Discontinued by: Automatic Discharge Provider 03/30/21 0103 [Patient Discharge]

Package: 0904-5656-61

Status: Discontinued

prednisone (DELTASONE) 20 mg tablet [234939932]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1839

Ordering user: Kristin G Dubose, NP 03/29/21 1839

Frequency: 03/29/21 - Until Discontinued

Admin instructions: 60 mg orally x two days 40 mg orally x two days

Ordering provider: Kristin G Dubose, NP

Status: Active

ibuprofen (MOTRIN) 800 mg tablet [234939933]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1839

Ordering user: Kristin G Dubose, NP 03/29/21 1839

Frequency: Q6H PRN 03/29/21 - Until Discontinued

Admin instructions: Take with food or milk.

Ordering provider: Kristin G Dubose, NP

Status: Active

HYDROcodone-acetaminophen (LORCET) 5-325 mg tablet [234939934]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1839

Ordering user: Kristin G Dubose, NP 03/29/21 1839

Cosigning events

Electronically cosigned by Bradley Stokes Russell, MD 03/29/21 1850 for Ordering

Frequency: Q6H PRN 03/29/21 - 30 days

Ordering provider: Kristin G Dubose, NP

Status: Expired

zicanidine (ZANAFLEX) 4 mg tablet [234939935]

Electronically signed by: Kristin G Dubose, NP on 03/29/21 1839

Ordering user: Kristin G Dubose, NP 03/29/21 1839

Frequency: Q8H PRN 03/29/21 - Until Discontinued

Ordering provider: Kristin G Dubose, NP

Status: Active

000157



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Medications

Enc Medication Administration Record Report

morphine 4 mg/mL injection 8 mg [234939929]

Ordering Provider: Kristin G Dubose, NP
Ordered On: 03/29/21 1653
Dose (Remaining/Total): 8 mg (0/1)
Frequency: Once
Admin Instructions: Alert: this is NOT hydromorphone.

Status: Completed (Past End Date/Time)
Starts/Ends: 03/29/21 1700 - 03/29/21 1700
Route: Intramuscular
Rate/Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
03/29/21 1700	Given	8 mg	Intramuscular Other	Performed by: Cynthia Barefoot, RN Scanned Package: 0409-1891-03, 0409-1891-03

ondansetron (PF) (ZOFTRAN) 2mg/mL injection 4 mg [234939930]

Ordering Provider: Kristin G Dubose, NP
Ordered On: 03/29/21 1653
Dose (Remaining/Total): 4 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 03/29/21 1700 - 03/29/21 1705
Route: Intramuscular
Rate/Duration: — / 5 Minutes

Timestamps	Action	Dose / Duration	Route / Site	Other Information
03/29/21 1700	Given	4 mg 5 Minutes	Intramuscular Other	Performed by: Cynthia Barefoot, RN Scanned Package: 60505-6130-0

clonidine HCL (CATAPRES) tablet 0.2 mg [234939931]

Ordering Provider: Kristin G Dubose, NP
Ordered On: 03/29/21 1658
Dose (Remaining/Total): 0.2 mg (1/1)
Frequency: Once

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge
Starts/Ends: 03/29/21 1700 - 03/30/21 0103
Route: Oral
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
03/29/21 1711	Not Given Order parameters not met	0.2 mg	Oral	Performed by: Cynthia Barefoot, RN Comments: b/p 133/71

Care Plan

Multidisciplinary Problems (Active)

There are no active problems.

Patient Education

Discharge Orders

Inman, Qushon Montreese (MRN 006287528)

prednisONE (DELTASONE) tablet [6496] (Medications)

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	60 mg orally x two days 40 mg orally x two days 20 mg orally x two days	12 tablet		0

Exception code	Route	Start Date	End Date	Order Date
		03/29/21		03/29/21 1839

Admin Instructions

60 mg orally x two days 40 mg orally x two days 20 mg orally x two days

000158

Encounter-Level Documents (no E-sig) - 03/29/2021:

After Visit Summary - Document on 3/29/2021 6:39 PM: ED After Visit Summary (below)

AFTER VISIT SUMMARY

Inm*, Q*

3/29/2021 Q MUSC Florence Emergency Services 843-674-5000

Instructions

You are advised to decrease and stop your tobacco use. Smoking and smokeless tobacco can lead to cancer, heart disease, vascular disease, and stroke. Talk with your primary care provider about methods to help with smoking cessation.



Your medications have changed today
See your updated medication list for details.



Read the attached information
1. Hypertension Easy-to-Read (English)
2. Sciatica Easy-to-Read (English)
3. Smoking Cessation (English)



Pick up these medications at CVS/pharmacy #4071
#4071 - FLORENCE, SC - 733 S. IRBY ST. AT CORNER
OF CHEROKEE
HYDROcodone-acetaminophen • ibuprofen • prednisONE •
tizANidine
Address: 733 S. IRBY ST., FLORENCE SC 29501
Hours: 24-hours
Phone: 843-665-1071



Schedule an appointment with Hope Health as soon
as possible for a visit in 2 days (around 3/31/2021)
Why: Your blood pressure was elevated in the ED-please follow
up with your health care provider for further evaluation.
Contact: 600 E. Palmetto Street
Florence South Carolina 29506
843-662-8468



Follow up with MUSC Florence Emergency Services
Why: As needed, if symptoms worsen
Specialty: Emergency Medicine
Contact: 805 Pamplico Hwy
340b00934800mu
Florence South Carolina 29505
843-674-5000
805 Pamplico Hwy
Florence, SC 29505

Today's Visit

Reason for Visit:
Leg Pain

Diagnoses:

- Hypertension, unspecified type
- Sciatica of left side

Medications Given:

morphine 4 mg/mL Injection 8 mg
Last given at 5:00 PM
ondansetron (PF) (ZOFRAN) 2mg/mL
Injection 4 mg Last given at 5:00 PM

Your End of Visit Vitals:

Blood Pressure	Temperature (Oral)
133/71	97.7 °F
Pulse	Resp Rate
88	16
Oxygen Saturation	
99%	

MUSC Health MyChart

Send messages to your doctor, view your
test results, renew your prescriptions,
schedule appointments, and more.

Go to mychart.musc.edu, click
"Create Your Account", and enter your
personal MyChart Access Code:
P980G-5ZV94-DDGZN
Expires: 4/22/2021 1:00 PM

E-mail MyChartSupport@muscedu or call:
843-792-3111 to speak with our MyChart
staff

000160



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Patient Education (continued)

Discharge Orders (continued)

Inman, Qushon Montreese (MRN 006287528)

Ibuprofen (MOTRIN) tablet [3845] (Medications)

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	Take 1 tablet by mouth every 6 hours as needed for mild pain or fever (see comment). Take with food or milk.	30 tablet		0
Exception code	Route	Start Date	End Date	Order Date
	Oral	03/29/21		03/29/21 1839
Admin Instructions Take with food or milk.				

HYDROcodone-acetaminophen (NORCO, LORTAB) tablet 5-325 mg [34505] (Medications) - EXPIRED

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	Take 1 tablet by mouth every 6 hours as needed.	12 tablet		0
Exception code	Route	Start Date	End Date	Order Date
	Oral	03/29/21	04/28/21	03/29/21 1839

IZANidine (ZANAFLEX) tablet [14793] (Medications)

Order Class	Sig	Dispense	Dispense As Written	Refill
Normal	Take 1 tablet by mouth every 8 hours as needed.	30 tablet		0
Exception code	Route	Start Date	End Date	Order Date
	Oral	03/29/21		03/29/21 1839

000159



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

, Sex: M

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

What's Next

You currently have no upcoming appointments scheduled.

You are allergic to the following

No active allergies

MUSC Florence Emergency Services

805 Pamplico Hwy
Florence, SC 29505
Phone: 843-674-5000
Fax: 843-674-5199

Communication to Patients

MUSC Health Virtual Care

When poison ivy or a rash strikes, MUSC Health Virtual Care strikes back.

Now offering quick, quality care for summertime complaints, along with dozens of other common conditions – for you and your family!

Available 24 hours a day, seven days a week.

Visit www.muschealth.org/virtual-care

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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

Changes to Your Medication List

① Please review the med list below for any possible changes to your current medications. For your safety, it is important that you give a copy of this list of medications to your primary care physician as soon as possible after this visit. Keep your own medication list updated any time your medications are changed, or new ones are added. Please carry an up-to-date medication list with you at all times.

START taking these medications



HYDROcodone-acetaminophen 5-325 mg tablet Take 1 tablet by mouth every 6 hours as needed.
Commonly known as: LORCET
For diagnoses: Sciatica of left side



ibuprofen 800 mg tablet Take 1 tablet by mouth every 6 hours as needed for mild pain or fever (see comment). Take with food or milk.
Commonly known as: MOTRIN
For diagnoses: Sciatica of left side



prednisONE 20 mg tablet 60 mg orally x two days 40 mg orally x two days 20 mg orally x two days
Commonly known as: DELTASONE
For diagnoses: Sciatica of left side



tIZANidine 4 mg tablet Take 1 tablet by mouth every 8 hours as needed.
Commonly known as: ZANAFLEX
Replaces: tIZANidine 4 mg capsule
For diagnoses: Sciatica of left side

STOP taking these medications



naproxen 500 mg tablet
Commonly known as: NAPROSYN



tIZANidine 4 mg capsule
Commonly known as: ZANAFLEX
Replaced by: tIZANidine 4 mg tablet



traMADol 50 mg tablet
Commonly known as: ULTRAM

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

 Attached Information

Hypertension Easy-to-Read (English)



Hypertension, Adult

Hypertension is another name for high blood pressure. High blood pressure forces your heart to work harder to pump blood. This can cause problems over time.

There are two numbers in a blood pressure reading. There is a top number (*systolic*) over a bottom number (*diastolic*). It is best to have a blood pressure that is below 120/80. Healthy choices can help lower your blood pressure, or you may need medicine to help lower it.

What are the causes?

The cause of this condition is not known. Some conditions may be related to high blood pressure.

What increases the risk?

- Smoking.
- Having type 2 diabetes mellitus, high cholesterol, or both.
- Not getting enough exercise or physical activity.
- Being overweight.
- Having too much fat, sugar, calories, or salt (*sodium*) in your diet.
- Drinking too much alcohol.
- Having long-term (*chronic*) kidney disease.
- Having a family history of high blood pressure.
- Age. Risk increases with age.
- Race. You may be at higher risk if you are African American.
- Gender. Men are at higher risk than women before age 45. After age 65, women are at higher risk than men.
- Having obstructive sleep apnea.
- Stress.

What are the signs or symptoms?

- High blood pressure may not cause symptoms. Very high blood pressure (*hypertensive crisis*) may cause:
 - Headache.
 - Feelings of worry or nervousness (*anxiety*).
 - Shortness of breath.
 - Nosebleed.
 - A feeling of being sick to your stomach (*nausea*).
 - Throwing up (*vomiting*).
 - Changes in how you see.
 - Very bad chest pain.
 - Seizures.

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Patient Education (continued)

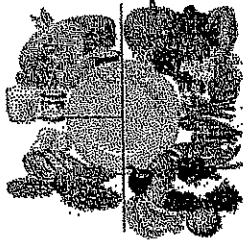
Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

How is this treated?

- This condition is treated by making healthy lifestyle changes, such as:
 - Eating healthy foods.
 - Exercising more.
 - Drinking less alcohol.
- Your health care provider may prescribe medicine if lifestyle changes are not enough to get your blood pressure under control, and if:
 - Your top number is above 130.
 - Your bottom number is above 80.
- Your personal target blood pressure may vary.

Follow these instructions at home:

Eating and drinking

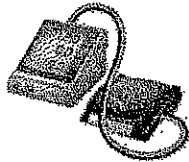


- If told, follow the DASH eating plan. To follow this plan:
 - Fill one half of your plate at each meal with fruits and vegetables.
 - Fill one fourth of your plate at each meal with whole grains. Whole grains include whole-wheat pasta, brown rice, and whole-grain bread.
 - Eat or drink low-fat dairy products, such as skim milk or low-fat yogurt.
 - Fill one fourth of your plate at each meal with low-fat (lean) proteins. Low-fat proteins include fish, chicken without skin, eggs, beans, and tofu.
 - Avoid fatty meat, cured and processed meat, or chicken with skin.
 - Avoid pre-made or processed food.
- Eat less than 1,500 mg of salt each day.
- Do not drink alcohol if:
 - Your doctor tells you not to drink.
 - You are pregnant, may be pregnant, or are planning to become pregnant.
- If you drink alcohol:
 - Limit how much you use to:
 - 0-1 drink a day for women.
 - 0-2 drinks a day for men.
 - Be aware of how much alcohol is in your drink. In the U.S., one drink equals one 12 oz bottle of beer (355 mL), one 5 oz glass of wine (148 mL), or one 1½ oz glass of hard liquor (44 mL).

Lifestyle

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)



- Work with your doctor to stay at a healthy weight or to lose weight. Ask your doctor what the best weight is for you.
- Get at least 30 minutes of exercise most days of the week. This may include walking, swimming, or biking.
- Get at least 30 minutes of exercise that strengthens your muscles (*resistance exercise*) at least 3 days a week. This may include lifting weights or doing Pilates.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your doctor.
- Check your blood pressure at home as told by your doctor.
- Keep all follow-up visits as told by your doctor. This is important.

Medicines

- Take over-the-counter and prescription medicines only as told by your doctor. Follow directions carefully.
- **Do not** skip doses of blood pressure medicine. The medicine does not work as well if you skip doses. Skipping doses also puts you at risk for problems.
- Ask your doctor about side effects or reactions to medicines that you should watch for.

Contact a doctor if you:

- Think you are having a reaction to the medicine you are taking.
- Have headaches that keep coming back (*recurring*).
- Feel dizzy.
- Have swelling in your ankles.
- Have trouble with your vision.

Get help right away if you:

- Get a very bad headache.
- Start to feel mixed up (*confused*).
- Feel weak or numb.
- Feel faint.
- Have very bad pain in your:
 - Chest.
 - Belly (*abdomen*).
- Throw up more than once.
- Have trouble breathing.

Summary

- Hypertension is another name for high blood pressure.
- High blood pressure forces your heart to work harder to pump blood.
- For most people, a normal blood pressure is less than 120/80.



T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

- Making healthy choices can help lower blood pressure. If your blood pressure does not get lower with healthy choices, you may need to take medicine.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 08/28/2019 Document Reviewed: 08/28/2019
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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

 Attached Information

Sciatica Easy-to-Read (English)



Sciatica



Sciatica is pain, weakness, tingling, or loss of feeling (*numbness*) along the sciatic nerve. The sciatic nerve starts in the lower back and goes down the back of each leg. Sciatica usually goes away on its own or with treatment. Sometimes, sciatica may come back (*recur*).

What are the causes?

This condition happens when the sciatic nerve is pinched or has pressure put on it. This may be the result of:

- A disk in between the bones of the spine bulging out too far (*herniated disk*).
- Changes in the spinal disks that occur with aging.
- A condition that affects a muscle in the butt.
- Extra bone growth near the sciatic nerve.
- A break (*fracture*) of the area between your hip bones (*pelvis*).
- Pregnancy.
- Tumor. This is rare.

What increases the risk?

You are more likely to develop this condition if you:

- Play sports that put pressure or stress on the spine.
- Have poor strength and ease of movement (*flexibility*).
- Have had a back injury in the past.
- Have had back surgery.
- Sit for long periods of time.
- Do activities that involve bending or lifting over and over again.
- Are very overweight (*obese*).

What are the signs or symptoms?

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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

Symptoms can vary from mild to very bad. They may include:

- Any of these problems in the lower back, leg, hip, or butt:
 - Mild tingling, loss of feeling, or dull aches.
 - Burning sensations.
 - Sharp pains.
- Loss of feeling in the back of the calf or the sole of the foot.
- Leg weakness.
- Very bad back pain that makes it hard to move.

These symptoms may get worse when you cough, sneeze, or laugh. They may also get worse when you sit or stand for long periods of time.

How is this treated?

This condition often gets better without any treatment. However, treatment may include:

- Changing or cutting back on physical activity when you have pain.
- Doing exercises and stretching.
- Putting ice or heat on the affected area.
- Medicines that help:
 - To relieve pain and swelling.
 - To relax your muscles.
- Shots (injections) of medicines that help to relieve pain, irritation, and swelling.
- Surgery.

Follow these instructions at home:

Medicines

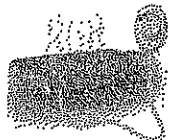
- Take over-the-counter and prescription medicines only as told by your doctor.
- Ask your doctor if the medicine prescribed to you:
 - Requires you to avoid driving or using heavy machinery.
 - Can cause trouble pooping (constipation). You may need to take these steps to prevent or treat trouble pooping:
 - Drink enough fluids to keep your pee (urine) pale yellow.
 - Take over-the-counter or prescription medicines.
 - Eat foods that are high in fiber. These include beans, whole grains, and fresh fruits and vegetables.
 - Limit foods that are high in fat and sugar. These include fried or sweet foods.

Managing pain



Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)



- If told, put ice on the affected area.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2-3 times a day.
- If told, put heat on the affected area. Use the heat source that your doctor tells you to use, such as a moist heat pack or a heating pad.
 - Place a towel between your skin and the heat source.
 - Leave the heat on for 20-30 minutes.
 - Remove the heat if your skin turns bright red. This is very important if you are unable to feel pain, heat, or cold. You may have a greater risk of getting burned.

Activity



- Return to your normal activities as told by your doctor. Ask your doctor what activities are safe for you.
- Avoid activities that make your symptoms worse.
- Take short rests during the day.
 - When you rest for a long time, do some physical activity or stretching between periods of rest.
 - Avoid sitting for a long time without moving. Get up and move around at least one time each hour.
- Exercise and stretch regularly, as told by your doctor.
- Do not lift anything that is heavier than 10 lb (4.5 kg) while you have symptoms of sciatica.
 - Avoid lifting heavy things even when you do not have symptoms.
 - Avoid lifting heavy things over and over.
- When you lift objects, always lift in a way that is safe for your body. To do this, you should:
 - Bend your knees.
 - Keep the object close to your body.
 - Avoid twisting.

General instructions

- Stay at a healthy weight.
- Wear comfortable shoes that support your feet. Avoid wearing high heels.
- Avoid sleeping on a mattress that is too soft or too hard. You might have less pain if you sleep on a mattress that is firm enough to support your back.

Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

- Keep all follow-up visits as told by your doctor. This is important.

Contact a doctor if:

- You have pain that:
 - Wakes you up when you are sleeping.
 - Gets worse when you lie down.
 - Is worse than the pain you have had in the past.
 - Lasts longer than 4 weeks.
- You lose weight without trying.

Get help right away if:

- You cannot control when you pee (urinate) or poop (have a bowel movement).
- You have weakness in any of these areas and it gets worse:
 - Lower back.
 - The area between your hip bones.
 - Butt.
 - Legs.
- You have redness or swelling of your back.
- You have a burning feeling when you pee.

Summary

- Sciatica is pain, weakness, tingling, or loss of feeling (*numbness*) along the sciatic nerve.
- This condition happens when the sciatic nerve is pinched or has pressure put on it.
- Sciatica can cause pain, tingling, or loss of feeling (*numbness*) in the lower back, legs, hips, and butt.
- Treatment often includes rest, exercise, medicines, and putting ice or heat on the affected area.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 01/06/2020 Document Reviewed: 01/06/2020
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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

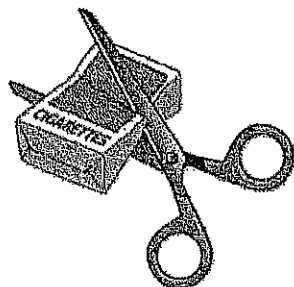
 Attached Information

Smoking Cessation (English)



How to Quit Smoking

Smoking is one of the hardest habits to break. About half of all people who have ever smoked have been able to quit. Most people who still smoke want to quit. Here are some of the best ways to stop smoking.



Keep trying

Most smokers make many attempts at quitting before they are successful. It's important not to give up.

Go cold turkey

Most former smokers quit cold turkey (all at once). Trying to cut back gradually doesn't seem to work as well, perhaps because it continues the smoking habit. Also, it is possible to inhale more while smoking fewer cigarettes. This results in the same amount of nicotine in your body.

Get support

Support programs can be a big help, especially for heavy smokers. These groups offer lectures, ways to change behavior, and peer support. Here are some ways to find a support program:

- Free national quitline: 800-QUIT-NOW (800-784-8669).
- Hospital quit-smoking programs.
- American Lung Association: (800-586-4872).
- American Cancer Society (800-227-2345).

Support at home is important too. Nonsmokers can offer praise and encouragement. If the smoker in your life finds it hard to quit, encourage them to keep trying.

Over-the-counter medicines

Nicotine replacement therapy may make quitting easier. Certain aids, such as the nicotine patch, gum, and lozenges, are available without a prescription. It is best to use these under a doctor's care, though. The skin patch provides a steady supply of nicotine. Nicotine gum and lozenges give temporary bursts of low levels of nicotine. Both methods reduce the

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Patient Education (continued)

Encounter-Level Documents (no E-sig) - 03/29/2021: (continued)

craving for cigarettes. Warning: If you have nausea, vomiting, dizziness, weakness, or a fast heartbeat, stop using these products and see your doctor.

Prescription medicines

After reviewing your smoking patterns and past attempts to quit, your doctor may offer a prescription medicine such as bupropion, varenicline, a nicotine inhaler, or nasal spray. Each has advantages and side effects. Your doctor can review these with you.

Health benefits of quitting

The benefits of quitting start right away and keep improving the longer you go without smoking. These benefits occur at any age. So whether you are 17 or 70, quitting is a good decision. Some of the benefits include:

- 20 minutes: Blood pressure and pulse return to normal.
- 8 hours: Oxygen levels return to normal.
- 2 days: Ability to smell and taste begin to improve as damaged nerves regrow.
- 2 to 3 weeks: Circulation and lung function improve.
- 1 to 9 months: Coughing, congestion, and shortness of breath decrease; tiredness decreases.
- 1 year: Risk of heart attack decreases by half.
- 5 years: Risk of lung cancer decreases by half; risk of stroke becomes the same as a nonsmoker's.

For more on how to quit smoking, try these online resources:

- Smokefree.gov
- "Clearing the Air" booklet from the National Cancer Institute: smokefree.gov/sites/default/files/pdf/clearing-the-air-accessible.pdf

Date Last Reviewed: 3/1/2017

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: , Sex: M
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

After Visit Summary - Document on 3/29/2021 6:39 PM: MUSC ED Work and School Excuse (below)



Work/School Excuse

March 29, 2021

Patient: Qushon Montreese Inman
Date of Birth:
Date of Visit: 3/29/2021

To Whom It May Concern,

Qushon Inman was seen in the Emergency Department on 3/29/2021.

It is my medical opinion that the patient:
may return to work on 03/30/21.

Date: March 29, 2021

Signature of Physician or Healthcare Professional

Kristin DuBose, NP.

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB:
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

After Visit Summary - Document on 3/29/2021 6:39 PM: AVS SIGNATURE PAGE (below)

Inm*,Q*,12* - Page 1 of 1



MUSC Florence Emergency Services
805 Pamplico Hwy
Florence, SC 29505
Phone: 843-674-5000
Fax: 843-674-5199

Patient Identification

Inm*,Q* - 31 y.o. male

Patient Signature

The above written discharge/follow-up instructions were provided to the patient, family member or caregiver who retained the printed copy.

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
Inpatient Encounter Report

Inman, Qushon Montreese
MRN: 006287528, DOB: [redacted]
Acct #: 101492381
Adm: 3/29/2021, D/C: 3/29/2021

Sex: M

Order-Level Documents (no E-sig):

There are no order-level documents (no e-sig).

Encounter-Level E-Sig:

Lewis Blackman Acknowledgement E-Sig - Received on 3/29/2021

**Lewis Blackman
Hospital Patient Safety Act
Acknowledgement**

Page 1 of 1

Form Origination Date: 10/06

Version: 3

Version Date: 7/11

Patient Name Inman, Qushon Montreese

MRN 006287528

PATIENT IDENTIFICATION LABEL

MUSC is a Teaching Hospital

I understand that MUSC is an academic medical center providing healthcare, teaching and research. I also understand that I may be cared for by physicians and other healthcare providers in training. My care will be supervised by an attending physician and staff. The information related to the health care I receive may be used for training or for scientific study purposes. I understand that if information contained in my health care record is used for such purposes, precautions will be taken to carefully preserve my anonymity. I also understand that pictures or other recordings may be made for purposes of my treatment or for educational purposes.

In addition, I understand that if I have questions about my medical care I can speak to my attending physician, nurse, resident, or medical student. In addition, I can contact my attending physician or the House Supervisor directly by calling the hospital operator. The hospital operator can be reached by pressing the "0" button on any telephone within the hospital.

I acknowledge that I have received a copy of the brochure titled "Medical University of South Carolina, Patient Safety" which explains the roles of different hospital staff in my care (on page 6 of the brochure).

000175



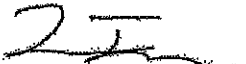
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Adm: 3/29/2021, D/C: 3/29/2021

Patient Education (continued)

Encounter-Level E-Sig: (continued)

Date: 3/29/2021


03/29/2021 04:15 PM Sign

Signature of Patient (Parent or Legal
Guardian

Jennifer Gregg

Registration Representative

Signature of Guarantor (if different from
the patient)

blackmanacknowledge

OTE 700226 Rev. 7/11

Consent for Medical Treatment E-Sig - Received on 3/29/2021

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