

RECEIVED

Dec 17 2024

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 II

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T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0650
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 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 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 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

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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: 8/98
Version: 10

Version Date: (11/2010)

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.

3/29/2021 4:14 PM
Date and Time
Print Full Name

Jennifer Gregg
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) **PT DECLINED**

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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)

Encounter-Level E-Sig: (continued)

Original to Medical Records Copy to Patient

All_all_consent_consentfortreat

OTE 700227 Rev. 11/2019 *inpatient

000179



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 Education (continued)

Encounter-Level E-Sig: (continued)

END OF REPORT

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3	Christopher Huiet, PA	McLeod Orthopaedics (Florence)	04/01/21-05/04/21	181-217
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WUKELA LAW FIRM

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Christi B. McDaniel

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(843) 669-5634
FAX (843) 669-5150

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.

Christopher Huiet, PA-C
McLeod Orthopaedic Associates - Florence
Attention: Medical Records
1005 E. Cheves Street
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman
DOB: _____

DATA RESOURCES UNLIMITED, INC.
DATE 5/03/2021 REF yh
DOS All
ON ✓ EKG _____
LAB _____ HP _____
RAD ✓ DS _____
ECHO _____ CONSULT _____
OTHER I-Brts, DO, RTW

Dear Dr. Huiet:

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.

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Christopher Huiet, PA-C

Page 2

April 27, 2021

in clear violation of federal law.

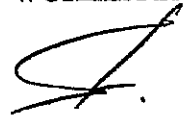
Please produce the requested medical records immediately by e-mail to medical.steve@wukelalaw.com. If you charge an amount in excess of the "patient rate" for my client's authorization and request to your office to transmit electronically certain designated protected health information (PHI) to my office, 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

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**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER:

Christopher Huie, P.A.-C
Michael Orthopaedics-Florence
1005 E. Cheres Street
Florence SC 29506

Patient Name: Qushon 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 first date to present date.

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

Date

April 27, 2021

Jamela Charles

Signature of Witness

If Signed by Legal Representative, Relationship to Patient

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 04/01/2021

McLeod
Physician Associates

INMAN, QUSHON M

31 Y old Male,

Account Number: e686818

Home: 843-601-2495

Guarantor: INMAN, QUSHON M Insurance: Self Pay
Appointment Facility: McLeod Orthopaedics Florence

04/01/2021

Progress Notes: Christopher Dean Huiet, PA-C

Reason for Appointment

1. NP/Lower back pain

History of Present Illness

Constitutional:

On March 19, patient 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. More recently has complained of increased pain involving both lower extremities. Lower extremity pain is described as sharp and is associated with intermittent numbness and tingling throughout multiple toes of the feet. Denies previous history of axial spine trauma. He reports history of lower back spasms which began on December 23. He was evaluated on the 26th and CT scan of lumbar spine was obtained. Patient states his symptoms 100% resolved after a few days. No further complaints. Patient rates his pain at a 10 on a visual analog scale. Previous CT scan of the abdomen and pelvis from December 26, 2021 shows no definitive acute bony changes and L5-S1 disc degenerative changes.

Current Medications

Taking

- Tizanidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
- Hydrocodone-Acetaminophen 5-325 mg tablet

Not-Taking/PRN

- Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Tramadol HCl 50 MG Tablet 1 tablet as needed Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Assault by coworker with facial lacerations.
Rash on penis-allergic reaction.

Surgical History

No Surgical History documented.

Family History

Father: deceased
Mother: alive, breast cancer
1 brother(s) , 2 sister(s) - healthy.

Social History

Tobacco Use:

Smoking Are you a: current some day smoker.

Miscellaneous:

Marital status: Single. Occupation: Employed. Caffeine: yes.

Drug/Alcohol:

Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year? Yes, How often did you have a drink containing alcohol in the past year? Two to four times a month (2 points), How many drinks did you have on a

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INMAN, QUSHON M DOB:

31 yo M) Acc No. e686818 DOS: 04/01/2021

typical day when you were drinking in the past year? 1 or 2 (0 points), How often did you have six or more drinks on one occasion in the past year? Never (0 points), Points 2.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

None recent 04/01/2021

Review of Systems

General/Constitutional:

Fever no. Chills no. Fatigue yes. Sweats no. Weight change no.

Endocrine:

Excessive thirst/Urination yes. Cold intolerance no. Heat intolerance no.

Respiratory:

Cough no. Shortness of breath yes. Snoring no. Trouble breathing no.

Cardiovascular:

Chest pain no. Fainting no. Palpitations no.

Gastrointestinal:

Abdominal pain no. Constipation no. Diarrhea no. Nausea no. Vomiting no.

Hematology:

Bruising no. Easy Bleeding no.

Musculoskeletal:

Difficulty in Walking yes. Muscle stiffness no. Back Pain yes. Joint pain yes. Joint stiffness yes. Joint swelling yes. Muscle cramping no.

Skin:

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

Neurologic:

Numbness yes. Involuntary movements yes. Tingling/numbness yes. Weakness yes.

Psychiatric:

Anxiety yes. Depression yes. Nervousness yes.

Vital Signs

Wt 276.2, Wt-kg 125.28, Ht 72, Ht-cm 182.88, BMI 37.46, Pain scale 10, BSA 2.52 M.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

HEENT: Normocephalic, atraumatic.

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

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

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

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

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

JOINTS: See focused exam.

Tenderness throughout the thoracic and lumbar spine in the midline. Bilateral thoracic and lumbar paraspinal tenderness. Decreased range of motion secondary to pain. Symmetric hip range of motion. 4-4/5 strength above the knees secondary to pain. No normal motor exam of the ankle and feet. Normal tone. Intact distal pulses. Sensory is grossly intact. Normal lower extremity reflexes. Gait not assessed.

Assessments

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 04/01/2021

1. Thoracic sprain - S23.9XXA (Primary)
2. Lumbar sprain, initial encounter - S33.5XXA
3. Radiculopathy of thoracolumbar region - M54.15

Treatment

1. Thoracic sprain

Start Medrol Tablet Therapy Pack, 4 MG, as directed, Orally, as directed, 1 pack, Refills 1

IMAGING: MRI : Thoracic without Contrast

Notes :HUIET,CHRISTOPHER D 04/01/2021 02:35:24 PM EDT > STAT!!!

Notes: Recommend a Medrol Dosepak for 6 days and then repeat a Medrol Dosepak. Patient is unable to work at this time. Recommend stat MRI of the thoracic and lumbar spine. Recommend over-the-counter Tylenol/Voltaren gel and continue tizanidine.

2. Lumbar sprain, initial encounter

IMAGING: MRI : Lumbar without contrast

Notes :HUIET,CHRISTOPHER D 04/01/2021 02:35:04 PM EDT > STAT!!!

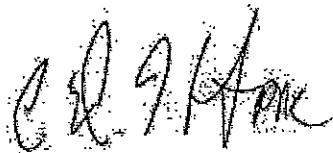
3. Others

Clinical Notes:

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

Follow Up

Post MRI of the thoracic and lumbar spine



Electronically signed by CHRISTOPHER HUIET , PA-C on 04/08/2021 at 07:57 AM EDT

Sign off status: Completed

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

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-777-7900 843-777-7925

Req/Ctrl# (CD-): 21640801
Christopher Dean Huiet, PA-C
NPI: 1417047333
Provider Code: 1417047333
Orthopedic

INMAN, QUSHON M, Male.

9 ID: e686818

Today: 05/03/2021 10:49 AM
Order Date: 04/01/2021 12:45 AM

843-601-2495 Visit Id: 0

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Diagnostic Name

Assessment(s)

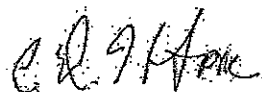
Instructions

MRI : Lumbar without contrast

- S33.5XXA, Lumbar sprain, initial
encounter

Notes: HUIET, CHRISTOPHER D 04/01/2021 02:35:04 PM EDT

> STAT!!! Kimbro, Tina 04/16/2021 12:05:06 PM EDT > mri
thoracic and lumbar spine mri completed. pt status unchanged.



Electronically Signed By:
Christopher Dean Huiet, PA-
C

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

INMAN, QUSHON M,

000187

McLeod Orthopaedics Florence 1005 East Cheves St FLORENCE, SC 29506-2777 Tel: 843-777-7900 Fax: 843-777-7925		Christopher Dean Huiet, PA-C Orthopedic
Patient: INMAN, QUSHON M DOB: , Sex: Male Address: Phone: 843-601-2495	05/03/2021	
Ordered Date: 04/01/2021 Assessments: Lumbar sprain, initial encounter - S33.5XXA Lab: MRI : Lumbar without contrast Fasting: No Specimen: Clinical Info:		
Name Result: Received Date: Notes:	Value HUIET,CHRISTOPHER D 04/01/2021 02:35:04 PM EDT > STAT!!! Kimbro,Tina 04/16/2021 12:05:06 PM EDT > mri thoracic and lumbar spine mri completed. pt status unchanged.	Reference Range

Patient Name: INMAN, QUSHON M , DOB:

000188

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-777-7900 843-777-7925

Req/Ctrl# (CD-): 21640801
Christopher Dean Huiet, PA-C
NPI: 1417047333
Provider Code: 1417047333
Orthopedic

INMAN, QUSHON M, Male.

ID: e686818

Today: 05/03/2021 10:49 AM
Order Date: 04/01/2021 12:45 AM

843-601-2495 Visit Id: 0

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Diagnostic Name

Assessment(s)

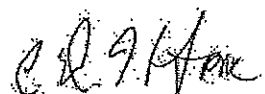
Instructions

MRI : Thoracic without Contrast

- S23.9XXA, Thoracic sprain

Notes: HUIET, CHRISTOPHER D 04/01/2021 02:35:24 PM EDT

> STAT!!!



Electronically Signed By:
Christopher Dean Huiet, PA-C

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

INMAN, QUSHON M,

000189

McLeod Orthopaedics Florence 1005 East Cheves St FLORENCE, SC 29506-2777 Tel: 843-777-7900 Fax: 843-777-7925		Christopher Dean Huiet, PA-C Orthopedic
Patient: INMAN, QUSHON M DOB: , Sex: Male Address: . Phone: 843-601-2495	05/03/2021	
Ordered Date: 04/01/2021 Assessments: Thoracic sprain - S23.9XXA Lab: MRI : Thoracic without Contrast Fasting: No Specimen: Clinical Info:		
Name Result: Received Date: Notes:	Value HUIET,CHRISTOPHER D 04/01/2021 02:35:24 PM EDT > STAT!!!	Reference Range

Patient Name: INMAN, QUSHON M , DOB:

000190

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-777-7900 843-777-7925

Req/Ctrl# (CD-): 21852073
Christopher Dean Huiet, PA-C
NPI: 1417047333
Provider Code: 1417047333
Orthopedic

INMAN, QUSHON M, Male,

ID: e686818

Today: 05/03/2021 10:48 AM
te: 04/16/2021 11:21 AM

843-601-2495 Visit Id: 0

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

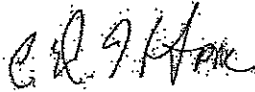
Address:

Diagnostic Name

Assessment(s)

Instructions

MRI Spine Thoracic/Lumbar w/o Con (2558388711)
(72146, 72148)



Electronically Signed By:
Christopher Dean Huiet, PA-C

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

INMAN, QUSHON M,

000191

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818

McLeod
Physician Associates

McLeod Orthopaedics Florence

1005 East Cheves St
FLORENCE SC 29506-2777
Ph: 843-777-7900 Fax: 843-777-7925

Release To School Work Form

NAME: QUSHON M INMAN DATE: 04/01/2021

ADDRESS:

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

Diagnosis:

Release to: work on

Restrictions:

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

Instructions:

Patient is to be out of work until next appointment.

Recheck Visit:

C. R. H. H. H.

Physician's Signature

PA's Signature

Date

000192

INMAN, QUSHON M, M,

843-601-2495

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

FINAL RESULT

Accession Id: 18-MR-21-007628

Order Date: 04/16/2021

Procedure: 04/16/2021 11:21:43

Transcribed: 04/16/2021 12:04:30

Requesting Physician: HUIET,
CHRISTOPHER D

Ordering Physician: HUIET, CHRISTOPHER

MRI Spine Thoracic/Lumbar w/o Con (2558388711) (72146, 72148)

REPORT

Exam: Report

EXAM:

MRI THORACIC AND LUMBAR SPINE WITHOUT CONTRAST

CLINICAL DATA:

Sprain of thoracic region; s23.9xxa; jumped off the back of an 18 wheeler and felt a sudden onset of back pain with bilateral arm and leg numbness.

COMPARISON:

Lumbar spine x-rays 03/23/2021

TECHNIQUE:

Multiplanar multi-sequence MR imaging of the thoracic and lumbar spine was performed without the administration of intravenous contrast.

FINDINGS:

MR THORACIC SPINE: Normal thoracic vertebral body height alignment bone marrow signal intervertebral disc height and intervertebral disc signal. The central canal is widely patent. No abnormal signal seen along the substance of the thoracic spinal cord.

MR LUMBAR SPINE: For purposes of this discussion image 1 of series 12 defines the midbody of T12. Disc desiccation and mild loss of vertebral disc height at L4-5 and L5-S1. Vertebral body height and alignment are normal. Mild fatty endplate degenerative changes at L4-5 and L5-S1. The conus medullaris terminates at a normal anatomic level. The central canal is congenitally narrowed distally secondary to short pedicles.

No high-grade central canal or neural foraminal narrowing noted along the lower thoracic spine on sagittal images

At L1-2, the central canal and the neural foramina in are preserved.

000193

REPORT

At L2-3, the central canal and the neural foramina are preserved. Mild bilateral facet hypertrophy.

At L3-4, the central canal and the neural foramina are preserved. Facet hypertrophy and thickening ligamentum flavum.

At L4-5, moderate disc bulge extends into the lateral recesses. Small left central disc extrusion borders the posterior aspect the L5 vertebral body measuring approximately 0.6 cm transverse and traversing inferiorly just beyond the margin of the superior endplate of L5. Mild right neural foraminal narrowing. Central canal patent. Facet hypertrophy.

At L5-S1, moderate circumferential disc bulge with superimposed left central disc protrusion. This narrows the central canal with mass effect on the traversing central left S1 nerve root. Mild bilateral neural foraminal narrowing. Facet hypertrophy with a small amount of fluid in both facet joints.

IMPRESSION:

No abnormalities along the thoracic spine.

Small disc extrusion at L4-5 and larger left central disc protrusion at L5-S1. Please refer to the above report. Findings are likely accentuated by a congenitally narrowed distal central canal.

SIGNATURE:

Electronically Signed

By: Brendan Doherty

On: 04/19/2021 10:27

***** Final *****

Dictated by: Doherty, MD, Brendan T

Dictated DT/TM: 04/19/2021 10:05 am

Signed by: Doherty, MD, Brendan T

Signed (Electronic Signature): 04/19/2021 10:28 am

INMAN, QUSHON M, M,

Accession ID: 18-MR-21-007628

000194

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 04/20/2021

McLeod

Physician Associates

INMAN, QUSHON M

31 Y old Male, DOB:

Account Number: e686818

Home: 843-601-2495

Guarantor: INMAN, QUSHON M Insurance: Self Pay

Appointment Facility: McLeod Orthopaedics Florence

04/20/2021

follow up progress note: Christopher Dean Huiet, PA-C

Reason for Appointment

1. post mri f/up - Thoracic /lumber

History of Present Illness

Constitutional:

Complains of diffuse pain throughout the axial spine and bilateral leg pain left greater than right. Since his last visit, he is complaining of increased pain in the neck which radiates between the shoulder blades along with intermittent numbness and tingling of the hands. No interval trauma. No further complaints. MRI of the lumbar spine is consistent with a extruded L5-S1 left paracentral disc which results in severe left neuroforaminal stenosis and moderate compression of the thecal sac. Thoracic MRI is unremarkable.

Current Medications

Not-Taking/PRN

- Tizanidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
- Hydrocodone-Acetaminophen 5-325 mg tablet
- Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
- Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain
- Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily
- Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Tramadol HCl 50 MG Tablet 1 tablet as needed Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Assault by coworker with facial lacerations.
Rash on penis-allergic reaction.

Surgical History

No Surgical History documented.

Family History

Father: deceased
Mother: alive, breast cancer
1 brother(s) , 2 sister(s) - healthy.

Social History

Tobacco Use:

Smoking Are you a:: current some day smoker.

Miscellaneous:

Marital status: Single. Occupation: not employed. Caffeine: yes.

Drug/Alcohol:

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

000195

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 04/20/2021

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

None recent 04/01/2021

none recent 04/20/2021

Review of Systems

General/Constitutional:

Fever no. Chills no. Fatigue yes. Weight change no.

Gastrointestinal:

Abdominal pain yes. Constipation no. Diarrhea no. Nausea no. Vomiting no.

Musculoskeletal:

Difficulty in Walking yes. Muscle stiffness no. Joint pain yes. Joint stiffness yes. Joint swelling yes. Muscle cramping no.

Skin:

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

Neurologic:

Numbness yes. Involuntary movements yes. Tingling/numbness yes. Weakness yes.

Vital Signs

Wt wc, Ht 72, Ht-cm 182.88, Pain scale 10.

Examination

General Examination:

GENERAL APPEARANCE: Pleasant and cooperative. No acute distress.

HEENT: Normocephalic, atraumatic.

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

ORAL CAVITY: Moist and pink mucous membranes.

NECK/THYROID: No palpable lymphadenopathy. Supple.

CARDIOVASCULAR: Intact distal pulses. No clubbing or cyanosis.

CHEST: No chest wall tenderness. Sternum nontender.

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

SKIN: No rashes or lesions. See focused exam.

MUSCULOSKELETAL: See focused exam.

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

JOINTS: See focused exam.

No gross focal neurologic weakness of the upper extremities. Sensory is intact. Normal composite grip. Functional cervical spine range of motion.

Lumbar spine-no significant double changes. No gross focal neurologic weakness.

Assessments

1. Lumbar disc herniation with radiculopathy - M51.16 (Primary)
2. Cervical Radiculopathy - M54.12

Treatment

1. Lumbar disc herniation with radiculopathy

Start Neurontin Capsule, 100 MG, 2 capsule, Orally, Three times a day, 0 days, 90, Refills 0

IMAGING: MRI : Cervical without Contrast

Notes :MARTIN,BRITTANY R 04/21/2021 02:51:20 PM EDT > Patient is scheduled for Tuesday May 4, 2021 @ 8:00am at MOF.

Notes: Continue Tylenol. Recommend trial of Neurontin 100 mg 3 times a day and hold for sedation. Referral to Bruce Johnson for lumbar epidural steroid series.

000196

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 04/20/2021

2. Cervical Radiculopathy

Referral To: BRUCE JOHNSON

Reason: refer patient to Dr. Bruce Johnson for L4-5, Epidural Steroid Injection Series|eval and treat

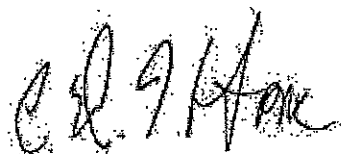
3. Others

Clinical Notes:

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

Follow Up

After cervical MRI (Reason: Cervical spine x-rays)



Electronically signed by CHRISTOPHER HUIET, PA-C on 04/23/2021 at 07:27 AM EDT

Sign off status: Completed

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

Progress Note: Christopher Dean Huiet, PA-C 04/20/2021

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

000197

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-777-7900 843-777-7925

Req/Ctrl# (CD-): 21725368
Christopher Dean Huie, PA-C
NPI: 1417047333
Provider Code: 1417047333
Orthopedic

INMAN, QUSHON M, Male,

ID: e686818

Today: 05/03/2021 10:48 AM
Order Date: 04/20/2021 12:50 AM

843-601-2495 Visit Id: 0

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Diagnostic Name

MRI : Cervical without Contrast

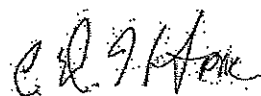
Notes: MARTIN, BRITTANY R 04/21/2021 02:51:20 PM EDT >

Patient is scheduled for Tuesday May 4, 2021 @ 8:00am at
MOF.

Assessment(s)

- M51.16, Lumbar disc herniation with
radiculopathy

Instructions



Electronically Signed By:
Christopher Dean Huie, PA-
C

Signature of
Patient/Guardian

Order generated by
eClinicalWorks
(www.eclinicalworks.com)

INMAN, QUSHON M,

000198

McLeod Orthopaedics Florence 1005 East Cheves St FLORENCE, SC 29506-2777 Tel: 843-777-7900 Fax: 843-777-7925		Christopher Dean Huiet, PA-C Orthopedic
Patient: INMAN, QUSHON M DOB: , Sex: Male Address: Phone: 843-601-2495	05/03/2021	
Ordered Date: 04/20/2021 Assessments: Lumbar disc herniation with radiculopathy - M51.16 Lab: MRI : Cervical without Contrast Fasting: No Specimen: Clinical Info:		
Name Result: Received Date: Notes:	Value MARTIN,BRITTANY R 04/21/2021 02:51:20 PM EDT > Patient is scheduled for Tuesday May 4, 2021 @ 8:00am at MOF.	Reference Range

Patient Name: INMAN, QUSHON M , DOB:

000199

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818

McLeod
Physician Associates

McLeod Orthopaedics Florence

1005 East Cheves St
FLORENCE SC 29506-2777
Ph: 843-777-7900 Fax: 843-777-7925

Release To School Work Form

NAME: QUSHON M INMAN DATE: 04/20/2021

ADDRESS: _____

☒ Patient was seen in our office today for a scheduled appointment.Diagnosis: Lumbar disc herniation with radiculopathy M51.16

Release to: work on

Restrictions:

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

Instructions:

Patient is out of work until released from my care.

Recheck Visit:

Physician's Signature

PA's Signature

Date

Patient: INMAN, QUSHON M DOB: Phone: 843-601-2495
Address: :
Claim Date: 04/13/2021 Encounter Date: 04/01/2021
Provider: HUIET, CHRISTOPHER D

Total Amount: \$ 116.00 Payments/Adjustments: \$ 116.00 Balance: \$ 0.00
Claim Number: 9235828 Filing Status: ACCOUNT PT CREDIT

ICD Codes:

S23.9XXA Thoracic sprain.
S33.5XXA Lumbar sprain, initial encounter.
M54.15 Radiculopathy of thoracolumbar region.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99213 Officeoutpatient visit est Office		04/01/2021	04/01/2021	11-OFFICE	1-Medical Care	\$116.00	1.00	\$116.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
------	----------	---------------	------	-------------

Payment:

From	Date	Type	Check No	Payment
Patient	04/01/2021	Cash - COPAY		\$150.00
Patient	04/30/2021	Cash	RD	(\$76.10)

Claim Data:

Symptom Indicator: First Symptom Date
Symptom/Accident Date: 04/01/2021
Referring Provider: HUIET, CHRISTOPHER D NPI 1417047333

Claim Header:

Residence Type:
Student Status:
Employment Status: Employed full-time
Primary Insurance:
Claim Type: Medical

Claim Log:

000201

Patient: INMAN, QUSHON M DOB: Phone: 843-601-2495

Address:

Claim Date: 04/26/2021 Encounter Date: 04/16/2021

Provider: HUIET, CHRISTOPHER D

Total Amount: \$ 1964.00 Payments/Adjustments: \$ 807.41 Balance: \$ 1156.59
Claim Number: 9272937 Filing Status: Patient

ICD Codes:

S33.141A Dislocation of L4-L5 lumbar vertebra.

S33.2XXA Closed dislocation of sacroiliac joint, initial encounter.

S23.9XXA Sprain of dorsal spine.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
72146 Mri chest spine wo dye Office	TC	04/16/2021	04/16/2021	11-OFFICE	4-Diagnostic X-Ray	\$908.00	1.00	\$908.00
72148 Mri lumbar spine wo dye Office	TC	04/16/2021	04/16/2021	11-OFFICE	4-Diagnostic X-Ray	\$1,056.00	1.00	\$1,056.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
------	----------	---------------	------	-------------

Payment:

From	Date	Type	Check No	Payment
Patient	04/30/2021	Cash	RD	\$76.10

Claim Data:

Non Auto accident

Symptom Indicator: First Symptom Date

Symptom/Accident Date: 04/16/2021

Referring Provider: HUIET, CHRISTOPHER D NPI 1417047333

Claim Header:

Residence Type:

Student Status:

Employment Status: Employed full-time

Primary Insurance:

Claim Type: Medical

Claim Log:

000202

Patient: INMAN, QUSHON M **DOB:**

Phone: 843-601-2495

Address:

Claim Date: 04/26/2021 **Encounter Date:** 04/20/2021

Provider: HUIET, CHRISTOPHER D

Total Amount: \$ 165.00 **Payments/Adjustments:** \$ 105.47 **Balance:** \$ 59.53

Claim Number: 9269637 **Filing Status:** Patient

ICD Codes:

M51.16 Lumbar disc herniation with radiculopathy.

M54.12 Cervical Radiculopathy.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99214 Officeoutpatient visit est Office		04/20/2021	04/20/2021	11-OFFICE	1-Medical Care	\$165.00	1.00	\$165.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
------	----------	---------------	------	-------------

Payment:

From	Date	Type	Check No	Payment
Patient	04/20/2021	Cash - COPAY		\$50.00

Claim Data:

Symptom Indicator: First Symptom Date

Symptom/Accident Date: 04/20/2021

Referring Provider: HUIET, CHRISTOPHER D NPI 1417047333

Claim Header:

Residence Type:

Student Status:

Employment Status: Employed full-time

Primary Insurance:

Claim Type: Medical

Claim Log:

000203

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.

Christopher Huie, PA-C
McLeod Orthopaedic Associates - Florence
Attention: Medical Records
1005 E. Cheves Street
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman
DOB: _____

Dear Dr. Huie:

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 himself 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

Hitech 3
DATA RESOURCES UNLIMITED, INC.
DATE 06/21/2021 REP yh
DOS 04/21/2021
ON _____ EKG _____
LAB _____ HP _____
RAD _____ DS _____
ECHO _____ CONSULT _____
OTHER DO, I, B, M, _____

Christopher Huiet, PA-C

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

000205

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER:

Bruce Johnson, MD
Christopher Huet, PA-C
McLeod Orthopaedic Associates (Florence)
1005 E. Chenes Street
Florence SC 29506

Patient Name: Qushon 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 April 21, 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]
Signature of Patient or Legal Representative

Date

June 14, 2021

Tamela Charles
000206
-531-

Signature of Witness

Order Form

McLeod Orthopaedics Florence

1005 East Cheves St,
FLORENCE, SC, 29506-2777
843-777-7900 843-777-7925

Req/Ctrl# (CD-): 21990984
Christopher Dean Huie, PA-C
NPI: 1417047333
Provider Code: 1417047333
Orthopedic

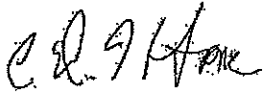
INMAN, QUSHON M, Male,
843-731-5930 Visit Id: 0 6376

ID: e686818

Today: 06/21/2021 12:44 PM
Order Date: 05/04/2021 08:07
AM

Primary Insurance Name:
Insurance Address:
Subscriber Number:
Insured Name:
Address:

Priority	Diagnostic Name	Assessment(s)
Routine	MRI Spine Cervical w/o Contrast (2908106) (72141)	



Electronically Signed By:
Christopher Dean Huie,
PA-C

Signature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown,

000207

INMAN, QUSHON M, M,

843-601-2495

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

FINAL RESULT

Accession Id: 18-MR-21-009007

Order Date: 05/04/2021

Perf Date: 05/04/2021 08:07:42

Transcribed: 05/04/2021 08:53:51

Requesting Physician: HUIET,

Ordering Physician: HUIET, CHRISTOPHER

CHRISTOPHER D

MRI Spine Cervical w/o Contrast (2908106) (72141)

REPORT

Exam: Report

EXAM:

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL DATA:

Lumbar disc herniation with radiculopathy; m51.16;

COMPARISON:

None.

TECHNIQUE:

Multipplanar multi-sequence MR imaging of the cervical spine was performed without the administration of intravenous contrast.

FINDINGS:

There is loss and mild inversion of the cervical lordosis with normal alignment of the vertebral bodies of the cervical spine. The disc spaces, and the vertebral body heights are preserved. No acute fractures or dislocations. No spondylolysis or spondylolisthesis. No abnormal soft tissue swelling is noted adjacent vertebral bodies of the lumbar spine. There is normal signal intensity in both T1 and T2 weighted sequences throughout the bone marrow of the vertebral bodies of the cervical spine. The visualized structures of the posterior fossa, and cervical spinal cord are normal in size, shape, and signal intensity on both T1 and T2 weighted sequences. No vertebral canal stenosis was noted. No neuroforaminal stenosis was noted.

At the C2-C5 vertebral body levels, no vertebral canal, or neural foraminal stenosis is noted.

At the C5-C6 vertebral body level there is a small wide posterior disc bulge which does not cause any vertebral canal, or neural foraminal stenosis.

At the C6-T1 vertebral body levels, no vertebral canal, or neural foraminal stenosis is noted.

000208

REPORT

IMPRESSION:

1. There is minimal degenerative disease of the mid cervical spine.
2. No acute fracture or dislocation.
3. Loss and mild inversion of the cervical lordosis which is most likely due to muscle spasm.
4. No vertebral canal, or neural foraminal stenosis noted.
5. Otherwise normal exam.

SIGNATURE:

Electronically Signed

By: Stephan Stamato M.D.

On: 05/04/2021 09:29

***** Final *****

Dictated by: Stamato, MD, Stephan

Dictated DT/TM: 05/04/2021 9:19 am

Signed by: Stamato, MD, Stephan

Signed (Electronic Signature): 05/04/2021 9:29 am

INMAN, QUSHON M, M,

Accession ID: 18-MR-21-009007

000209

McLeod
Physician Associates

McLeod Spine Center

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

Release To School Work Form

NAME: QUSHON M INMAN DATE: 06/22/2021

ADDRESS: _____

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

Diagnosis: _

Release to: on _

Restrictions:

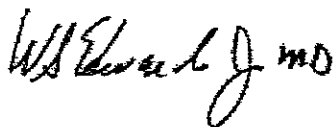
- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | ☐ Right ☐ Left | |
| ☐ No overhead work | ☐ Left-hand work only | |
| ☐ Right-hand work only | ☐ No repetitive stooping | |
| ☐ No repetitive bending | ☐ No continual walking | ☐ No continual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

Instructions:

OUT OF WORK UNTIL NEXT APPT

Recheck Visit:

Electronically signed by: Willie S.
Edwards, MD



Physician's Signature

PA's Signature

Date

Patient: INMAN, QUSHON M DOB: Phone: 843-731-5930

Address:

Claim Date: 05/18/2021 Encounter Date: 05/04/2021

Servicing Provider: HUIET, CHRISTOPHER D Servicing Provider NPI: 1417047333

Total Amount: \$ 1024.00 Payments/Adjustments: \$ 550.90 Balance: \$ 473.10

Claim Number: 9350311 Filing Status: Patient

ICD Codes:

M51.16 Displacement of lumbar disc with radiculopathy.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
72141 Mri neck spine wo dye Office	TC	05/04/2021	05/04/2021	11-OFFICE	4-Diagnostic X-Ray	\$1,024.00	1.00	\$1,024.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
------	----------	---------------	------	-------------

Payment:

From	Date	Type	Check No	Payment
Patient	05/04/2021	Cash		\$75.00
Patient	05/04/2021	Cash		\$25.00

Refund:

To	Date	Type	Check No	Posted Refund
----	------	------	----------	---------------

Adjustment:

Code	Date	Name	Amount
4	05/19/2021	Administrative Adjustment (per physician approval)	\$450.90

Claim Data:

Symptom Indicator: First Symptom Date

Symptom/Accident Date: 05/04/2021

Referring Provider: HUIET, CHRISTOPHER D NPI 1417047333

Claim Header:

Residence Type:

Student Status: Not a student

Employment Status: Employed full-time

Primary Insurance:

Claim Type: Medical

Claim Log:

06/14/2021 09:36 AM ePatientStatement Submitted

000211

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

RECEIPT OF PAYMENT

Date: 05/04/2021

Received From: INMAN, QUSHON M

Amount: 25.00 Payment Type: Cash Payment Id: 4979237

Charges Detail

Date	Code Description	Units	Fee	Payment
05/04/2021	Patient Payment			25.00
	Totals		0.00	25.00

Account Balance Summary

Total Balance:	1216.12
Patient Balance:	1216.12
Insurance Balance:	0.00

000212

-537-

McLeod Orthopaedics Florence

1005 East Cheves St

FLORENCE, SC-29506-2777

Tel: 843-777-7900 Fax: 843-777-7925

RECEIPT OF PAYMENT

Date: 05/04/2021

Received From: INMAN, QUSHON M

Amount: 75.00 **Payment Type:** Cash **Payment Id:** 4979225**Charges Detail**

Date	Code Description	Units	Fee	Payment
05/04/2021	Patient Payment			75.00
	Totals		0.00	75.00

Account Balance Summary

Total Balance:	1216.12
Patient Balance:	1216.12
Insurance Balance:	0.00

- 000213

-538-

05/04/2021

Date: 05/12/2021

Received From: INMAN, QUSHON M

Amount: 50.00 **Payment Type:** Cash - COPAY **Payment Id:** 4998057

Date	Code Description	Units	Fee	Payment
04/16/2021	72146-Mri chest spine wo dye Office	1.00	908.00	
04/16/2021	72148 Mri lumbar spine wo dye Office	1.00	1056.00	
05/12/2021	Patient Payment			50.00
	Totals		1964.00	50.00

Total Balance:	1166.12
Patient Balance:	1166.12
Insurance Balance:	0.00

000214

McLeod Spine Center

800 East Cheves St

STE 480-B

FLORENCE, SC-29506-2777

Tel: 843-432-1880 Fax: 843-432-1022

RECEIPT OF PAYMENT

Date: 05/17/2021.

Received From: INMAN, QUSHON M

Amount: 505.00 **Payment Type:** Cash - COPAY **Payment Id:** 5005351**Charges Detail**

Date	Code Description	Units	Fee	Payment
05/17/2021	99204 Officeoutpatient visit new Office	1.00	303.00	
05/17/2021	J3301 Triamcinolone acet inj NOS Office	1.00	20.00	
05/17/2021	62323 NJX INTERLAMINAR LMBR/SAC Office	1.00	870.00	
05/17/2021	Patient Payment			505.00
Totals			1193.00	505.00

Account Balance Summary

Total Balance:	1166.12
Patient Balance:	1166.12
Insurance Balance:	0.00

This is the payment for the rest of the amount for the injection w/ Dr. Johnson on 5-17-21. AS I said on the phone the balance you see on this receipt is for Dean Huie at McLeod orthopedics. w/ our office you have a -0- balance due to pay in full on the date of service. Thanks, Admin. (VAX) 5-17-21

000215

-540-

McLeod Spine Center

800 East Cheves St

STE 480-B

FLORENCE, SC-29506-2777

Tel: 843-432-1880 Fax: 843-432-1022

RECEIPT OF PAYMENT

Date: 05/17/2021

Received From: INMAN, QUSHON M

Amount: 165.00 Payment Type: Cash - COPAY Payment Id: 5004736

Charges Detail

Date	Code Description	Units	Fee	Payment
05/17/2021	Patient Payment			165.00
Totals			0.00	165.00

Account Balance Summary

Total Balance:	1166.12
Patient Balance:	1166.12
Insurance Balance:	0.00

Additional payment made while
System was down of
\$505⁰⁰ for the injection
by Dr. Johnson.

MCLEOD ORTHO SPINE CENTER #38561

Paid in
Full for
injection +
anesthesia

5-17-21

000216

-541-

McLeod Spine Center

800 East Cheves St

STE 480-B

FLORENCE, SC-29506-2777

Tel: 843-432-1880 Fax: 843-432-1022

RECEIPT OF PAYMENT

Date: 06/22/2021

Transaction No: 1909133943

Card Holder: FATISHA J, MCLAUGHLIN

Patient: INMAN, QUSHON M

Amount:	Payment Type:	Payment ID:	Card No:	Card Brand:	Date:	Auth Code:
\$ 470.00	Credit Card	5070279	x2818	VI	Tue 2021-06-22 at 07:59:45 AM EDT	408602

Signature

I agree to pay above total amount
according to card issuer agreement.

000217

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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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

July 1, 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.

William Edwards, MD
Bruce Johnson, MD
McLeod Spine Center
Attention: Medical Records
800 E. Cheves Street - Suite 480B
Florence, SC 29506

Re: Patient's Name: **Qushon M. Inman**
DOB: _____

Dear Dr. Edwards and Dr. Johnson:

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

DATA RESOURCES UNLIMITED, INC
DATE 7-7-21 REP [Signature]
DOS 7-17-21
ON [Signature]
LAB _____ 4P _____
RAD _____ DS _____
ECHO _____ CONSULT _____
OTHER Referral
Consent for record Denial

00021764(1)

McLeod Spine Center

Page 2

July 1, 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

000217(A)(2)
-545-

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER:

Bruce Johnson, MD
William Edwards, MD
McLeod Spine Center
800 E. Cheroke Street - Suite 480B
Florence SC 29506

Patient Name: Qushon M. Inman

Date of Birth: _____

Pursuant to the HIPAA 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 first date to present
of treatment

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

If Signed by Legal Representative, Relationship to Patient

Date

June 22, 2021
Samela Charles

Signature of Witness

000217 (A546)

McLeod
Physician Associates

Primary Care Physician NONE NONE

Referring Physician

Date

Patient Information

Patient Last Name	Patient First Name	Middle Initial
INMAN	QUSHON	M
Mailing Address	City	State/Zip Code
Home Telephone # (with area code)	Cell #	Date of Birth
Social Security #	Gender ptSex	Marital Status
	☐ Male ☐ Female ☐ Transgender	☐ Married ☐ Single
		☐ Divorced ☐ Separated
Email Address IQUSHON@YAHOO.COM		☐ Widowed ☐ Partner
Race: ☐ Asian ☐ Hawaiian ☐ American Indian ☐ White ☐ Black or African American ☐ Hispanic ☐ Other		Ethnicity
Language: ☐ English ☐ Indian (Includes Hindi and Timil) ☐ Spanish ☐ Russian ☐ Other		☐ Hispanic or Latino ☐ Non Hispanic or Latino

Patient Employer Information

N/A - Not currently employed

Employer Name GE HEALTHCARE	Telephone # (including area code)
Employer Address	

Guarantor Information

Person Responsible for Payment of Services After Insurance - If Patient Check and Initial Here

Guarantor Last Name	Guarantor First Name	Middle Initial
INMAN	QUSHON	M
Mailing Address	City	State/Zip Code
	EFFINGHAM SC 29541-6376	
Social Security #	Date of Birth	Gender
		☐ Male ☐ Female ☐ Transgender
Home Telephone #	Cell #	Relationship to Patient
		☐ Parent/Guardian ☐ Spouse

Primary Insurance Information

No Insurance/Self Pay

Primary Insurance Name	Group ID#	CoPay	Member ID#
	SubscriberGroupNO		
Subscriber Last Name	Subscriber First Name	Middle Initial	

000217 (A/E47)

Mailing Address	City	State/Zip Code
Social Security #	Date of Birth	Gender
	SubscriberDOB	☐ Male ☐ Female ☐ Transgender
Home Telephone #	Cell #	Relationship to Patient
		☐ Parent/Guardian ☐ Spouse

Secondary Insurance Information		N/A
---------------------------------	--	-----

Secondary Insurance Name	Group ID#	CoPay	Member ID#
Subscriber Last Name	Subscriber First Name	Middle Initial	
Mailing Address	City	State/Zip Code	
Social Security #	Date of Birth	Gender	
		☐ Male ☐ Female ☐ Transgender	
Home Telephone #	Cell #	Relationship to Patient	
		☐ Parent/Guardian ☐ Spouse	
Pharmacy Name:	CVS/pharmacy #4071	Pharmacy Address:	

Which of the following helped you decide to see this physician/practice? (check all that apply, if possible)

☐ Physician Referral/ER Visit ☐ Friend/Family ☐ Ad in Newspaper/Magazine ☐ Mail/Postcard ☐ Radio/TV Advertising
☐ Internet Search/Social Media Advertising ☐ Physician Speaking Event/Health Fair

000217 (AX5)
-548-



* 0 P 0 0 3 5 : *

McLeod Health

The Choice for Medical Excellence

Informed Consent

Do not write in this box.
Place sticker here

Inman, Qushon

Acknowledgement: I hereby authorize and direct my physician Bruce Johnson, MD and whomever he/she may designate as his/her associates, to perform upon Qushon Inman (name of pt. or "myself") the following operation(s)/procedure(s),

Lumbar Epidural Steroid Injection

and if any unforeseen condition arises in the course of the operation calling for, in his/her judgment, procedures in addition to or different from those stated above, I further request and authorize him/her and his/her associates and/or assistants to do whatever he/she deems advisable.

The nature and purpose of the operation/procedure, potential benefits, risks, and side effects, reasonable alternative, risks, benefits and side effects related to the alternatives, risks related to not receiving the operation/procedure, the likelihood of achieving my goals, and potential problems that might occur during recuperation have been fully explained to me by my physician, I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained or the likelihood of success.

Anesthesia: I consent to the administration of sedation or anesthesia agents by my physician, an anesthesiologist or other assigned anesthetist with the exception of 0 (Write the anesthetic excluded, "none", or "not applicable" no anesthesia anticipated). The risks benefits and alternatives to the planned sedation/anesthesia have been explained to me.

Tissue: I consent to the disposal of tissues, parts, or members by the authorities or McLeod Regional Medical Center, and/or the Pathologist examining such specimens, which may be removed during the operation or other invasive procedure.

Photography: I consent to the photographing or videotaping of the operation(s) procedure(s) to be performed, including appropriate portions of my body for medical, educational and medical record documentation purposes, provided said photographs and videotapes are maintained and used in accordance with medical record regulations.

Advanced Directive Orders: I understand and agree that any Advance Directive, Living Will, and Do Not Resuscitate Order will not be in effect during the surgical procedure(s) and recovery from anesthesia.

Other Assistants: I understand that physicians other than the operating practitioner, including but not limited to residents, may be performing important tasks related to the surgery, in accordance with the facility's policies, and in the case of residents, based on their skill set and under the supervision of the responsible practitioner. Qualified medical practitioners who are not physicians who may perform important parts of the surgery or administration of anaesthesia will be performing only tasks that are within the scope of practice, as determined under State law and regulation, and for which they have been granted privileges by the facility.

Students: I authorize and consent the presence of students observing to participate in their clinical education. I authorize and consent to the presence of student participation under direct continuous guidance of my physician and his/her assistants.

Vendors: I authorize and consent to the presence of equipment representative(s) for equipment/implants used during my surgery. I understand that the surgeon(s) may rely, in whole or part, upon the recommendations of the representative(s) regarding the use of the involved equipment/implants.

I certify that I have read and fully understand the above consent to operation/other procedures, that the explanations therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in, all statements and inapplicable paragraphs, if any, were stricken before I signed. I have had an opportunity to ask any questions which I may have, and all of my questions have been answered fully to my satisfaction.

Signature of patient or authorized representative: [Signature] Date 5-17-21 Time 11:25

Relationship Self Interpreter (if utilized) 0 Date 5-17-21 Time 11:25

Witness Signature Allison Romberg Date 5-17-21 Time 11:25 and Witness (if applicable) 0 Date 5-17-21 Time 11:25

000217 (A) (6549-



* 0 P 0 0 3 5 *

McLeod Health

The Choice for Medical Excellence

Informed Consent

Do not write in this box.
Place sticker here

Inman, Dushon

PAUSE "TIMEOUT" CHECKLIST For any Invasive Procedure

Procedure Lumbar ESI

PAUSE THEN CHECK	YES	N/A	N/A EXPLAIN
1. Patient identity, consent(s), patient position, & procedure.	✓		
2. Review medical record for consistency in identifying the correct procedure.	✓		
3. Imaging studies available at bedside (when applicable)	✓		
4. Availability of special equipment to include implants.	✓		
5. "TIME OUT" immediately before start of the procedure for final verification of correct patient, correct procedure (use active communication) Time occurs: <u>1207</u>	✓		
6. Document members present for "time out." <u>Bruce Johnson</u> MD <u>Allison Bromesburg</u> RN/LPN <u>Lauren Garand</u> Other <u>Ben</u> Other	✓		
7. Does everyone have their radiation badges on and proper x-ray attire? (document those not in compliance)	✓		
8. Other:			

Signature: _____

[Signature]

6/17/11
Date

1125
Time

000217 (A) 150-

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e6868

McLeod
Physician Associates

McLeod Spine Center

800 East Cheves St STE 400-B
FLORENCE SC 29508-2777
Ph: 843-432-1880 Fax: 843-432-1022

Tobacco Control

Name: QUSHON M INMAN

Date: 05/17/2021

Are you a:

- ☐ current smoker
- ☒ former smoker
- ☐ never smoker
- ☐ current every day smoker
- ☐ current some day smoker
- ☐ Smoker, current status unknown
- ☐ unknown if ever smoked
- ☐ light tobacco smoker
- ☐ heavy tobacco smoker
- ☐ Uses tobacco in other forms

If former smoker: When did you start smoking?

If former smoker: When did you stop smoking?

If former smoker: How long has it been since you last smoked?

- ☐ 1-3 months
- ☐ < 1 month
- ☒ 3-6 months
- ☐ 6-12 months
- ☐ 1-5 years
- ☐ 5-10 years
- ☐ > 10 years

Add Report Findings: Tobacco Use:

- ☐ Heavy cigarette smoker (20-39 cigs/day)

000217 (A)(8)
-551-

INMAN, QUSHON M DOB:

(31 to 40) Acc No. e6868

☐ Light cigarette smoker (1-9 cig/day)

Additional Findings: Tobacco Non-User

☐ Aggressive non-smoker

☐ Current non-smoker

☐ Current non-smoker, but past smoking history unknown

☐ Does not use moist powdered tobacco

☐ Ex-cigar smoker

☐ Ex-cigarette smoker

☐ Ex-cigarette smoker amount unknown

☐ Ex-heavy cigarette smoker (20-30/day)

☐ Ex-light cigarette smoker (1-9/day)

☐ Ex-moderate cigarette smoker (10-19/day)

☐ Ex-pipe smoker

☐ Ex-trial cigarette smoker (<1/day)

☐ Ex-user of moist powdered tobacco

☐ Ex-very heavy cigarette smoker (40+/day)

☐ Intolerant ex-smoker

☐ Intolerant non-smoker

☐ Never chewed tobacco

☐ Never used moist powdered tobacco

☐ Non-smoker for medical reasons

☐ Non-smoker for personal reasons

☐ Non-smoker for religious reasons

☐ Tolerant ex-smoker

☐ Tolerant non-smoker

Powered By: gribblworks LLC

000217(A)(g)
-332-

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 05/17/2021

McLeod
Physician Associates

INMAN, QUSHON M

31 Y old Male, DOB: :

Account Number: e686818

SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Home: 843-601-

Guarantor: INMAN, QUSHON M Insurance: Self Pay

Appointment Facility: McLeod Spine Center

05/17/2021

Bruce Johnson, M.D.

Current Medications

Taking

- tylenol 1 tab Oral
 - Tizanidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day Not-Taking/PRN
 - Tizanidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
 - Hydrocodone-Acetaminophen 5-325 mg tablet
 - Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
 - Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain
 - Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily
 - Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
 - Tramadol HCl 50 MG Tablet 1 tablet as needed Orally Once a day
 - Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day
 - Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily
 - Tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain
 - Tizanidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Assault by coworker with facial lacerations.

Rash on penis-allergic reaction.

Surgical History

No Surgical History documented.

Family History

Father: deceased

Mother: alive, breast cancer

1 brother(s) , 2 sister(s) - healthy.

father deceased from unknown.

Social History

Reason for Appointment

1. LBP, Lleg to foot numbness and pain

History of Present Illness

Constitutional:

31-year-old gentleman comes to McLeod spine pain management center with ongoing low back pain and bilateral lower extremity pain. This is worse on the left than the right. The patient hurts all over. He is a very complicated patient to figure out. He is having pain into his shoulders and down both of his arms. He is having weakness in his right arm. He is having a lot of pain and weakness into his left leg. The pain is worse with activity standing walking bending. He cannot put a whole lot of weight on his left leg. Is been going on since March 19. He said he was at work when he jumped off a 18 wheeler and felt a sharp shooting pain in his back. He says this was work-related. He supposed to have a deposition next Monday. He hurts everywhere in his legs but most of it is down the side of the leg to the foot. Is a sharp stabbing pain. Once again worse with standing and walking. He is walking with a cane. And no bowel or bladder dysfunction. He has been taking Zanaflex, Neurontin, and tramadol. He has not been able to tolerate physical therapy secondary to the pain. Pain scores 10/10 in nature. Denies any previous spine surgery. He is on no blood thinners. He denies any fever. He denies any allergies. He has an MRI of the cervical spine which was just done. I reviewed those images with him. This shows some 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. This puts pressure effect on the L5 nerve root. Patient is being seen for possible epidural steroid injection.

Vital Signs

Wt 283.6, Wt-kg 128.64, Ht 72, Ht-cm 182.88, BMI 38.46, Temp 97.3, HR 89, BP 199/127 mm Hg, Pain scale 10, BSA 2.55 M
Discharge Vitals: BP165/102 P89.

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented, antalgic gait, cooperative , male. Patient has very antalgic gait. Limp on his left leg..
EYES: conjunctiva clear, sclera clear, no discharge.

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 05/17/2021

Tobacco Use:

Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Hospitalization/Major Diagnostic Procedure

None recent 04/01/2021
none recent 04/20/2021
none recent 5/17/2021

Review of Systems

General/Constitutional:

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

HEENT/Neck:

Head no headache, no vertigo.

Ears no ringing in the ears.

Neck no enlarged lymph nodes.

Endocrine:

Patient denies bowel changes, excessive sweating, **fatigue**.

Mood Swings **no**.

Respiratory:

Patient denies shortness of breath.

Cardiovascular:

Patient denies **chest pain**, claudication, cold extremities.

Gastrointestinal:

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

Hematology:

General no easy bruising or bleeding.

Genitourinary:

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

Musculoskeletal:

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

Peripheral Vascular:

General no clubbing, cyanosis, edema, no claudication.

Skin:

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

Psychiatric:

Patient denies **anxiety**, **depression**, high stress level.

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

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

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

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

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

BACK: lumbar paraspinal tenderness, no ecchymosis, no rash, pain with lateral rotation, straight leg raise positive left lower extremity. Limp on that left leg. Increased pain with extension lateral rotation towards the left..

MUSCULOSKELETAL: no swelling or deformity, good muscle tone, Motor strength and tone: 4/5 muscle strength with left hip flexion and knee extension..

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

Assessments

1. Lumbar Radiculopathy - M54.16 (Primary)
2. Lumbar degenerative disc disease - M51.36
3. Chronic pain syndrome - G89.4
4. Chronic hypertension - I10

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

Treatment

1. Lumbar Radiculopathy

PROCEDURE: Inj. Kenalog (J3301)

PROCEDURE: ESI Lumbar (62323)

Romesburg, RN, Allison 05/17/2021 03:36:10 PM EDT > Patient tolerated procedure well. P85 O2SAT98%

Notes: Patient presents today with ongoing lumbar radiculopathy worsening in nature. He is actually limping more on his left than his right leg but bilateral legs are painful. This started apparently is a work-related injury March 19 after he jumped off a 18 wheeler. He is failed conservative therapy thus far. He is having 10/10 pain. Has had substantial work-up by Dean Hewitt. He has had a cervical thoracic and lumbar spine which I reviewed each of these individually with him today. The L4-5 location on the lumbar spine does show some degenerative changes with an L5 nerve root compression. I do feel the patient would benefit from a lumbar epidural steroid injection. I am going to proceed with this today. He will follow-up with Dean Hewitt in 2 weeks for further evaluation and treatment options. He will continue his current medications with tizanidine, Neurontin, and tramadol. I will continue his current home exercise regimen. He does have significant hyper tension. He definitely needs to follow-up with his primary care physician concerning this. He also needs to follow-up with emergency department if anything were to change with him having chest pain or shortness of breath. Please see procedure note for further details.

INMAN, QUSHON M DOB: ---

(31 yo M) Acc No. e686818 DOS: 05/17/2021

Procedures

Procedure: L4-5 interlaminar epidural steroid injection left paramedian approach

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

After risk benefits alternatives discussed with patient. Patient was taken back to the fluoroscopy suite. Patient was placed prone on the table. Area was sterile prepped and draped in usual fashion.

Fluoroscopy was used to identify the L4-5 interlaminar space from an left paramedian view. 1% lidocaine local anesthetic to the skin and subcutaneous tissues. 18-gauge Weiss needle was advanced under intermittent fluoroscopic guidance to positive loss of resistance with saline. Negative aspiration for blood or CSF. 80 mg of triamcinolone and 3 cc of preservative-free saline were injected. Needle was removed. Hemostasis was appreciated. Band-Aid was placed. Patient was aided to a standing position. Patient had no immediate complications. Fluoroscopy time 12 seconds, 12 images, 1 saved..

Visit Codes

99204 Office/outpatient visit new Office.

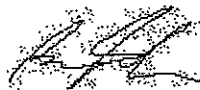
Procedure Codes

J3301 Triamcinolone acet inj NOS Office, Units: 2.00

62323 NJX INTERLAMINAR LMBR/SAC Office

Follow Up

2 Weeks (Reason: Dean Hewitt follow-up after ESI 2 weeks)



Electronically signed by BRUCE JOHNSON , MD on
05/18/2021 at 03:48 PM EDT
Sign off status: Completed

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

Progress Note: Bruce Johnson, M.D. 05/17/2021

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

000217 (A) 12

Order Form

McLeod Spine Center

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

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 21917287

Bruce Johnson, M.D.

NPI: 1447453097

Pain Medicine

INMAN, QUSHON M, Male,

ID: e686818

843-731-

Visit Id: 0

SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-

6376

Today: 07/07/2021 02:13 PM

Order Date: 05/17/2021 10:00 AM

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority

Test Name

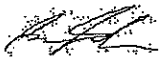
Assessment(s)

Routine

ESI Lumbar (62323)

- M54.16, Lumbar Radiculopathy

Notes: Romesburg, RN, Allison 05/17/2021 03:36:10 PM EDT > Patient
tolerated procedure well. P85 O2SAT98%



Electronically Signed By:

Bruce Johnson, M.D.

Signature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown,

000217 (A)(13)
5587

Order Form

McLeod Spine Center

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

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 21917287

Bruce Johnson, M.D.

NPI: 1447453097

Pain Medicine

INMAN, QUSHON M, Male,

ID: e686818

843-731-

Visit Id: 0

SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-

6376

Today: 07/07/2021 02:12 PM

Order Date: 05/17/2021 10:00
AM

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority

Test Name

Assessment(s)

Routine

Inj. Kenalog (J3301)

- M54.16, Lumbar Radiculopathy

Electronically Signed By:
Bruce Johnson, M.D.

Signature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown,

000217 (AX14)
-557-

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 06/22/2021

Progress Notes

Patient: INMAN, QUSHON M

Account Number: e686818

DOB: **Age:** 31 Y **Sex:** Male

Phone: 843-731-

Address: SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Provider: Willie S. Edwards, MD

Date: 06/22/2021

Subjective:

Chief Complaints:

1. Low back pain.

HPI:

Constitutional:

Patient presents with neck pain radiating into both shoulders that started after a work related injury on March 19th of this year. He works at G. E. Medical and was jumping from an 18 wheeler to a shipping dock and felt a sharp pain in his neck. He denies any radicular discomfort. He was unable to ambulate for two days and stayed at bedrest during this period of time then tried to return to work which was unsuccessful after a couple of days. Since that time he has had extensive conservative efforts including various medications and no improvement has been noted. He denies any previous issues related to his neck but admits to some previous back issues and has actually had an epidural steroid injection by Dr. Johnson back in December of last year for this. He denies constitutional symptoms. No issues related to his balance or coordination.

ROS:

General/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Assault by coworker with facial lacerations, Rash on penis-allergic reaction.

Surgical History: Denies Past Surgical History.

Hospitalization/Major Diagnostic Procedure: None recent 04/01/2021, none recent 04/20/2021, none recent 5/17/2021, None recent 06/22/2021.

Family History: Father: deceased. Mother: alive, breast cancer. 1 brother(s) , 2 sister(s) - healthy.
father deceased from unknown.

000217 (A)(15)

INMAN, QUSHON M DOB: (31 yo M) Acc No. e686818 DOS: 06/22/2021

Social History:

Tobacco Use: Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Medications: Taking tylenol 1 tab Oral , Taking tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 mg tablet , Not-Taking/PRN Medrol (methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain, Not-Taking/PRN Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily, Not-Taking/PRN Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Once a day, Not-Taking/PRN Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day, Not-Taking/PRN Neurontin (Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily, Not-Taking/PRN traMADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt **290**, Wt-kg **131.54**, Ht 72, Ht-cm 182.88, BMI **39.33**, Temp **97.3**, Pain scale **10**, BSA **2.58 M**.

Examination:

General Examination:

Stout black male in no acute distress. Appropriate effort on examination. No non-organic physical signs. Uses a cane for support on the right side. Rises slowly from sitting to standing. Decreased cervical lordosis. No torticollis. No localized tenderness. Localizes discomfort to the paraspinal and trapezial regions. Cervical motion essentially full. Shoulder motion full without impingement. Motor strength is 5/5. Reflexes 2+ symmetric. No long tract findings. No dermatomal dysesthesias.

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

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect

Cervical MRI scan Florence MRI 5/04/21 was personally reviewed of the cervical spine with the patient and demonstrates a small central disc bulge at C5-6 with loss of cervical lordosis.

Thoracic MRI scan April 16th was personally reviewed also with the patient and this study is normal.

Lumbar study same date demonstrates left sided disc protrusion at L5/S1 and degenerative signal here and at L4-5.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)
 2. HNP (herniated nucleus pulposus), lumbar - M51.26
- Note transcribed by Pam Sweat, 06/24/2021.

Plan:

1. Others

Start traMADol HCl Tablet, 50 MG, 1 tablet as needed, Orally, Q 6 hrs PRN PAIN, 15 days, 60, Refills 0.

000217 (A)(16)

INMAN, QUSHON M DOB: (31 yo M) Acc No. e686818 DOS: 06/22/2021

Notes: Patient has perplexing symptoms that seem out of proportion to MRI findings. He describes difficulty ambulating and appears to be legitimately having difficulty with his ambulation. I have recommended formal neurologic evaluation. At this point in time would not recommend any surgical management though he does have disc protrusion at C5-6. Follow up after neurology evaluation. Tramadol given for pain.

Clinical Notes:

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

Referral To: ROLAND SKINNER Neurology

Reason: NEW PATIENT REFERRAL TO A NEUROLOGIST | EVALUATE AND TREAT FOR EXTREMITIES WEAKNESS

Imaging:

Imaging: Cerv AP + LAT OR 2-3 Views

Garris, Chelsey 06/22/2021 08:22:03 AM EDT > done Sweat, Pam 06/29/2021 11:41:08 AM EDT
> AP and lateral cervical x-rays demonstrate loss of cervical lordosis and disc space narrowing at C6-7.

Procedure Codes: 72040 Xray exam of neck spine Office

Follow Up: POST NEUROLOGIST

Billing Information:

Visit Code:

99215 Office/outpatient visit est Office.

Procedure Codes:

72040 Xray exam of neck spine Office.



Electronically signed by WILLIE EDWARDS Jr, MD on 06/29/2021 at 12:16 PM EDT

Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 06/22/2021

000217(A)(17)

INMAN, QUSHON M DOB:

3 (31 yo M) Acc No. e686818

REFERRAL

QUSHON M INMAN

Willie S. Edwards, MD

Orthopaedic Surgery

McLeod Spine Center

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

Tel: 843-432-1880 Fax: 843-432-1022

Date: 07/07/2021

Patient Information:

Patient Name: QUSHON M INMAN

Patient DOB:

Patient Insurance:

Patient Subscriber No:

Patient Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-6376

Patient Phone: 843-731-

Patient Work Phone:

Patient Cell Phone: 843-731-

Patient SSN: XXX-XX-3042

Insurance Information

Insurance Name:

Subscriber Name:

Subscriber DOB:

Subscriber No:

Subscriber Group No:

Subscriber Address:

Subscriber Phone:

Referral From Information:

Provider Name: EDWARDSJr, WILLIE

Provider ID Number:

Provider UPIN:

Provider NPI: 1134129216

Provider Facility: McLeod Spine Center

Provider Speciality: Orthopaedic Surgery

Address1: 800 East Cheves St

Address2: STE 480-B

City, State, Zip: FLORENCE, SC, 29506-2777

Phone: 843-432-1880

Fax: 843-432-1022

Referral To Information:

Provider Name: ROLAND L SKINNER

Provider ID Number:

Provider UPIN: D05584

Provider NPI: 1104993807

Provider Facility: McLeod Neurological Associates

Provider Speciality: Neurology

Address1: 800 E CHEVES ST STE 380

Address2:

City, State, Zip: FLORENCE, SC, 295062649

Phone: 843-665-4104

Appt. Date/Time:

Fax: 843-661-0160

Facility Tax ID Number: 202935692

000217 (A)(18)
-561-

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818

REFERRAL

QUSHON M INMAN

Willie S. Edwards, MD

Orthopaedic Surgery

McLeod Spine Center

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

Tel: 843-432-1880 Fax: 843-432-1022

Reason For Referral:

Authorization No:

Authorization Type:

Reason:

NEW PATIENT REFERRAL TO A NEUROLOGIST, EVALUATE AND TREAT FOR EXTREMITIES

WEAKNESS

Diagnosis:

G89.4 - Chronic pain syndrome

R29.898 - Weakness of both legs

E/M Codes:

Procedures:

Visits Allowed:

0

Unit Type:

V (VISIT)

Start Date:

06/22/2021

End Date:

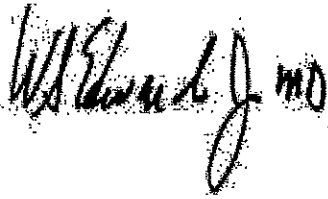
06/22/2022

Notes:

Gee, Lakia 06/25/2021 05:44:09 PM EDT > Order sent P2P for scheduling with McLeod Neurological Associates - Dr. Roland Skinner; Fax (843) 661-0160 | Phone (843) 665-4104 **Lgee

Clinical Notes:

Structured Data:



Provider NPI:

1134129216

Electronically signed by Willie S. Edwards, MD on 07/07/2021 at 02:14 PM EDT

000217 (AX19)
-562-

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e6868

McLeod
Physician Associates

McLeod Spine Center

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

Release To School Work Form

NAME: QUSHON M INMAN DATE: 06/22/2021

ADDRESS: SAVANNAH GROVE RD EFFINGHAM SC 29541-0376

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

Diagnosis:

Release to: on

Restrictions:

☐ No restrictions

☐ No jumping

☐ No lifting

☐ No overhead work

☐ Right hand work only

☐ No repetitive bending

☐ No continual standing

☐ No prolonged sitting

☐ No climbing

☐ Sedentary Only

☐ No lower body

☐ No pivoting

☐ Other

☐ No running

☐ Right ☐ Left

☐ Left hand work only

☐ No repetitive stooping

☐ No continual walking

☐ No contact sports

☐ No continual stair climbing

☐ No upper body

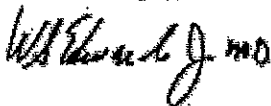
☐ No twisting movements

Instructions:

OUT OF WORK UNTIL NEXT APPT

Recheck Visit:

Electronically signed by: Will S. Edwards, MD



Physician's Signature

PA's Signature

Date

Powered by eScribe HealthCare LLC.

000217 (A)(20)
-563-

Order Form

McLeod Spine Center

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

Req/Ctrl# (CD-): 22282421

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

INMAN, QUSHON M, Male,

9 ID: e686818

843-731- Visit Id: 0 SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-6376

Today: 07/07/2021 02:11 PM

Order Date: 06/22/2021 07:30 AM

Primary Insurance Name:

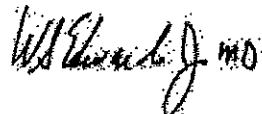
Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority	Diagnostic Name	Assessment(s)
Routine	Cerv AP + LAT OR 2-3 Views	
	Notes: Garris,Chelsey 06/22/2021 08:22:03 AM EDT > done	
	Sweat,Pam 06/29/2021 11:41:08 AM EDT > AP and lateral cervical x-rays demonstrate loss of cervical lordosis and disc space narrowing at C6-7.	



Electronically Signed By:

Willie S. Edwards, MD

Signature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown,

000217 (AX21)
-564-

McLeod Spine Center 800 East Cheves St STE 480-B FLORENCE, SC 29506-2777 Tel: 843-432-1880 Fax: 843-432-1022		Willie S. Edwards, MD Orthopaedic Surgery
Patient: INMAN, QUSHON M DOB: }, Sex: Male Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-6376 Phone: 843-731-	07/07/2021	
Ordered Date: 06/22/2021 Assessments: DI: Cerv AP + LAT OR 2-3 Views Fasting: No Specimen: Clinical Info:		
Name Result: Received Date: 06/29/2021 Notes:	Value Garris,Chelsey 06/22/2021 08:22:03 AM EDT > done Sweat,Pam 06/29/2021 11:41:08 AM EDT > AP and lateral cervical x-rays demonstrate loss of cervical lordosis and disc space narrowing at C6-7.	Reference Range

Patient Name: INMAN, QUSHON M , DOB:

06/23/21
✓(g.p.)1013
9B

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

December 13, 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.

William Edwards, MD
Sonia Wicker, PA-C
McLeod Spine Center
Attention: Medical Records
800 E. Cheves Street - Suite 480B
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman
DOB: _____

Dear Dr. Edwards and Ms. Wicker:

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 is covered by this rule, any attempt to assess more than the patient rate will be invalid.

000217(A)(23)

-566-

McLeod Spine Center

Page 2

December 13, 2021

in clear violation of federal law.

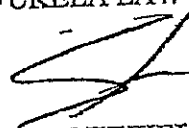
Please produce the requested medical records immediately by e-mail to medical.steve@wukelalaw.com. If you charge an amount in excess of the "patient rate" for my client's authorization and request to your office to transmit electronically certain designated protected health information (PHI) to my office, 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

000217(A)(24)

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER: William Edwards, MD
Soma Wicker, PA-C
McLeod Spine Center
Florence SC 29506

Patient Name: Oushon M. Inman
Savannah Grove Road
Effingham, SC 29541

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 June 23, 2021 to present date.

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

If Signed by Legal Representative, Relationship to Patient

December 13, 2021
Date

Tamela Chadee
Signature of Witness

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 10/26/2021

McLeod
Physician Associates**INMAN, QUSHON M**

31 Y old Male, DOB:

Account Number: e686818

SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Home: 843-731-

Guarantor: INMAN, QUSHON M Insurance: SELF PAY
DUMMY INSURANCE

Appointment Facility: McLeod Spine Center

10/26/2021

follow up progress note: Sonia T Wicker, PA-C

Reason for Appointment

1. Lumbar followup

History of Present Illness**Constitutional:**

Patient presents in follow-up with continued complaints of neck pain radiating into both of his shoulders. He was previously seen by Dr. Skinner and is scheduled for an EMG nerve conduction study on November 22. He states his symptoms have been persistent without relief with epidural injections. MRI scan shows a disc protrusion at the C5-6 level without any severe compressive pathology.

Current MedicationsTaking

- tylenol 1 tab Oral
 - Not-Taking/PRN
 - tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day
 - traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN
 - Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms
 - tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
 - tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day
 - tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
 - Hydrocodone-Acetaminophen 5-325 mg tablet
 - Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
 - HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain
 - Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily
 - Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
 - Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day
 - Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily
 - traMADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain
 - tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Assault by coworker with facial lacerations.
Rash on penis-allergic reaction.

Surgical History

No Surgical History documented.

Family History

Father: deceased
Mother: alive, breast cancer

000217(A)(26)

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 10/26/2021

1 brother(s), 2 sister(s) - healthy.
father deceased from unknown.

Social HistoryTobacco Use:

Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

None recent 04/01/2021

none recent 04/20/2021

none recent 5/17/2021

None recent 06/22/2021

NONE RECENT 10/26/2021

Review of SystemsGeneral/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

ExaminationFocused Spine Exam:

Robust appearing African-American male in no acute distress. Nonpainful range of motion of cervical spine. Motor strength 5 out of 5 with 2+ reflexes are symmetric. Grip strength intact bilaterally. No Hoffman's and no clonus. No dermatomal paresthesias. Gait normal.

Assessments

1. Cervical disc disease - M50.90 (Primary)

Treatment**1. Cervical disc disease**

Clinical Notes: Reassurance again given that there is no evidence of any severe compressive pathology requiring surgical intervention at this time. He may obtain some benefit of his mechanical symptoms with cervical physical therapy which we have referred him for today. We would also like to see the results of his EMG nerve conduction study and he will follow up in the beginning of December after therapy and with his results.

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

000217(A)(27)

INMAN, QUSHON M DOB: - (31 yo M) Acc No. e686818 DOS: 10/26/2021

2. Others

Referral To:

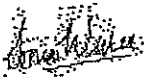
Reason: P.T. OF THE CS 2X6 |EVALE AND TREAT

Visit Codes

99213 Officeoutpatient visit est Office.

Follow Up

beginning of december



Electronically signed by SONIA WICKER, PA-C on 10/28/2021 at 10:15 AM EDT
Sign off status: Completed

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

Progress Note: Sonia T Wicker, PA-C 10/26/2021

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

000217(A)(28)

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 12/21/2021

follow up progress note**Patient:** INMAN, QUSHON M**Account Number:** e686818**DOB:** Age: 32 Y Sex: Male**Phone:** 843-731-1**Address:** SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376**PCP:** Carol A Berry, FNP**Provider:** Ashley C. Anderson, PA-C**Date:** 12/21/2021**Subjective:****Chief Complaints:**

1. LUMBAR F/U.

HPI:Constitutional:

Patient returns the office today for follow-up regarding neck and low back discomfort. He has been followed by Dr. Edwards in regards to a work-related injury on 3/19/2021. He was last seen 10/26/2021 and referred to physical therapy regarding his neck. Patient informs me he is scheduled to begin physical therapy on 1/18/2021. He still complains of radicular symptoms down the bilateral arms to the second and third digits. He has recently had a nerve conduction study on 11/22/2021 with findings consisting of mild bilateral ulnar neuropathy. He also complains of some bilateral shoulder discomfort that has been present since the fall as well. He is accompanied by his wife at today's visit who is worried about the way the patient is ambulating. She believes he is starting to develop scoliosis. Patient was reassured as well as his wife multiple times it was not a development of true scoliosis and only appeared this way secondary to the way he ambulates. Scoliosis films were requested by the wife at today's visit.

ROS:General/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Assault by coworker with facial lacerations, Rash on penis-allergic reaction.**Surgical History:** None.**Hospitalization/Major Diagnostic Procedure:** None recent 04/01/2021, none recent 04/20/2021, none recent 5/17/2021, None recent 06/22/2021, NONE RECENT 10/26/2021.

000217(4)(29)

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 12/21/2021

Family History: Father: deceased. Mother: alive, breast cancer. 1 brother(s), 2 sister(s) - healthy.
father deceased from unknown.

Social History:

Tobacco Use: Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Medications: Taking tylenol 1 tab Oral, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2/-1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 mg tablet, Not-Taking/PRN Medrol (methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain, Not-Taking/PRN Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily, Not-Taking/PRN Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day, Not-Taking/PRN Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily, Not-Taking/PRN traMADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 300, Wt-kg 136.08, Ht 72, Ht-cm 182.88, BMI 40.68, Pain scale 10, BSA 2.63 M
Patient denies any covid symptoms.

Examination:

General Examination:

Motor strength of the upper extremities 5/5. Negative Hoffmann's. Negative clonus. Slight discomfort with bilateral shoulder internal rotation. Patient is noted to ambulate with a cane with nonantalgic gait noted.

Assessment:

Assessment:

1. Cervical disc disease - M50.90 (Primary)
2. HNP (herniated nucleus pulposus), lumbar - M51.26
3. Right shoulder pain - M25.511
4. Left shoulder pain - M25.512

Plan:

1. Cervical disc disease

Notes: Patient was encouraged to remain with current treatment of physical therapy for the cervical spine as well as we will send in a referral to add lumbar physical therapy to his sessions. We will have him evaluated by Dean Hewitt regarding bilateral shoulder pain. She will return in 3 months after the completion physical therapy to have a symptoms reevaluated. I have reviewed the review of systems, past medical, family and social history as well as vital signs. Appropriate changes made as needed.

2. HNP (herniated nucleus pulposus), lumbar

Imaging: SCOLIOSIS 1 VIEW (72081)

ANDERSON,ASHLEY C 12/23/2021 08:06:42 AM EST > AP view of scoliosis films show significant curvature of the spine.

000217(A)(30)

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 12/21/2021

3. Others

Referral To: Christopher Dean Huie Physician Assistant
Reason: Eval and Treat

Referral To:
Reason: Lumbar PT - eval and treat [2 x 6 weeks - stretch strength modalities]

Procedure Codes: 72081 X-RAY EXAM ENTIRE SPI 1 VW Office

Follow Up: 3 Months (Reason: edwards schedule)

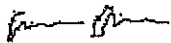
Billing Information:

Visit Code:

99214 Office/outpatient visit est Office.

Procedure Codes:

72081 X-RAY EXAM ENTIRE SPI 1 VW Office.



Electronically signed by ASHLEY ANDERSON, PA-C on 12/23/2021 at 08:07 AM EST
Sign off status: Completed

Provider: Ashley C. Anderson, PA-C

Date: 12/21/2021

000217(A)(31)

McLeod Spine Center 800 East Cheves St STE 480-B FLORENCE, SC 29506-2777 Tel: 843-432-1880 Fax: 843-432-1022		Ashley C. Anderson, PA-C Orthopaedic Surgery
Patient:	INMAN, QUSHON M	03/23/2022
DOB:	, Sex: Male	
Address:	SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-6376	
Phone:	843-731-	
Ordered Date:	12/21/2021	
Assessments:	HNP (herniated nucleus pulposus), lumbar - M51.26	
DI:	SCOLIOSIS 1 VIEW (72081)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:	12/23/2021	
Notes:	ANDERSON,ASHLEY C 12/23/2021 08:06:42 AM EST > AP view of scoliosis films shows no significant curvature of the spine.	

Patient Name: INMAN, QUSHON M , DOB:

000217(A)(32)

McLeod
Physician Associates

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

Release To School Work Form

NAME: QUSHON M INMAN DATE: 12/21/2021

ADDRESS: SAVANNAH GROVE RD EFFINGHAM SC 29541-6376

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

Diagnosis: Cervical disc disease M50.90

Release to: on _

Restrictions:

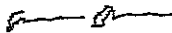
- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | ☐ Right ☐ Left | |
| ☐ No overhead work | ☐ Left-hand work only | |
| ☐ Right-hand work only | ☐ No repetitive stooping | |
| ☐ No repetitive bending | ☐ No continual walking | ☐ No continual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

Instructions:

Patient out of work until seen again in office.

Recheck Visit: 3 months w/ Dr Edwards

Electronically signed by: Ashley C.
Anderson, PA-C



Physician's Signature

PA's Signature

12/21/2021
Date

000217(A33)

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 02/17/2022

follow up progress note

Patient: INMAN, QUSHON M
Account Number: e686818
DOB: **Age:** 32 Y **Sex:** Male
Phone: 843-731-
Address: SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376
Pcp: Carol A Berry, FNP

Provider: Willie S. Edwards, MD
Date: 02/17/2022

Subjective:

Chief Complaints:

1. Lumbar follow up.

HPI:

Constitutional:

Patient presents low back pain and non-dermatomal symptoms in both legs. This began after a work related injury in March of 2021. He relates that he is currently in physical therapy that he believes is not helping. He also complains of having trouble holding his bladder beginning about a month ago. The patient underwent a nerve examination by Dr. Skinner that showed no evidence of nerve damage in left leg. He also complains of frequent headaches and swelling at the base of his neck. He presents with his girlfriend today.

ROS:

General/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Assault by coworker with facial lacerations, Rash on penis-allergic reaction.

Surgical History: None.

Hospitalization/Major Diagnostic Procedure: None recent 04/01/2021, none recent 04/20/2021, none recent 5/17/2021, None recent 06/22/2021, NONE RECENT 10/26/2021, 01/16-18/2022-Trouble with urination-MRMC 01/25/2022, none recent 02/17/2022.

Family History: Father: deceased. Mother: alive, breast cancer. 1 brother(s), 2 sister(s) - healthy.

father deceased from unknown.

000217(A)(34)

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 02/17/2022

Social History:

Tobacco Use: Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Medications: Taking Gabapentin 25 MG/ML Suspension as directed Orally, Taking tylenol 1 tab Oral, Taking Hydrocodone-Acetaminophen 5-325 mg tablet, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain, Not-Taking/PRN Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily, Not-Taking/PRN Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day, Not-Taking/PRN Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily, Not-Taking/PRN traMADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:**Examination:**General Examination:

Extremely overweight black female gets up and down slowly. Ambulates using cane in right hand. Reluctant to bend beyond 10 degrees in the forward plane. Motor strength 5/5. Reflexes 2+ and symmetric.

Assessment:**Assessment:**

1. Herniated nucleus pulposus, lumbar - M51.26 (Primary)
I, Kiri Anderson Spell, scribing for Dr. Edwards attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Plan:**1. Others**

Clinical Notes: Previous thoracic MRI scan done 4/16/21 was personally reviewed with the patient and demonstrates no evidence of compressive pathology.

Previous lumbar MRI scan done 4/16/21 was personally reviewed with the patient and demonstrates disc degeneration L4-5 and L5-S1 only.

Previous cervical MRI scan done 5/4/21 was personally reviewed with the patient and shows loss of cervical lordosis but no disc herniation or spinal stenosis

Lumbar MRI done 1/17/22 was personally reviewed with the patient and demonstrates worsening disc herniation at L5-S1 on the left side and degenerative changes at L4-5 with mild bulging on the left side as well. This represents significant worsening from previous MRI scans.

Patient desires to proceed with surgical intervention having failed all forms of conservative care. All risks and potential complications of the procedure were discussed in detail. Realistic expectations regarding relief of symptoms was carried out also and the patient voiced understanding and

000217(A)(35)

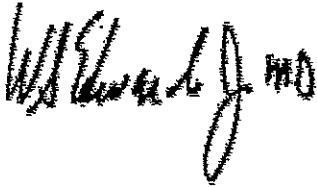
INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 02/17/2022

agreement. Definitive procedure involves lumbar discectomy at L5-S1 on the left and probably L4-5. I have reservations due to grossly deconditioned status and psychological component. I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

Follow Up: Surgery

Billing Information:

Visit Code:
99214 Officeoutpatient visit est Office.
Procedure Codes:



Electronically signed by WILLIE EDWARDS Jr, MD on 03/01/2022 at 03:16 PM EST
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 02/17/2022

000217(A)(36)

INMAN, QUSHON M DOB:

32 yo M) Acc No. e686818

McLeod
Physician Associates

McLeod Spine Center

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

Release To School Work Form

NAME: QUSHON M INMAN

DATE: 02/17/2022

ADDRESS: SAVANNAH GROVE RD EFFINGHAM SC 29541-6376

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

Diagnosis: _____

Release to: _____ on _____

Restrictions:

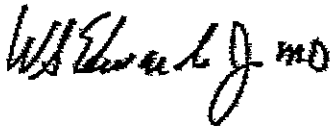
- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | | |
| ☐ No overhead work | ☐ Right ☐ Left | |
| ☐ Right-hand work only | ☐ Left-hand work only | |
| ☐ No repetitive bending | ☐ No repetitive stooping | |
| ☐ No continual standing |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

Instructions:

OUT OF WORK UNTIL NEXT APPT

Recheck Visit: _____

Electronically signed by: Willie S. Edwards, MD



Physician's Signature

PA's Signature

Date

000217(A)(37)

INMAN, QUSHON M DOB:) (32 yo M) Acc No. e686818 DOS: 03/10/2022

follow up progress note

Patient: INMAN, QUSHON M
Account Number: e686818
DOB: Age: 32 Y Sex: Male
Phone: 843-731-
Address: SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376
Pcp: Carol A Berry, FNP

Provider: Willie S. Edwards, MD
Date: 03/10/2022

Subjective:

Chief Complaints:

1. LUMBAR /SURGERY.

HPI:

Constitutional:

Patient presents with worsening low back and bilateral leg pain with left being greater than right. This began after a work related injury back in March of 2021. He has failed conservative efforts and discectomy from L5-S1 is already in progress. The patient also complains of neck and bilateral shoulder pain. Cervical MRI is scheduled by PCP this coming week and I have offered to review this with him. He presents with his girlfriend today.

ROS:

General/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Assault by coworker with facial lacerations, Rash on penis-allergic reaction.

Surgical History: None.

Hospitalization/Major Diagnostic Procedure: None recent 04/01/2021, none recent 04/20/2021, none recent 5/17/2021, None recent 06/22/2021, NONE RECENT 10/26/2021, 01/16-18/2022-Trouble with urination-MRMC 01/25/2022, none recent 02/17/2022, NONE RECENT 03/10/2022.

Family History: Father: deceased. Mother: alive, breast cancer. 1 brother(s), 2 sister(s) - healthy.

father deceased from unknown.

000217(A)(38)

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 03/10/2022

Social History:

Tobacco Use: Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Medications: Taking Gabapentin 25 MG/ML Suspension as directed Orally, Taking tylenol 1 tab Oral, Taking Hydrocodone-Acetaminophen 5-325 mg tablet, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, Not-Taking/PRN tramADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2/-1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid pm severe pain, Not-Taking/PRN Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily, Not-Taking/PRN Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day, Not-Taking/PRN Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily, Not-Taking/PRN tramADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid pm severe pain, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 301, Wt-kg 136.53, Ht 72, Ht-cm 182.88, BMI 40.82, Temp 98.6, BSA 2.63 M
Patient denies covid symptoms.

Examination:General Examination:

Extremely overweight black male goes from sitting to standing slowly. Dysesthesias in the left S1 distribution. Straight leg raising is positive bilaterally. Motor strength 5/5. Reflexes 2+ and symmetric. Ambulates using cane in right hand.

Assessment:**Assessment:**

1. Herniated nucleus pulposus, lumbar - M51.26 (Primary)
I, Kiri Anderson Spell, scribing for Dr. Edwards attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Plan:**1. Others**

Notes: Previous lumbar MRI done 1/17/22 was personally reviewed with the patient and demonstrates worsening disc herniation at L5-S1 on the left side.

The patient was reassured that he is not in any danger neurologically. Realistic expectations were discussed with the patient with voiced understanding. We will proceed with lumbar discectomy at L5-S1 on the left.

Clinical Notes:

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

Follow Up: SURGERY

000217(A)(39)

INMAN, QUSHON M DOB:

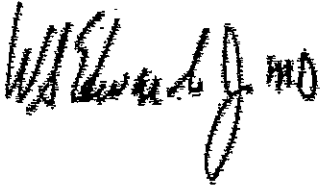
(32 yo M) Acc No. e686818 DOS: 03/10/2022

Billing Information:

Visit Code:

99214 Officeoutpatient visit est Office.

Procedure Codes:



Electronically signed by WILLIE EDWARDS Jr, MD on 03/22/2022 at 02:22 PM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 03/10/2022

000217(A)(40)

McLeod Regional Medical Center
535 E Cheyenne Street
Flint, MI 48906-2517

Patient: INMAN, QUSHON MONTREESE
MRN: 001073354
FIN: 1002199871
DOB/Age/Sex: 32 years Male
Location: MRMC_FAV_RADMRI
Acct#: 3/12/2022
Disch: 3/12/2022
Acquiring: Scott, MD Michele A.

Magnetic Resonance Imaging

Accession: 10-MR-22-085675
Exam Date/Time: 3/12/2022 13:04 EST
Exam: MRI Spine Cervical w/ + Spot MRI M'chelle A.
w/o Contrast
Ordering Physician: Scott, MD Michele A.
Patient Age at Exam: 32 years

Reason for Exam:
MRI Spine Cervical w/ + w/o Contrast Neck pain - M54.2; Neck pain - M54.2

Report
EXAM
MRI CERVICAL SPINE WITHOUT AND WITH CONTRAST

CLINICAL DATA
Neck pain - M54.2; Neck pain after work accident 8 year ago

COMPARISON:
MRI 05/04/2021, redographs 01/17/2022

TECHNIQUE
Multiplanar multi-sequence MRI imaging of the cervical spine was performed both before and after the administration of intravenous contrast.

Contrast: 10ml Gadovist

FINDINGS
Unchanged mild reversal of the normal cervical lordosis centered at C4-C5. Vertebral body heights are maintained. Mild-to-moderate disc height loss at C4-C5.

No abnormal cord signal or enhancement in the cervical spine.

Multi-level degenerative changes of the cervical spine are detailed below:

C2-C3: No significant canal or foraminal stenosis. Mild-to-moderate bilateral facet arthropathy.

C3-C4: No significant canal or foraminal stenosis.

C4-C5: No significant canal or foraminal stenosis.

C5-C6: No significant canal or foraminal stenosis.

McLeod Regional Medical Center

Patient Name: INMAN, QUSION MON IRELSL
MRN: 001073384
DOB: 1002198871
Age: 32 years
Sex: Male
Acmt: 3/12/2022
Disch: 3/12/2022
Acquiring: Scott, MD Michele A.

Magnetic Resonance Imaging

Report

C6-C7: No significant canal or foraminal stenosis.

C7-T1: No significant canal or foraminal stenosis.

IMPRESSION

Mild degenerative change in the cervical spine with no high-grade canal or foraminal stenosis.

SIGNATURE

Electronically Signed
By: Joshua Tavenier
On: 03/13/2022 08:09

----- Final -----

Dictated by: Tavenier, MD, Joshua D
Dictated DT/TTM: 03/13/2022 8:04 am

Signed by: Tavenier, MD, Joshua D
Signed (Electronic Signature): 03/13/2022 8:04 am

1013
8B

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

July 18, 2022

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.

William Edwards, MD
McLeod Spine Center
Attention: Medical Records
800 E. Cheves Street - Suite 480B
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman
DOB:

DATA RESOURCES UNLIMITED, INC
DATE 7-27-22 REP KX
DOS 3-11-22-TP
ON ✓ EKG _____
LAB _____ HP _____
RAD _____ DS _____
ECHO _____ CONSULT _____
OTHER procedure, bills

Dear Dr. Edwards:

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.

000217(A)(43)

McLeod Spine Center

Page 2

July 18, 2022

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

000217(A)(44)

DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY

TO PROVIDER: William Edwards, MD
McLeod Spine Center
800 E. Cheroke Street - Suite 400B
Florence, SC 29506

Date of Birth: _____

Patient Name: Qushon M. Inman
Savannah Grove Road
Effingham, SC 29541

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 evaluation and treatment notes, test results, admission records, operative notes, discharge summaries, and billing records for dates of treatment from March 11, 2022 to present date. ✓

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

July 18, 2022
Date

If Signed by Legal Representative, Relationship to Patient

Jamela Charles
Signature of Witness 000217(A)(45)

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 03/22/2022

follow up progress note

Patient: INMAN, QUSHON M
Account Number: e686818
DOB: Age: 32 Y Sex: Male
Phone: 843-731-
Address: SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376
Pcp: Carol A Berry, FNP

Provider: Willie S. Edwards, MD
Date: 03/22/2022

Subjective:**Chief Complaints:**

1. LUMBAR F/U.

HPI:Constitutional:

Patient presents with neck and bilateral shoulder pain along with frequent headaches. The patient also relates having numbness and tingling in both hands that is non-dermatomal. He is here for review of cervical MRI scan that was ordered by his PCP. He is currently pending lumbar surgery for large disc herniation at L5-S1 after failing conservative treatments. He presents with his girlfriend today.

ROS:General/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Assault by coworker with facial lacerations, Rash on penis-allergic reaction.

Surgical History: None.

Hospitalization/Major Diagnostic Procedure: None recent 04/01/2021, none recent 04/20/2021, none recent 5/17/2021, None recent 05/22/2021, NONE RECENT 10/26/2021, 01/16-18/2022-Trouble with urination-MRMC 01/25/2022, none recent 02/17/2022, NONE RECENT 03/10/2022, see surgery hx 03/22/2022.

Family History: Father: deceased. Mother: alive, breast cancer. 1 brother(s), 2 sister(s) - healthy.

father deceased from unknown.

Social History:

Tobacco Use: Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6

000217(A)(46)

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 03/22/2022

months.

Drug/Alcohol: Drugs: Denies.

Medications: Taking tylenol 1 tab Oral, Taking Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily, Not-Taking/PRN Hydrocodone-Acetaminophen 5-325 mg tablet, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, Not-Taking/PRN tramADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Medrol (methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2/-1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day, Not-Taking/PRN Medrol (methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain, Not-Taking/PRN Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily, Not-Taking/PRN Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day, Not-Taking/PRN tramADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.**Objective:**

Vitals: Wt 300, Wt-kg 136.08, Ht 72, Ht-cm 182.88, BMI 40.68, Temp 98.4, BSA 2.63 M
Patient denies covid symptoms.

Examination:General Examination:

Extremely overweight black male goes from sitting to standing slowly. Dysesthesias in the left S1 distribution. Straight leg raising is positive bilaterally. Motor strength 5/5. Reflexes 2+ and symmetric. Ambulates using cane in right hand.

Assessment:**Assessment:**

1. Cervical Radiculopathy - M54.12 (Primary)
I, Kiri Anderson Spell, scribing for Dr. Edwards attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Plan:**1. Others**

Notes: Cervical MRI done 3/12/22 was personally reviewed with the patient and demonstrates loss of cervical lordosis. Mild disc degeneration at C4-5 and C5-6. No disc herniation or stenosis.

The patient was reassured that his MRI shows no evidence of instability, disc herniation, or compressive pathology. He was also reassured that he is not in any danger neurologically. We will proceed with getting an epidural steroid injection at C5-6. He was encouraged to continue with lumbar surgery. All questions and concerns were discussed with the patient and his girlfriend with voiced understanding.

Clinical Notes:

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

Follow Up: Continue with surgery

000217(A)(47)

INMAN, QUSHON M DOB:

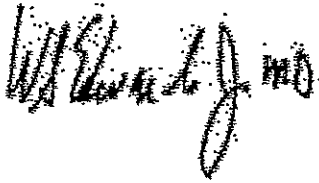
(32 yo M) Acc No. e686818 DOS: 03/22/2022

Billing Information:

Visit Code:

99213 Officeoutpatient visit est Office.

Procedure Codes:



Electronically signed by WILLIE EDWARDS Jr, MD on 03/29/2022 at 03:58 PM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 03/22/2022

000217(A)(48)

McLeod
Physician Associates**McLeod Spine Center**800 East Cheves St STE 480-B
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

INMAN, QUSHON M DOB:

yo M) Acc No. e686818

Release To School Work FormNAME: QUSHON M INMAN DATE: 03/24/2022ADDRESS: SAVANNAH GROVE RD EFFINGHAM SC 29541-6376☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: _

Release to: on _

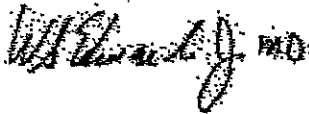
Restrictions:

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

Instructions:

PT IS OUT OF WORK UNTIL FURTHER NOTICE.

Recheck Visit:

Electronically signed by: Willie S.
Edwards, MD

Physician's Signature

PA's Signature

Date

000217(A)(49)

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 07/14/2022

follow up progress note

Patient: INMAN, QUSHON M
Account Number: e686818
DOB: Age: 32 Y Sex: Male
Phone: 843-731-
Address: SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376
Pcp: Brandi Potter-Hare

Provider: Willie S. Edwards, MD

Date: 07/14/2022

Subjective:**Chief Complaints:**

1. Lumbar f/u.

HPI:Constitutional:

Patient presents for discussion of surgical treatment. He is known to have a large herniation at L5-S1. He continues to complain of lower back and bilateral leg pain with right being greater than left side. Patient also complains of having issues with his bowel that is being followed by Dr. Wolford. Surgery was previously offered to the patient, but he is pending approval through worker's compensation. He presents with his wife today.

ROS:General/Constitutional:

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

HEENT/Neck:

Swollen lymph nodes none.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

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

Gastrointestinal:

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

Genitourinary:

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

Musculoskeletal:

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

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no. Seizures no.

Psychiatric:

Anxiety denies. Depression denies.

Medical History: Assault by coworker with facial lacerations, Rash on penis-allergic reaction.

Surgical History: None.

Hospitalization/Major Diagnostic Procedure: None recent 04/01/2021, none recent 04/20/2021, none recent 5/17/2021, None recent 06/22/2021, NONE RECENT 10/26/2021, 01/16-18/2022-Trouble with urination-MRMC 01/25/2022, none recent 02/17/2022, NONE RECENT 03/10/2022, see surgery hx 03/22/2022, none recent 07/14/2022.

Family History: Father: deceased. Mother: alive, breast cancer. 1 brother(s), 2 sister(s) - healthy.

father deceased from unknown.

000217(A150)

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 07/14/2022

Social History:

Tobacco Use: Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Miscellaneous: Marital status: Single. Occupation: not employed.

Drug/Alcohol: Drugs: Denies.

Medications: Taking Pt did not bring meds today. , Notes: 07/14/2022, Taking SEROquel(QUetiapine Fumarate) 100 MG Tablet 1 tablet at bedtime Orally Once a day, Taking tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, Taking tylenol 1 tab Oral , Taking Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily, Taking Hydrocodone-Acetaminophen 5-325 mg tablet , Taking tramADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Taking Zanaflex (tizANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms, Taking tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day, Taking HYDRcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain, Taking Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily, Taking Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day, Not-Taking/PRN tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally tid prn severe pain, Not-Taking/PRN tramADol HCl 50 MG Tablet 1-2 tablet as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 307.0, Wt-kg 139.25, Ht 72.0, Ht-cm 182.88, BMI 41.63, Pain scale 10, BSA 2.66 M
pt denies covid symptoms.

Examination:**General Examination:**

Extremely overweight black male goes from sitting to standing slowly. Dysesthesias in the left S1 distribution. Straight leg raising is positive bilaterally. Motor strength 5/5. Reflexes 2+ and symmetric. Ambulates using cane in right hand. Rectal exam was performed at the time of examination with chaperone and demonstrated reasonably good spincter tone and no description of numbness.

Assessment:**Assessment:**

1. HNP (herniated nucleus pulposus), lumbar - M51.26 (Primary)
 2. Lumbar disc herniation with radiculopathy - M51.16
- I, Kiri Spell, scribing for Dr. Edwards attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Plan:**1. Others**

Notes: Previous lumbar MRI done in January was personally reviewed with the patient and demonstrates a large disc herniation centrally and to the left side at L5-S1.

Patient does complain of some chronic urinary and now bowel dysfunction that conceivably may have a neurologic basis, but some symptoms were present even before his herniation and his lower extremity motor strength remains normal. He is advised to speak to his attorney regarding worker's compensation issues in order to proceed with this needed surgery. Long discussion was held with the patient and his wife and they understand that the longer the compressive pathology is present, the more likely the surgery will not help. Definitive procedure involves lumbar discectomy at L5-S1 on the left side.

Clinical Notes:

000217(A)(5)

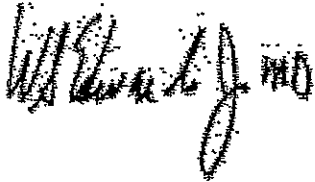
INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818 DOS: 07/14/2022

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

Follow Up: SURGERY

Billing Information:

Visit Code:
99215 Officeoutpatient visit est Office.
Procedure Codes:



Electronically signed by WILLIE EDWARDS Jr, MD on 07/25/2022 at 07:25 AM EDT
Sign off status: Completed

Provider: Willie S. Edwards, MD

Date: 07/14/2022

000217(4)(52)

INMAN, QUSHON M DOB: _____ (32 yo M) Acc No. e686818

McLeod
Physician Associates**McLeod Spine Center**800 East Cheves St STE 480-B
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022**Release To School Work Form**NAME: QUSHON M INMAN DATE: 07/14/2022ADDRESS: 1 SAVANNAH GROVE RD EFFINGHAM SC 29541-6376☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: _____

Release to: on _____

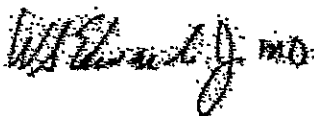
Restrictions:

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

Instructions:

patient out of work until further notice.

Recheck Visit:

Electronically signed by: Willie S.
Edwards, MD

Physician's Signature

PA's Signature

07/14/2022

Date

000217(A)(53)

McLeod

Physician Associates

McLeod Spine Center

W.S. (Bill) Edwards, Jr., MD
Rakesh P. Chokshi, MD
Bruce Johnson, MD

Sonia Wicker, PA-C
Laura Strickland, PA-C

November 3, 2022

Steve Wukela, Jr. Attorney at Law
P.O. Box 13057
Florence, SC 29504

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.

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 over a horizontal line.

W. S. (Bill) Edwards, Jr., M.D.

/pln

000217(A)(55)

5	Roland Skinner, MD	McLeod Neurological Associates	10/21/21-11/22/21	218-243
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WUKELA LAW FIRM

ALL DOS
NOTES, EMG, DO, REF,
SCREEN, ROS, IBILL

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

December 13, 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.

Roland Skinner, MD.
McLeod Neurological Associates
Attention: Medical Records
800 E. Cheves Street - Suite 380
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman

DOB: [REDACTED]

Dear Dr. Skinner:

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.

000218

McLeod Neurological Associates

Page 2

December 13, 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

000219

-601-

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER: Roland Skinner, MD
Medford Neurological Associates
800 E. Cheroke Street - Suite 380
Florence SC 29506

Patient Name: Oushon M. Inman

Date of Birth: _____

Savannah Grove Road
Effingham, SC 29541

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 first date of treatment to present date.

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

If Signed by Legal Representative, Relationship to Patient

December 13, 2021
Date

Jamela Chi
Signature of Witness

000220

MCLEOD NEUROLOGICAL ASSOCIATES PATIENT HISTORY FORM

PATIENT NAME Qushan M. Turman

DATE OF BIRTH _____

CURRENT MEDICATIONS:

NAME OF MEDICATION	STRENGTH	HOW TAKEN
Ti Zaiding		Oral
Tremadol		Oral

MEDICATION ALLERGIES:

NAME OF MEDICATION	REACTION	NAME OF MEDICATION	REACTION

No Known Allergies

MEDICAL HISTORY (Please check all that apply):

ILLNESS	YES	NO	ILLNESS	YES	NO
Measles			Pneumonia		
Mumps			Meningitis		
Chicken Pox			Encephalitis		
Malaria Fever			Hepatitis		
Rheumatic Fever			Other Liver Disease		
Scarlet Fever			Jaundice		
Fever of Unknown Origin			Cancer		
Diabetes			Neurological or Mental		
Hypertension			Paralysis		
Heart Attack			Blindness		
Thyroid Disease					

SURGICAL AND HOSPITALIZATION HISTORY:

YEAR	SURGERY/HOSPITALIZATION	YEAR	SURGERY/HOSPITALIZATION

000221

Name Qushon Tnman

DOB _____

FAMILY HISTORY:

RELATION	AGE	ALIVE	DECEASED	CAUSE OF DEATH OF KNOWN ILLNESSES
MOTHER				
FATHER				
SISER				
SISTER				
BROTHER				
BROTHER				

KNOWN ILLNESSES OR DISEASES IN FAMILY:

(Blood Relatives – Mother, Father, Grandparents, Aunts, Uncles, Brothers or Sisters)

ILLNESS/DISEASE	YES	NO	RELATIVE(S)	TYPE (If Applicable)
Diabetes				
Hypertension				
Thyroid				
Cancer				
Headaches				
Febrile Seizures				
Seizures or Convulsions				
Nervous/Mental Disorder				
Institutionalized				
Lived in Wheelchair				

Other illness/disease not listed above _____

SOCIAL HISTORY:

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☒ Other girl friend
Do you have children? ☐ Yes ☒ No, If yes, how many children? _____Did you drink alcohol in the last year? ☐ Yes ☒ No

If yes, how often? _____ If yes, how many glasses? _____

Do you smoke? ☐ Yes ☒ No, If yes, how many cigarettes per day? _____If yes, are you interested in quitting? ☐ Yes ☐ NoAre you a former smoker? ☒ Yes ☐ No What year did you quit? 2021Do you use recreational drugs? ☐ Yes ☒ No

If yes, how often? _____ What type? _____

000222

Name Quinton Inman DOB 9

EDUCATION:

INSTITUTION	GRADUATE YES	GRADUATE NO	GRADUATION YEAR	DEGREE/DIPLOMA
High School	☒	☐	2009	☒
College	☐	☒		
Technical School	☐	☒		
Other	☐	☐		

WORK HISTORY:

Do you work? Yes ☒ No ☐ Part Time ☐ Full Time ☐ Occupation: _____
 Year Retired _____ Year Disabled _____ Military Service Yes ☐ No ☐

REVIEW OF SYSTEMS:

GENERAL/CONSTITUTIONAL	YES	NO	CARDIAC	YES	NO
Fever			Chest Pain	☒	
Sweats			Palpitations		
Shaking Chills			Fluttering in the Chest		
ALLERGIES			Wake up Short of Breath	☒	
Hay Fever			Short of Breath with Activity	☒	
Runny Nose			Sleep with More Than One (1) Pillow	☒	
Seasonal Allergies			If yes, How Many Pillows <u>5</u>		
Rash			GI		
Allergy to Latex			Nausea		
Allergy to Tape			Vomiting		
OPHTHALMIC			Diarrhea		
Eye Pain			Constipation		
Wears Glasses			Throwing Up Blood		
ENT			Blood in Bowel Movement		
Nosebleed			HEMATOLOGIC		
Sore Throat			Bleeding		
Earache			Bruising		
Loss of Hearing			Anemia		
Ringing in Ears			GU		
Dental Difficulties			Blood in Urine		
ENDOCRINE			Urine Incontinence (Leakage)		
Sensitivity to Heat			Burning or Pain with Urination		
Sensitivity to Cold			Menstrual Irregularity		
Excessive Hunger			Trouble Urinating	☒	
Excessive Thirst			MUSCULOSKELETAL		
Recent Weight Gain	☒		Joint Pain	☒	
Recent Weight Loss			Muscle Pain	☒	
Change in Hair Pattern			Swelling of Joints	☒	
RESPIRATORY			Neck Pain	☒	
Shortness of Breath	☒		Back Pain	☒	
Cough			DERMATOLOGY		
Phlegm Production with Cough			Rash - Location		
Coughing up Blood			PSYCHIATRIC		
			Depression	☒	
			Hallucinations	☒	
			Anxiety	☒	

000223

-605-

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 10/21/2021

McLeod

Physician Associates

INMAN, QUSHON M

31 Y old Male, DOB:

Account Number: e686818

SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Home: 843-731-

Guarantor: INMAN, QUSHON M Insurance: SELF PAY
DUMMY INSURANCE
Appointment Facility: McLeod Neurological Associates

10/21/2021

Progress Notes: Roland L Skinner, MD

Current Medications

Taking

- tylenol 1 tab Oral
- tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN
- Zanaflex (tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms Discontinued
- tiZANidine HCl 4 mg tablet 1 tablet as needed Orally Three times a day
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 4 hrs PRN Unknown
- tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
- tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day
- tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
- Hydrocodone-Acetaminophen 5-325 mg tablet
- Medrol (methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain
- Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily
- Naprosyn (Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Neurontin (Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day
- Neurontin (Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily

Reason for Appointment

1. 31 year old male seen in consult for leg weakness referred by Dr. W. Edwards.

History of Present IllnessBack Pain:

He was involved in an incident at work on March 9 during which he apparently jumped from a truck bed onto a loading dock. He landed on his feet and on landing felt shocklike sensation from the lower part of his back all the way up his back and into his neck. The next day he noted that he was very stiff in his back. He had trouble getting up on his feet. He felt numb in his legs when he stood. He apparently was seen in the emergency room and subsequently was referred to the orthopedic group where he has undergone an extensive amount of testing that has included an MRI of the lumbar spine showing degenerative disc changes without spinal canal stenosis. The disc changes are at the worst in the lower part of the lumbar spine. He has also had pain in his neck radiating into his arms. Initially the pain was primarily in his shoulder areas but has developed as pain radiating from the neck into the shoulders. He states that his legs feel numb. He feels tingling in his legs. He has pain in his back with weightbearing on his legs. He has not had bowel or bladder dysfunction associated with this. Subsequent MRI of the cervical spine showed a disc protrusion at C5-6 with loss of normal posture. In the lumbar spine changes are most marked at L4-5 and L5-S1 with some mass-effect from disc protrusion involving the left S1 nerve root. There is narrowing of the spinal canal at L5-S1 particularly on the left. He apparently has failed treatment with epidural steroid injections. He has been treated with muscle relaxers and pain medications with continued pain. He has not had physical therapy in a formal way.

Vital Signs

Wt 298, Ht 72, BMI 40.41, HR 78, BP 138/94 mm Hg.

ExaminationGeneral Examination:

GENERAL APPEARANCE: Well nourished, no acute distress.
EYES: Pupils, equal, round, reactive to light and accommodation

000224

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 10/21/2021

- tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain
 - tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Assault by coworker with facial lacerations.
Rash on penis-allergic reaction.

Surgical History

No Surgical History documented.

Family History

Father: deceased
Mother: alive, breast cancer
1 brother(s), 2 sister(s) - healthy.
father deceased from unknown.

Social History**Tobacco Use:**
Smoking

Are you a: *former smoker*
How long has it been since you last smoked? *3-6 months*

Miscellaneous:

Marital status: Single.
Occupation: not employed.
Are you still in school?: high school graduate.

Drug/Alcohol:

Alcohol
Did you have a drink containing alcohol in the past year? *No*
Points *0*
Interpretation *Negative*

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

None recent 04/01/2021
none recent 04/20/2021
none recent 5/17/2021
None recent 06/22/2021

Review of Systems**General/Constitutional:**

Fever NO. Chills NO.

Sweats NO.

Allergy/Immunology:

Allergic reactions NO. Seasonal allergies NO.

Ophthalmologic:

Eye pain none. Vision loss NO.
Wears glasses/contact lenses NO.

(PERRLA). Extraocular movements intact. Funduscopic, flat optic disk. Visual acuity functionally intact. Visual fields wide to confrontation.

NECK/THYROID: Supple, no bruits.

CARDIOVASCULAR: RRR.

EXTREMITIES: Full distal pulses, no edema.

Neurological:

CORTICAL FUNCTIONS: Alert and oriented X 3. Speech fluent. Normal memory recent and remote. Normal concentration and attention span. Normal/intact fund of knowledge.

CRANIAL NERVES: II, III, IV and VI: pupils equally reactive, normal extraocular movements and alignment to gaze, normal acuity. V: facial sensation, intact corneal reflex normal, VII: facies symmetric, facial muscles intact. VIII: hearing intact to voice. IX and X: palate midline, no dysarthria, dysphonia, or dysphagia. XI: Sternocleidomastoid and trapezius strength equal. XII: tongue midline, normal protrusion no fasciculations.

MOTOR STRENGTH: Normal strength in all extremities. Normal muscle bulk and tone. Antalgic stance and gait. Romberg normal coordination-no cerebellar signs on fingers-to-nose, heel-to-shin, rapid alternating and repetitive movements.

SENSORY: Intact to pin prick, vibration and position, gross touch graphesthesia normal both hands.

REFLEXES: Symmetrical, 2+ biceps, triceps, brachioradialis, knee and ankle jerks, plantar responses flexor.

Assessments

1. Neck sprain, sequela - S13.9XXS (Primary)
2. Lumbar sprain, sequela - S33.5XXS
3. Lumbar disc disease - M51.9
4. Cervical disc disease - M50.90
5. Paresthesias - R20.2

His neurological examination is really relatively unremarkable although he does have a very antalgic sort of gait with obvious discomfort when bearing weight. Some of the symptoms certainly may be related to his lower lumbar disc disease. Because of the concerns about radiculopathy, I would recommend that he have EMG and nerve conduction studies of his left leg and left arm. However I do not believe that there is any reason to think that there is any other neurological process going on here apart from the apparent lumbar, thoracic and cervical sprain and the disc problems in his back. I would recommend that he be involved in a physical therapy program to try to see if that can help in giving him some pain relief. He apparently is seeing a pain management person through Hope health. I will defer any other specific symptomatic treatment to them and to his orthopedists.

Treatment

1. Neck sprain, sequela

IMAGING: EMG/NCS Upper Left

IMAGING: EMG/NCS Lower Left

INMAN, QUSHON M DOB: :

(31 yo M) Acc No. e686818 DOS: 10/21/2021

HEENT/Neck:

Nose no. Ear pain none.
Hearing loss NO. Ringing in
ears NO. Sore throat NO. Teeth
pain none.

Endocrine:

Cold intolerance NO. Excessive
thirst NO. Hair changes NO. Heat
intolerance NO. Weight gain yes.
Weight loss NO.

Respiratory:

Cough NO. Phlegm no.
Shortness of breath yes and with
activity. Swelling of the legs NO.

Cardiovascular:

Chest pain NO. Palpitations NO.
Shortness of breath NO. Sleeps with
multiple pillows 5.

Gastrointestinal:

Blood in stool NO.
Constipation NO. Diarrhea NO.
Nausea NO. Vomiting NO.

Hematology:

Anemia NO. Easy Bleeding NO.
Easy Bruising NO.

Genitourinary:

Abnormal menstrual
bleeding NO. Blood in urine NO.
Burning on urination NO. Difficulty
urinating yes. Urinary
incontinence NO.

Musculoskeletal:

Back Pain yes. Joint pain yes.
Morning stiffness Yes. Muscle
aches yes. Neck pain yes.

Dermatologic:

no Rash.

Neurologic:

See HPI for details.

Psychiatric:

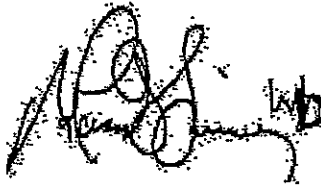
Anxiety yes. Depression yes.
Hallucinations NO.

Visit Codes

99204 Office/outpatient visit new Office.

Follow Up

For EMG



Electronically signed by ROLAND SKINNER, MD on
10/21/2021 at 03:47 PM EDT

Sign off status: Completed

McLeod Neurological Associates
800 E CHEVES ST STE 380
FLORENCE, SC 295062649
Tel: 843-663-4104
Fax: 843-661-0160

Progress Note: Roland L Skinner, MD 10/21/2021

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

000226

INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 11/22/2021

McLeod
Physician Associates**INMAN, QUSHON M**

31 Y old Male, DOB: 11/22/1989

Account Number: e686818

SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Home: 843-731-

Guarantor: INMAN, QUSHON M Insurance: Self Pay

PCP: Carol A Berry, FNP

Appointment Facility: McLeod Neurological Associates

Roland L Skinner, MD

11/22/2021

Reason for Appointment

1. NCS/EMG

Assessments

1. Lumbar disc disease - M51.9 (Primary)
2. Cervical disc disease - M50.90
3. Paresthesias - R20.2

Treatment

1. Paresthesias

IMAGING: EMG/NCS Upper right

Plummer, Stephanie 11/22/2021 02:05:06 PM EST > NCS
Ulnar motor/sensory EMG First Dorsal Interosseous, Flexor
Digitorum Profundus, and Abductor Digiti Minimi

IMAGING: EMG/NCS Upper Left

Plummer, Stephanie 11/22/2021 02:04:23 PM EST > NCS
Median motor/sensory and Ulnar motor/sensory EMG
Deltoid, Biceps Brachii, Extensor Digitorum, Pronator Teres,
First Dorsal Interosseous, Flexor Digitorum Profundus,
Abductor Digiti Minimi, Flexor Carpi Ulnaris, and Cervical
Paraspinous

IMAGING: EMG/NCS Lower Left

Plummer, Stephanie 11/22/2021 02:05:39 PM EST > NCS
Peroneal Motor, Tibial motor, and Sural sensory EMG
Tibialis Anterior, Medial Gastrocnemius, Extensor Digitorum
Brevis, Vastus Lateralis, Biceps Femoris-short head, Gluteus
Medius, and Lumbar Paraspinous

2. Others**Referral To:**

Reason: Referral to Physical therapy-evaluate and treat back
and neck pain and gait disturbance

Procedures

EMG/NCS completed. There is bilateral ulnar nerve slowing across
the elbow with normal EMG in the arm. This may be consistent with
ulnar compression at the elbow. Otherwise the study is normal in the

000227

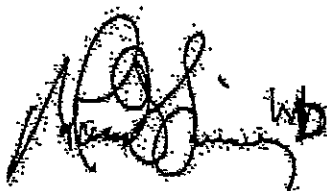
INMAN, QUSHON M DOB:

(31 yo M) Acc No. e686818 DOS: 11/22/2021

left arm and leg and in the right forearm. No evidence of radiculopathy is noted. The patient tells me that no one has sent him for physical therapy thus far. Therefore he will be referred for that. He should follow back up with Dr. Edwards. He does not have evidence clinically of ulnar nerve damage or injury, but this should be followed. If further symptoms of this develop such as numbness involving the intrinsic muscles of the hands he should be referred to the appropriate orthopedic specialist for possible ulnar decompression at the elbow. He should continue and pain management. I do not have anything else to offer from a neurological standpoint at this time but would be happy to reevaluate him at the request of Dr. Edwards or his primary providers.

Procedure Codes

95911 Nrv cndj test 9-10 studies Office
95886 Musc tst done with nerve test complete Office left arm and leg, Units: 2.00
95885 Musc tst done w/nerve test limited Office right arm



Electronically signed by ROLAND SKINNER, MD on
11/30/2021 at 05:10 PM EST

Sign off status: Completed

McLeod Neurological Associates
800 E CHEVES ST STE 380
FLORENCE, SC 295062649
Tel: 843-665-4104
Fax: 843-661-0160

Progress Note: Roland L Skinner, MD 11/22/2021

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

000228

Order Form**McLeod Neurological Associates**800 E CHEVES ST STE 380,
FLORENCE, SC, 295062649

843-666-4104 843-661-0160

Req/Ctrl# (CD-): 23533055
Roland L Skinner, MD
NPI: 1104993807
Provider Code: 1104993807
Neurology**INMAN, QUSHON M, Male,**

ID: e686818

843-731-
6376

Visit Id: 0

SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-

Today: 12/28/2021 01:07 PM
Order Date: 11/22/2021 08:00
AM

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority

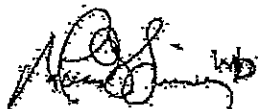
Diagnostic Name

Routine

EMG/NCS Upper right

Assessment(s)

-R20.2, Paresthesias

Notes: Plummer, Stephanie 11/22/2021 02:05:08 PM EST > NCS
Ulnar motor/sensory EMG First Dorsal Interosseous, Flexor Digitorum
Profundus, and Abductor Digiti MinimiElectronically Signed By:
Roland L Skinner, MDSignature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown, 12/16/1989

000229

Order Form**McLeod Neurological Associates**800 E CHEVES ST STE 380,
FLORENCE, SC, 295062849

843-665-4104 843-661-0160

Req/Cat# (CD-): 23533055

Roland L Skinner, MD

NPI: 1104993807

Provider Code: 1104993807

Neurology

INMAN, QUSHON M, Male,

9

ID: e686818

843-731-

VisitId: 0

SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-

Today: 12/28/2021 01:07 PM

Order Date: 11/22/2021 03:00

AM

6376

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority

Diagnostic Name

Assessment(s)

Routine

EMG/NCS Upper Left

-R20.2, Paresthesias

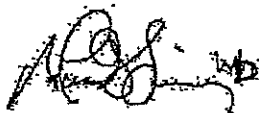
Notes: Plummer, Stephanie 11/22/2021 02:04:23 PM EST > NCS

Median motor/sensory and Ulnar motor/sensory EMG Deltoid, Biceps

Brachii, Extensor Digitorum, Pronator Teres, First Dorsal

Interosseous, Flexor Digitorum Profundus, Abductor Digiti Minimi,

Flexor Carpi Ulnaris, and Cervical Paraspinos

Electronically Signed By:
Roland L Skinner, MDSignature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown, 12/16/1989

000230

-612-

D666E73BE89741C9A173 INMAN, 14

Order Form

McLeod Neurological Associates

800 E CHEVES ST STE 380,
FLORENCE, SC, 295062849

843-665-4104 843-661-0160

Reg/Ctrl# (CD-): 23533055

Roland L Skinner, MD

NPI: 1104993807

Provider Code: 1104993807

Neurology

INMAN, QUSHON M, Male,

ID: e686818

843-7314

VisitId: 0

SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-

Today: 12/28/2021 01:07 PM

Order Date: 11/22/2021 08:00

AM

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority

Diagnostic Name

Assessment(s)

Routine

EMG/NCS Lower Left

-R20.2, Paresthesias

Notes: Plummer, Stephanie 11/22/2021 02:05:39 PM EST > NCS
Peroneal Motor, Tibial motor, and Sural sensory EMG Tibialis Anterior,
Medial Gastrocnemius, Extensor Digitorum Brevis, Vastus Lateralis,
Biceps Femoris-short head, Gluteus Medius, and Lumbar ParaspinausElectronically Signed By:
Roland L Skinner, MDSignature of
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

INMAN, QUSHON M, Unknown, 12/16/1989

000231

-613-

11/22/2021 08:00 AM INMAN, 15

McLeod Neurological Associates
Dr. Roland L. Skinner, III
 800 East Cheves Street, Florence, SC 29506
 PH: 843-665-4104 FAX: 843-661-0160

Generated: 11/22/2021

Patient Information

ID	H636818	Date of Birth	
Name	Inman, Qushon	In Out	Out
Sex	Male	Doctor	Roland L. Skinner III MD, FAAN
Age	31	Examiner	Stephanie Plummer R. EEG T.
Weight		Referring Department	Neurology
Height		Examination Date	11/22/2021
History			

Motor Nerve Conduction Study

Site	Lat	Med	Amplitude	NCV	Dist	Segment	Dist	Interval	NCV	NCV
Median Left										
Wrist	3.9ms	4.0	14.9mV	5.0	6.4ms	*Wrist	70mm	3.9ms		
Elbow	8.5ms		14.3mV		6.4ms	Wrist-Elbow	270mm	4.7ms	58.1m/s	48 -108
						Elbow-Axilla				42 -102
Ulnar Left										
Wrist	4.0ms	4.2	11.2mV	3.0	5.9ms	*Wrist	70mm	4.0ms		
Above Elbow	12.0ms		7.6mV		7.4ms	Wrist-Above Elbow	335mm	8.0ms	41.9m/s	49 -109
Below Elbow	9.5ms		7.4mV		7.6ms	Wrist-Below Elbow	270mm	5.5ms	49.5m/s	45 -105
Ulnar Right										
Wrist	3.5ms	4.2	11.8mV	3.0	7.1ms	*Wrist	70mm	3.5ms		
Above Elbow	11.8ms		11.1mV		7.9ms	Wrist-Above Elbow	350mm	8.4ms	41.9m/s	49 -109
Below Elbow	8.6ms		11.7mV		8.2ms	Wrist-Below Elbow	250mm	5.1ms	49.0m/s	45 -105
Peroneal Left										
Ankle-EDB	4.8ms	6.6	2.9mV	2.0	6.5ms	*Ankle-EDB	80mm	4.8ms		
Above Head	14.9ms		2.2mV		7.4ms	Ankle-EDB-Above Head of El	460mm	10.1ms	45.5m/s	43 -103
Below Head	13.0ms		2.3mV		7.4ms	Ankle-EDB-Below Head of El	365mm	8.3ms	44.2m/s	43 -103
						*TA-Below Head of Fib				
						TA-Below Head of Fib-TA-Ab				50 -110
Tibial Left										
Ankle-AH	4.9ms	7.8	3.8mV	2.0	7.7ms	*Ankle-AH	100mm	4.9ms		
Knee	15.4ms		3.4mV		8.0ms	Ankle-AH-Knee	450mm	10.5ms	43.1m/s	41 -101

11/22/2021 10:54:34 AM

Inman, Qushon

000232

Sensory Nerve Conduction Study

Site	Lat	N/D	Lat2	N/D	Amp	N/D	Segment	Dist	Interval	NCV	N/D
Median			Left								
2nd Digit	3.6ms	3.7	2.9ms		58.3uV	15.0	*2nd Digit	70mm	3.6ms		
Finger-Elbo	8.6ms		7.4ms		42.2uV	10.0	2nd Digit-Finger-Elbow	270mm	5.0ms	54.5m/s	48 -108
Ulnar			Left								
Wrist-5th Di	3.5ms	3.8	2.3ms		15.4uV	10	*Wrist-5th Dig	70mm	3.5ms		
Above Elbo	11.9ms		10.1ms		7.0uV		Wrist-5th Dig-Above Elbo	335mm	8.4ms	49.9m/s	48 -108
Below Elbo	19.0ms		6.5ms		10.0uV		Wrist-5th Dig-Below Elbo	270mm	5.5ms	48.9m/s	48 -108
							Below Elbow-Erb's				56 -116
Ulnar			Right								
Wrist-5th Di	3.7ms	3.8	1.5ms		13.7uV	10	*Wrist-5th Dig	70mm	3.7ms		
Above Elbo	12.0ms		8.2ms		10.4uV		Wrist-5th Dig-Above Elbo	350mm	8.3ms	42.1m/s	48 -108
Below Elbo	19.2ms		7.5ms		5.8uV		Wrist-5th Dig-Below Elbo	250mm	5.4ms	46.0m/s	48 -108
							Below Elbow-Erb's				56 -116
Sural			Left								
Ankle	3.5ms	4.6	2.7ms		34.7uV	15.0	*Ankle	140mm	3.6ms		
Ulnar Palmar			Left								
Palm-Wrist		2.1				10	*Palm-Wrist	80mm			
Median Palmar			Left								
Median Pal	2.1ms	2.2	1.4ms		35.7uV	25	*Median Palmar	80mm	2.1ms		
Ulnar Palmar			Right								
Palm-Wrist	2.0ms	2.1	1.3ms		19.9uV	10	*Palm-Wrist	80mm	2.0ms		

H-wave

Nerve	Side	Stim Site	F-Lat	F-Lat(NB)	M-Lat	M-Lat(NB)	R-Count	Distance	FWCV	N/D
Median	Left	Wrist	29.3ms	32			4 / 4	10		
Ulnar	Left	Wrist	29.8ms	32			7 / 8	88		
Ulnar	Right	Wrist	31.5ms	32			1 / 1	10		
Peroneal	Left	Ankle	53.4ms	57			1 / 1	93		
Tibial	Left	Ankle	55.7ms	57			1 / 1	10		

EMG Findings Summary

Muscle	Side	Ins Act	Elbow	Post Wave	Ins	MYO Elec	MUP	ECG	Elbow Amp	High Amp	Bar	Recur	Int Pat
Flex Carpi Ulnaris	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Abduc Digiti Minimi	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Abduc Digiti Minimi	Right	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Ext Digitorum Brv	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Deltoidei C5-6	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Biceps Brac C5-6	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Ext Dig Com C7-8	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Flex Dig Pro C8-T1	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
1st Dorsal Int C8-T1	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Pronator Teres C6-7	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full

Tibialis Ant L4-S	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Gastroc. Med H S1-2	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Vastus Lat L2-4	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Biceps Fem S1-5-S1	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Gluteus Med L4-S1	Left	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Lumbar Posa	Left	Normal	0	0	0	0	0						
Cervical Paraspinaus	Left	Normal	0	0	0	0	0						
Flex Dig Pro C8-T1	Right	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full
Ext Dorsal Int C8-T1	Right	Normal	0	0	0	0	0	N	0	0	Normal	Full	Full

Descriptions

- Motor Nerve Conduction -

The Left Median nerve: Normal.

The Left Ulnar nerve: [Wrist-Above Elbow] Decreased conduction velocity(41.9m/s).

The Right Ulnar nerve: [Wrist-Above Elbow] Decreased conduction velocity(41.9m/s).

The Left Peroneal nerve: Normal.

The Left Tibial nerve: Normal.

- Sensory Nerve Conduction -

The Left Median nerve: Normal.

The Left Ulnar nerve: [Wrist-5th Dig-Above Elbow] Decreased conduction velocity(40.0m/s).

The Right Ulnar nerve: [Wrist-5th Dig-Above Elbow] Decreased conduction velocity(42.1m/s). [Wrist-5th Dig-Below Elbow] Decreased conduction velocity(46.0m/s).

The Left Sural nerve: Normal.

The Left Ulnar Palmar nerve: Normal.

The Left Median Palmar nerve: Normal.

The Right Ulnar Palmar nerve: Normal.

- F-Wave -

The Left Median nerve: Normal.

The Left Ulnar nerve: Normal.

The Right Ulnar nerve: Normal.

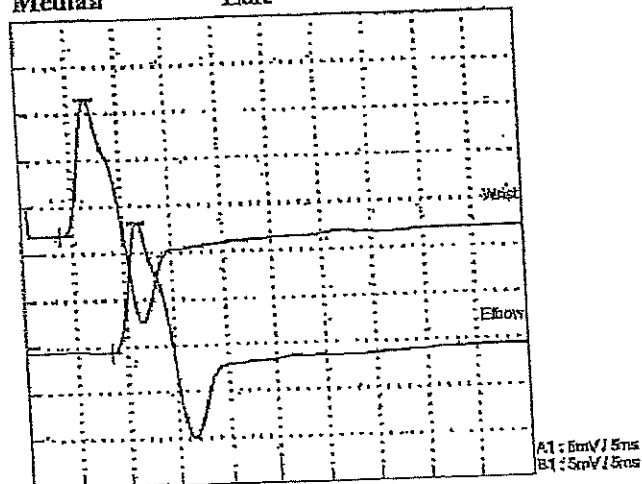
The Left Peroneal nerve: Normal.

The Left Tibial nerve: Normal.

Motor Nerve Conduction Study

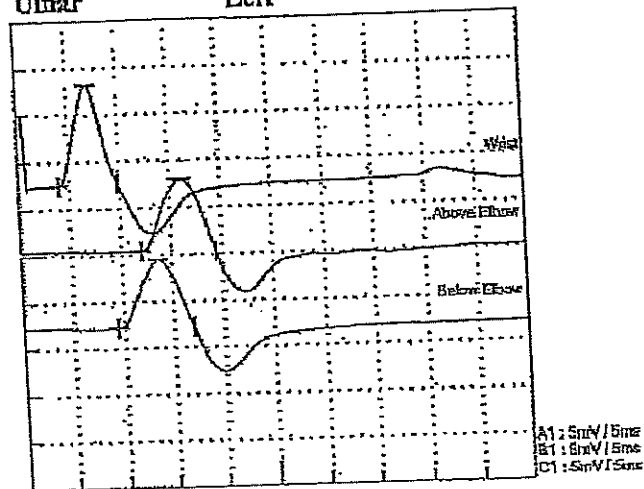
Median

Left



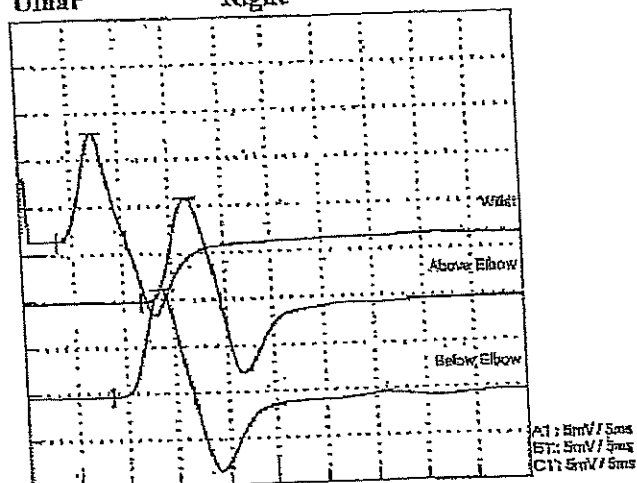
Ulnar

Left



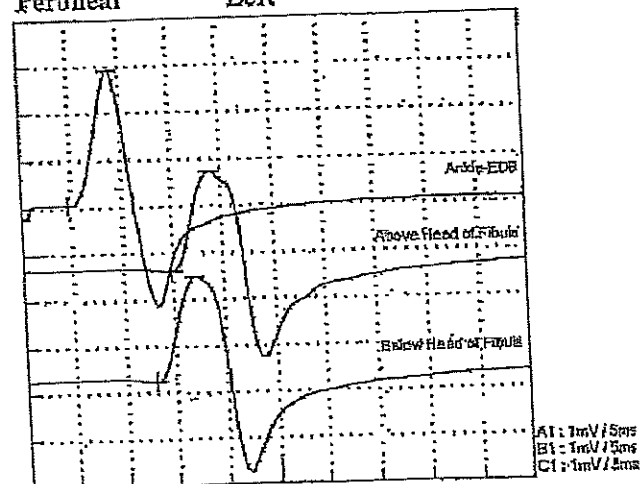
Ulnar

Right



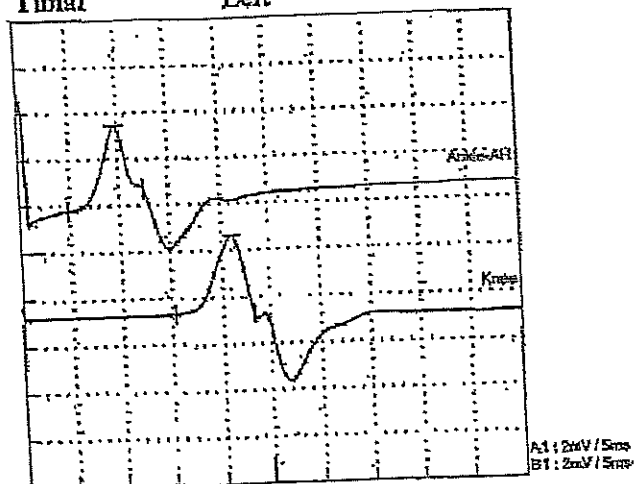
Peroneal

Left



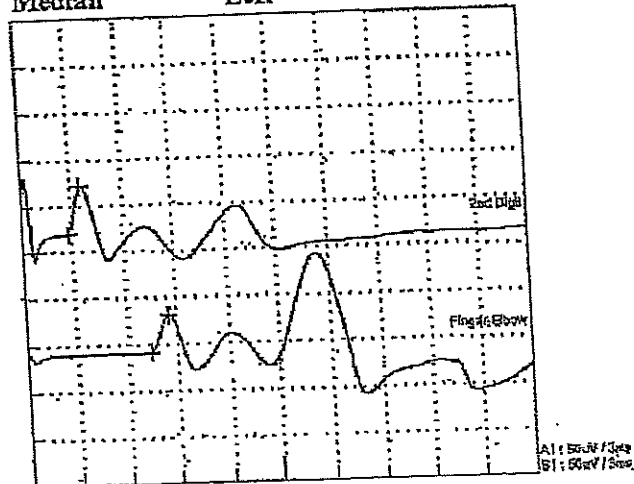
Tibial

Left

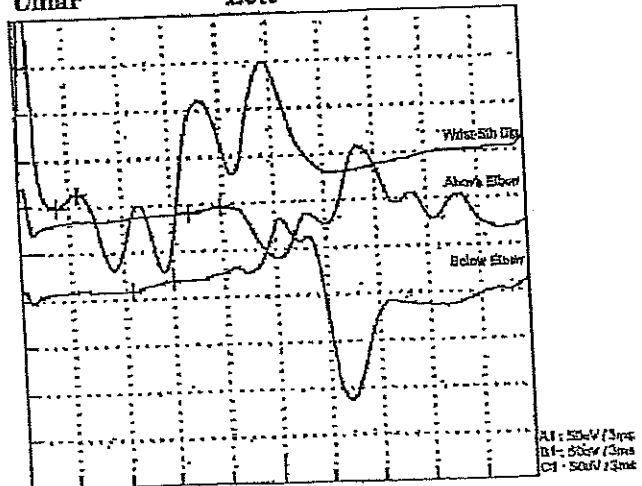


Sensory Nerve Conduction Study

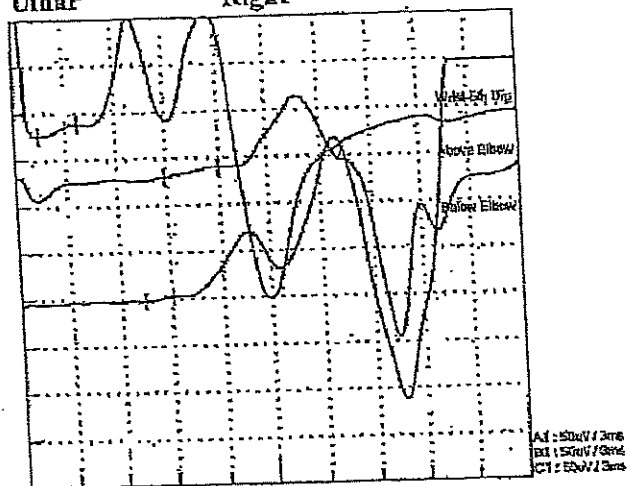
Median Left



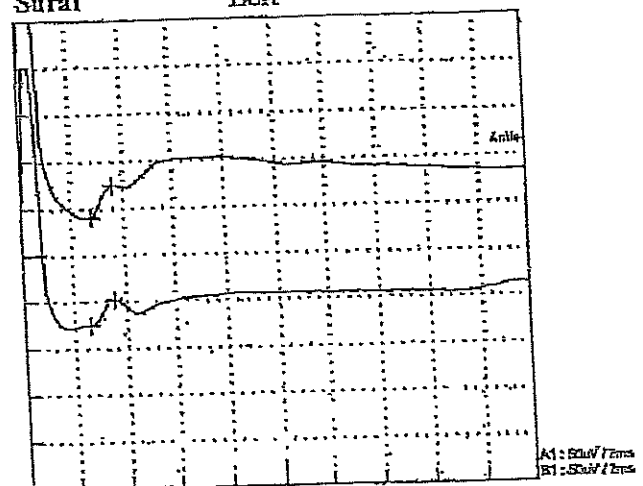
Ulnar Left



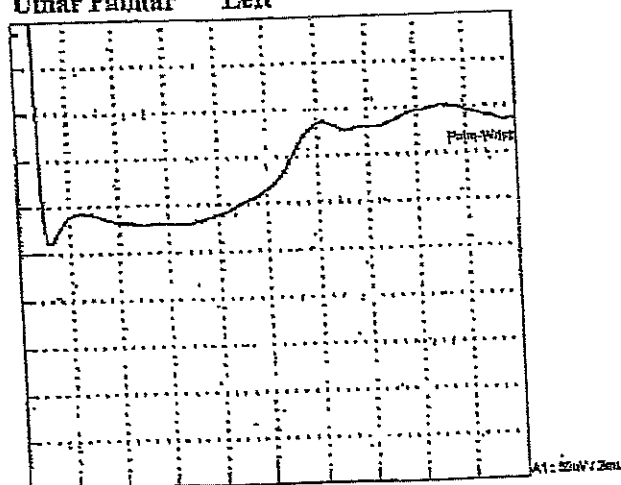
Ulnar Right



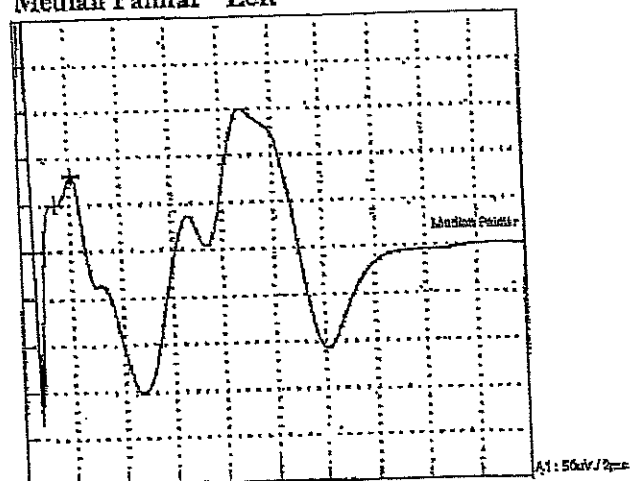
Sural Left



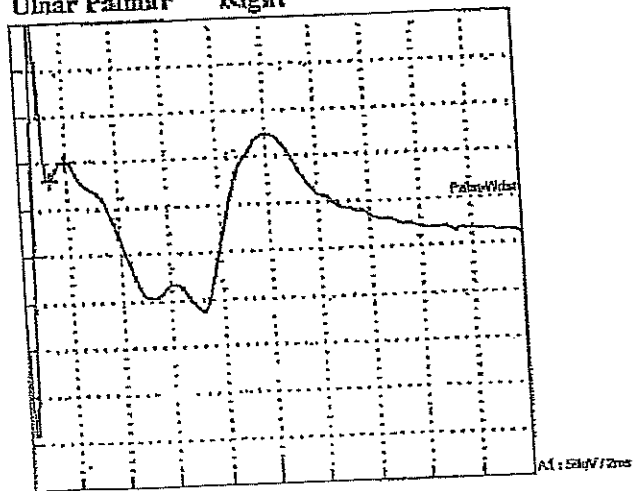
Ulnar Palmar Left



Median Palmar Left

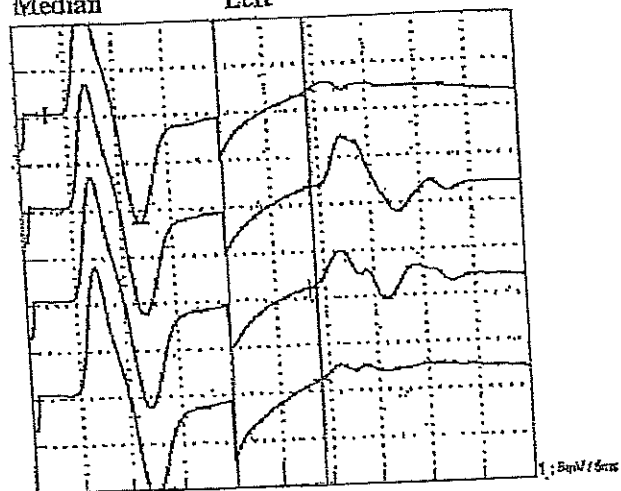


Ulnar Palmar Right

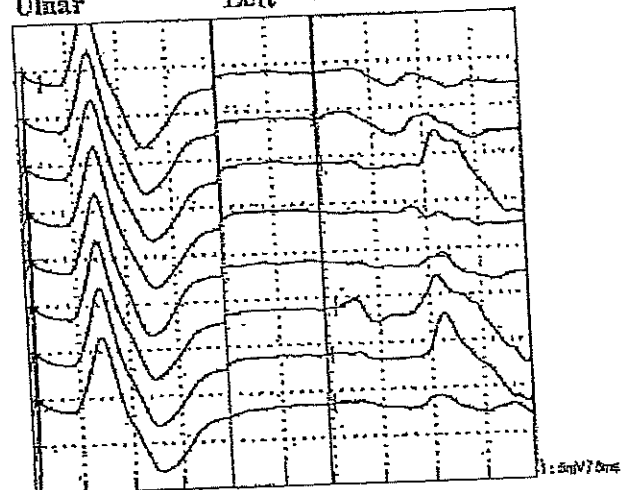


R-wave

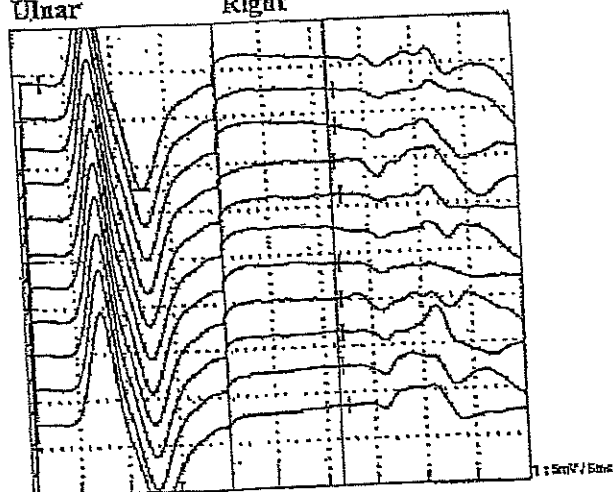
Median Left



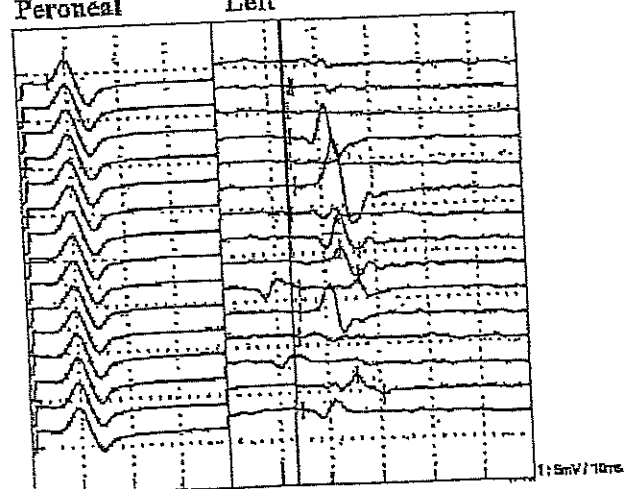
Ulnar Left

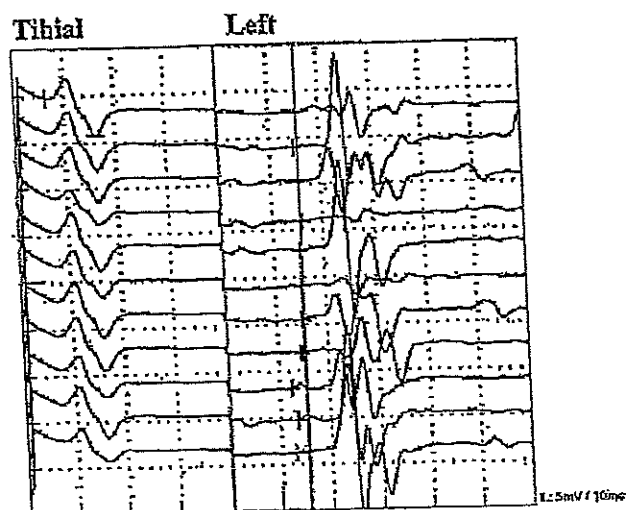


Ulnar Right



Peroneal Left



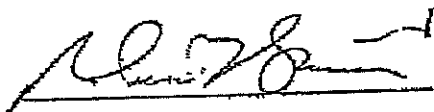


- EMG Findings -

The Left Flex. Carpi Ulnaris: All findings are normal
The Left Abduc. Digiti Minimi: All findings are normal
The Right Abduc. Digiti Minimi: All findings are normal
The Left Extn. Digitorum Bre: All findings are normal
The Left Deltoid C5-6: All findings are normal
The Left Biceps Brac C5-6: All findings are normal
The Left Extn. Digi Com C7-8: All findings are normal
The Left Flex. Dig Pro C8-T1: All findings are normal
The Left 1st Dorsal Int C8-T1: All findings are normal
The Left Pronator Teres. C6-7: All findings are normal
The Left Tibialis Ant L4-5: All findings are normal
The Left Gastrocn. Med L5-S1: All findings are normal
The Left Vastus Lat L2-4: All findings are normal
The Left Biceps FemS L5-S1: All findings are normal
The Left Gluteus Med L4-S1: All findings are normal
The Left Lumbar Para: All findings are normal
The Left Cervical Paraspinoth: All findings are normal
The (none) (none): All findings are normal
The Right Flex. Dig Pro C8-T1: All findings are normal
The Right 1st Dorsal Int C8-T1: All findings are normal

Summary/Interpretation:

- 1) Bilateral ulnar neuropathy at the elbow.
- 2) Normal nerve conduction study of the left lower extremity.
- 3) Normal electromyography(EMG) of the left upper and lower extremities.
- 4) Normal electromyography(EMG) of the right upper extremity



Roland L. Skinner III, MD, FAAN
Certified by the American Board of Psychiatry and Neurology

INMAN, QUSHON M DOB: (32 yo M) Acc No. e686818

REFERRAL

QUSHON MINMAN

Roland L Skinner, MD

Neurology

McLeod Neurological Associates

800 E CHEVES ST STE 380, FLORENCE, SC-295062649

Tel: 843-665-4104 Fax: 843-661-0160

Date: 12/28/2021

Patient Information:

Patient Name: QUSHON MINMAN

Patient DOB:

Patient Insurance:

Patient Subscriber No:

Patient Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US 29541-6376

Patient Phone: 843-731-

Patient Work Phone:

Patient Cell Phone: 843-731-

Patient SSN: XXX-XX-3042

Insurance Information

Insurance Name:

Subscriber Name:

Subscriber DOB:

Subscriber No:

Subscriber Group No:

Subscriber Address:

Subscriber Phone:

Referral From Information:

Provider Name: SKINNER, ROLAND

Provider ID Number:

Provider UPIN: D05584

Provider NPI: 1104993807

Provider Facility: McLeod Neurological Associates

Provider Speciality: Neurology

Address1: 800 E CHEVES ST STE 380

Address2:

City, State, Zip: FLORENCE, SC, 295062649

Phone: 843-665-4104

Fax: 843-661-0160

Referral To Information:

Provider Name:

Provider ID Number:

Provider UPIN:

Provider NPI:

Provider Facility:

Provider Speciality:

Address1:

Address2:

City, State, Zip: , ,

Phone:

Appt. Date/Time:

Fax:

Facility Tax ID Number:

000240

-622-

INMAN, QUSHON M DOB:

yo M) Acc No. e586818

REFERRAL

QUSHON MINMAN

Roland L Skinner, MD

Neurology

McLeod Neurological Associates

800 E CHEVES ST STE 380, FLORENCE, SC-295062649

Tel: 843-665-4104 Fax: 843-661-0160

Reason For Referral:**Authorization No:****Authorization Type:****Reason:**

Referral to Physical therapy-evaluate and treat back and neck pain and gait disturbance, ORDER SENT

Diagnosis:**E/M Codes:****Procedures:****Visits Allowed:**

0

Unit Type:

V (VISIT)

Start Date:

11/22/2021

End Date:

11/22/2022

Notes:

Lanimore, CMA_Jessica 12/08/2021 10:28:29 AM EST > Patient is self pay and not able to go to physical therapy at this time due to cost. There is not a location that does payment plans in this area. Lanimore, CMA_Jessica 12/16/2021 01:32:27 PM EST > Pt is going to contact scheduling to get set up after he finds out cost.

Clinical Notes:**Structured Data:**

Provider NPI:

1104993807

Electronically signed by Roland L. Skinner, MD on 12/28/2021 at 01:08 PM EST

000241

Summary View

Patient: INMAN, QUSHON M DOB: Phone: 843-731-5930
 Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US, 29541-6376
 Claim Date: 10/25/2021 Encounter Date: 10/21/2021
 Servicing Provider: SKINNER, ROLAND L Servicing Provider NPI: 1104993807

Total Amount: \$ 303.00 Payments/Adjustments: \$ 344.82 Balance: \$ -41.82
 Claim Number: 9885315 Filing Status: ACCOUNT PT CREDIT

ICD Codes :

S13.9XXS Neck sprain, sequela.
 S33.5XXS Lumbar sprain, sequela.
 M51.9 Lumbar disc disease.
 M50.90 Cervical disc disease.
 R20.2 Paresthesias.

CPT Codes :

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units Billed	Fee
99204 Office/outpatient visit new Office		10/21/2021	10/21/2021	11-OFFICE	1-Medical Care	\$303.00	1.00	\$303.00

Insurances :

Name	Group No	Subscriber No	Type	File Status
SELF PAY DUMMY INSURANCE		249813042	CI	

Payment :

From	Date	Type	Check No	Payment
Patient	10/21/2021	Credit Card (VISA)		\$200.00

Refund :

To	Date	Type	Check No	Posted Refund

Adjustment :

Code	Date	Name	Amount
4	12/21/2021	Administrative Adjustment (per physician approval)	\$144.82
15	12/21/2021	COB adjustment	(\$144.82)
15	11/01/2021	COB adjustment	\$144.82

Claim Data :

Symptom Indicator: First Symptom Date
 Symptom/Accident Date: 10/21/2021
 Referring Provider: SKINNER, ROLAND L NPI 1104993807

Claim Header :

Residence Type:
 Student Status: Not a student
 Employment Status: Employed full-time
 Primary Insurance:
 Claim Type: Medical

Claim Log :

12/13/2021 08:49 AM ePatientStatement Submitted

000242

-624-

Summary View

Patient: INMAN, QUSHON M DOB: Phone: 843-731-5930
 Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US, 29541-6376
 Claim Date: 12/01/2021 Encounter Date: 11/22/2021
 Servicing Provider: SKINNER, ROLAND L Servicing Provider NPI: 1104993807

Total Amount: \$ 945.00 Payments/Adjustments: \$ 719.72 Balance: \$ 225.28
 Claim Number: 10012188 Filing Status: Patient

ICD Codes :

M51.9 Lumbar disc disease.
 M50.90 Cervical disc disease.
 R20.2 Paresthesias.

CPT Codes :

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
95911 Nrv endj test 9-10 studies Office		11/22/2021	11/22/2021	11-OFFICE	1-Medical Care	\$433.00	1.00	\$433.00
95886 Musc tst done with nerve test complete Office		11/22/2021	11/22/2021	11-OFFICE	1-Medical Care	\$256.00	2.00	\$512.00

Insurances :

Name	Group No	Subscriber No	Type	File Status
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Payment :

From	Date	Type	Check No	Payment
Patient	12/01/2021	Credit Card (VISA)		\$300.00

Refund :

To	Date	Type	Check No	Posted Refund
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Adjustment :

Code	Date	Name	Amount
4	12/02/2021	Administrative Adjustment (per physician approval)	\$419.72

Claim Data :

Symptom Indicator: First Symptom Date
 Symptom/Accident Date: 11/22/2021
 Referring Provider: SKINNER, ROLAND L NPI 1104993807

Claim Header :

Residence Type:
 Student Status: Not a student
 Employment Status: Employed full-time
 Primary Insurance:
 Claim Type: Medical

Claim Log :

12/13/2021 08:49 AM ePatientStatement Submitted

000243

-625-

6	John Wolford, MD	McLeod Digestive Health Center	06/01/22-07/06/22	244-256
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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

July 12, 2022

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.

John Wolford, Jr., MD
McLeod Digestive Health Center
Attention: Medical Records
401 E. Cheves Street – Suite 301
Florence, SC 29506

Re: Patient's Name: Qushon M. Inman
DOB:

Dear Dr. Wolford:

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.

000244

-627-

McLeod Digestive Health Center

Page 2

July 12, 2022

"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 in clear violation of federal law.

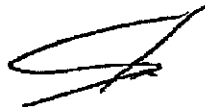
Please produce the requested medical records immediately by e-mail to medical.steve@wukelalaw.com. If you charge an amount in excess of the "patient rate" for my client's authorization and request to your office to transmit electronically certain designated protected health information (PHI) to my office, 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

000245

**DIRECTIVE AND AUTHORIZATION TO DISCLOSE AND TRANSMIT
PROTECTED HEALTH INFORMATION TO A DESIGNATED PARTY**

TO PROVIDER:

John Welford, Jr. MD
McLeod Digestive Health Center
401 E. Church Street ~ Suite 301
Florence, SC 29501

Patient Name: Qushon M. Inman

Date of Birth: _____

1 Savannah Grove Road
Effingham, SC 29541

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 evaluation and treatment notes, test results, admission records, operative notes, discharge summaries, and billing records for dates of treatment from first date of treatment to present date.

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

If Signed by Legal Representative, Relationship to Patient

Date

July 12, 2022
Garnela Charles

Signature of Witness

000246

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 06/01/2022

McLeod
Physician Associates

INMAN, QUSHON M

32 Y old Male, DOB: 1

Account Number: e686818

SAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Home: 843-731-

Guarantor: INMAN, QUSHON M Insurance: Self Pay
PCP: Carol A Berry, FNP Referring: Potter-Hare, Brandi
Appointment Facility: McLeod Digestive Health Center

06/01/2022

Consult Progress Notes: JOHN L WOLFORD, JR, MD

Current Medications

Taking

- SEROquel(Quetiapine Fumarate) 100 MG Tablet 1 tablet at bedtime Orally Once a day
- tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day
- Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
- Unknown
- tylenol 1 tab Oral
- Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily
- Hydrocodone-Acetaminophen 5-325 mg tablet
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN
- Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
- Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms
- tiZANidine HCl 4 MG Tablet 1/2/-1 tablet as needed Orally Three times a day
- tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day
- tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain
- Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily
- Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day

Reason for Appointment

1. Incontinence of feces

History of Present IllnessConstitutional:

32-year-old male with 3 to 4 months of fecal incontinence unaware also some associated urinary incontinence. He also has neuropathic complaints in his lower extremities with paresthesias evidence for herniated disc followed by neurosurgery. He denies any hematochezia bowel movements prior to developing incontinence were normal does not have diarrhea. Incontinence can be nocturnal. Chronic lower back pain surgery is being anticipated. MRI of the spine is shown herniated disc at L5-S1 and probable spinal stenosis he is being followed by neurosurgery.

Vital Signs

Wt 304.6, Wt-kg 138.17, Ht 72, Ht-cm 182.88, BMI 41.31, Temp 98.4, HR 90, BP 165/113 mm Hg, BSA 2.65 M.

ExaminationGeneral Examination:

GENERAL APPEARANCE: in no acute distress, pleasant.
GASTROINTESTINAL: non-distended.

Assessments

1. Complete fecal incontinence - R15.9 (Primary)
2. Lumbago with sciatica, left side - M54.42
3. Lumbago with sciatica, right side - M54.41

Fairly certain the incontinence problems is related to his underlying spinal disease stenosis and ruptured disc again we will defer treatment to neurosurgery's for completeness sake we will obtain a flex sig to be certain there is no structural abnormalities in the rectum playing a role sphincter function with anal rectal manometry in addition advised with short-term fiber supplementation. Again this is primarily a neurosurgical issue.

Treatment

1. Complete fecal incontinence

IMAGING: Flexible Sigmoidoscopy

INMAN, QUSHON M DOB: 1

(32 yo M) Acc No. e686818 DOS: 06/01/2022

- traMADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain
- tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day

Past Medical History

Assault by coworker with facial lacerations.
Rash on penis-allergic reaction.

Surgical History

None

Family History

Father: deceased
Mother: alive, breast cancer
1 brother(s), 2 sister(s) - healthy.
father deceased from unknown.

Social HistoryTobacco Use:

Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Drug/Alcohol:

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

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

None recent 04/01/2021
none recent 04/20/2021
none recent 5/17/2021
None recent 06/22/2021
NONE RECENT 10/26/2021
01/16-18/2022-Trouble with urination-MRMC 01/25/2022
none recent 02/17/2022
NONE RECENT 03/10/2022
see surgery hx 03/22/2022

Camp,Michelle CMA 06/01/2022 12:02:35 PM EDT >
FlexSig and Anal Manometry Scheduled 06-08-22 @ 9:00 (Dhaliwal)

Notes: Anal rectal manometry per Dr. Dhaliwal.

Visit Codes

99201 Office/outpatient visit new Hospital.

Follow Up

pm

Electronically signed by JOHN WOLFORD JR, MD on
06/20/2022 at 06:53 PM EDT

Sign off status: Completed

McLeod Digestive Health Center
401 East Cheves St, Suite 301
FLORENCE, SC 29506-2615
Tel: 843-777-7166
Fax: 843-777-7167

Progress Note: JOHN L WOLFORD, JR, MD 06/01/2022

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

000248

McLeod Regional Medical Center
555 E Cheves Street
Florence, SC 29506-2617

Patient:	INMAN, QUSHON MONTREESE			Admit:	6/8/2022
MRN:	001073364			Disch:	6/8/2022
FIN:	1002400831			Admitting:	Dhaliwal, MD, Amaninder
DOB/Age/Sex:	32 years	Male			
Location:	MRMC_ENDO; 34; 01				

Gastroenterology Procedures

Document Type:	Endoscopic Procedure
Service Date/Time:	6/8/2022 10:51 EDT
Result Status:	Auth (Verified)
Document Subject:	Colonoscopy
Sign Information:	Dhaliwal, MD, Amaninder (6/8/2022 10:55 EDT)

Colonoscopy

Patient: INMAN, QUSHON MONTREESE MRN: 001073364 FIN: 1002400831
Age: 32 years Sex: Male DOB: 12/18/1989
Associated Diagnoses: None
Author: Dhaliwal, MD, Amaninder

Procedure

Procedure: Colonoscopy with polypectomy and biopsies

Indication: Fecal Incontinence

Date of Procedure: 6/8/2022

Comorbidities: See the other procedure note for documentation of comorbidities

Patient profile: Refer to patient note in chart for documentation of history and physical

Providers: Amaninder Dhaliwal, MD

Referring MD: Dr. John Wolford

Medicines: Monitored anesthesia care

Complication: No immediate complications. Estimated blood loss: Minimal

Procedure: After the risks including, but not limited to medication reaction, infection, bleeding, perforation, missed lesions, benefits and alternatives of the procedure were discussed with the patient and all questions were answered, informed consent was obtained. The scope was passed under direct vision throughout the procedure, the patient's blood pressure pulse and oxygen saturation were monitored continuously. The pediatric colonoscope was introduced through the anus and advanced to the cecum. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The colonoscopy was completed without any technical difficulty.

The quality of bowel preparation was evaluated using the BPPS (Boston bowel preparation score scale) with scores of: Right= 1, Transverse colon= 2, left colon = 2. The total bowel the total BPP S score equals 5. The quality of the bowel preparation was good in left colon and transverse colon and poor prep in the right side of the colon.

Findings:

The perianal and digital exam rectal examination were normal.

Large amount of solid stool was noted in the right side of the colon. Scope was advanced up to the cecum. Transverse colon and left side of the colon had good prep.

A flat polyp Paris classification 2A measuring 5 mm was noted in the ascending colon. Polypectomy was performed using 10 minimal cold snare. Resection retrieval was complete

Entire examined colon appeared to be normal with no inflammation. Random colon biopsies were performed. Rectum biopsies were performed separately. Retroflexion in the rectum was normal

Recommendation:

Repeat colonoscopy based on pathology

Advance diet as tolerated

Follow-up with Dr. John Wolford in his clinic

Follow with PCP

Amaninder Dhaliwal, MD

Message

INMAN, QUSHON MONTREESE - 001073364 -

From: Dhaliwal, MD, Amaninder
Sent: 06/13/2022 09:41:01 EDT
To: Wolford, MD, John L; JAMES, MA, JANNA (CHRIS);
Patient's Name: INMAN, QUSHON MONTREESE
Caller Name:
Phone:
Subject: Reminder Message

From: Dhaliwal, MD, Amaninder
To: Wolford, MD, John L; JAMES, MA, JANNA (CHRIS);
Sent: 06/13/2022 09:41:01 EDT ! Show up: 06/13/2022 09:41:01 EDT
Subject: Reminder Message
Actions: Call Patient with Results See Note
Due Date/Time: 06/14/2022 09:40:00 EDT

Reminder Comments:

Repeat colonoscopy within 1 year as patient poor prep on the right side. Patient will be followed by Dr. Wilford for his fecal incontinence.

Results:

Date	Result Type	Result Name
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Page 1 of 2

Printed By : JA0627
Printed On : 06/22/2022 11:40:22 EDT

000250

McLeod Regional Medical Center
555 E Cheves Street
Florence, SC 29506-2617

Patient: INMAN, QUSHON MONTREESE
MRN: 001073364
FIN: 1002400831
DOB/Age/Sex: 32 years Male
Location: MRMG_ENDO; 34; 01
Admit: 6/8/2022
Disch: 6/8/2022
Admitting: Dhaliwal, MD, Amaninder

Surgical Pathology Report

Accession: 10- S-22-008342
Collected Date/Time: 6/8/2022 10:51 EDT
Received Date/Time: 6/8/2022 11:22 EDT
Pathologist: Mitchell, MD, Sharon S

Surgical Pathology Report**Diagnosis**

1. ASCENDING COLON POLYP, ENDOSCOPIC BIOPSY:
Multiple fragments of tubular adenoma.
2. RANDOM COLON, ENDOSCOPIC BIOPSY:
Colonic mucosa with no histologic abnormality.
3. RECTAL, ENDOSCOPIC BIOPSY:
Colonic mucosa with no histologic abnormality.

Electronically signed by
Sharon S. Mitchell, MD
Case Signed: 06/09/2022 11:23

Clinical Information

1. through 3. incontinence

Preoperative diagnosis: fecal incontinence
Postoperative diagnosis: _
Special Instructions: _

Specimen Source

1. Ascending colon polyp - cold snare
2. Random colon biopsy
3. Rectal biopsy

Gross Description

This specimen consists of three portions labeled Inman, Qushon; MRN: 001073364.

1. LABEL: Ascending polyp.
RECEIVED: Formalin.
PIECES/MEASUREMENT: 1 - 0.3 x 0.2 x 0.2 cm.
SECTION SUMMARY: 1 cassette 1s all used.
2. LABEL: Random colon biopsy.
RECEIVED: Formalin.
PIECES/MEASUREMENT: Multiple - 0.6 x 0.3 x 0.2 cm in aggregate.
SECTION SUMMARY: 1 cassette xs all used.
3. LABEL: Rectal biopsy.

Recall: 6/2023
Dr. Wolford

Anorectal manometry ~ 6-28-22
Follow up ~ Dr. Wolford ~ 7-6-22 ~ 634-

McLeod Regional Medical Center

Patient Name: INMAN, QUSHON MONTREESE

MRN: 001073364

FIN: 1002400831

DOB/Age/Sex: 32 years

Male

Admit: 6/8/2022

Disch: 6/8/2022

Admitting: Dhaliwal,MD,Amaninder

Surgical Pathology ReportAccession:
10- S-22-008342Collected Date/Time:
6/8/2022 10:51 EDTReceived Date/Time:
6/8/2022 11:22 EDTPathologist:
Mitchell,MD,Sharon S**Gross Description**

RECEIVED: Formalin.

PIECES/MEASUREMENT: 3 - 0.2 x 0.2 x 0.2 cm up to 0.3 x 0.2 x 0.2 cm.

SECTION SUMMARY: 1 cassette 3s all used.

06/08/2022 11:50:32 EDT hh/ac

06/08/2022 HH/AC

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 07/06/2022

McLeod

Physician Associates

INMAN, QUSHON M

32 Y old Male, DOB:

Account Number: e686818

JAVANNAH GROVE RD, EFFINGHAM, SC-29541-6376

Home: 843-731-

Guarantor: INMAN, QUSHON M Insurance: Self Pay

PCP: Carol A Berry, FNP

Appointment Facility: McLeod Digestive Health Center

07/06/2022

follow up progress note: JOHN L WOLFORD, JR, MD

Current Medications

Taking

- SEROquel(Quetiapine Fumarate) 100 MG Tablet 1 tablet at bedtime Orally Once a day
- tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day
- Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
- tylenol 1 tab Oral
- Neurontin(Gabapentin) 300 MG Capsule 1 capsule Orally Three times daily
- Hydrocodone-Acetaminophen 5-325 mg tablet
- tramADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN
- Medrol(methylPREDNISolone) 4 MG Tablet Therapy Pack as directed Orally as directed
- Zanaflex(tiZANidine HCl) 4 MG Tablet 1 tablet as needed Orally BID, Notes: As Needed for spasms
- tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
- tiZANidine HCl 4 MG Tablet 1-2 tablet as needed Orally Three times a day
- tiZANidine HCl 4 MG Capsule 1 capsule as needed Orally Three times a day
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally bid prn severe pain
- Baclofen 10 MG Tablet 1/2-1 tablet as needed Orally Three times Daily
- Naprosyn(Naproxen) 500 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Neurontin(Gabapentin) 100 MG Capsule 2 capsule Orally Three times a day

Reason for Appointment

1. Proc f/up

History of Present Illness

Constitutional:

32-year-old male with fecal incontinence probably related to herniated disc of the lumbar sacral spine returns for follow-up. Recent colonoscopy ascending colon adenoma otherwise unremarkable though some poor prep in the right colon. Patient has no new symptoms continue to have issues with the incontinence. Awaiting Workmen's Comp. for attempt at surgical repair of his herniated disc.

Vital Signs

Wt 304.8, Wt-kg 138.26, Ht 72, Ht-cm 182.88, BMI 41.33, Temp 98.3, HR 88, BP 162/96 mm Hg, BSA 2.65 M.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, pleasant.

Assessments

1. Fecal soiling due to fecal incontinence - R15.9 (Primary)
2. Herniated lumbar intervertebral disc - M51.26

Again colonoscopy did not demonstrate any structural lesion of the rectum. At this point little to offer other than recommended following up with colorectal surgery for their thoughts believe that surgical repair of his herniated disc may be of benefit. Need repeat colonoscopy in 2 years in light of his age.

Treatment

1. Fecal soiling due to fecal incontinence

Notes: Referral to colorectal surgery in Columbia.

Referral To: Leslie Moore Colorectal Surgery

Reason: Referral to evaluate and treat fecal incontinence

Visit Codes

INMAN, QUSHON M DOB:

(32 yo M) Acc No. e686818 DOS: 07/06/2022

- traMADol HCl 50 MG Tablet 1-2 tablet as needed Orally tid prn severe pain
 - tiZANidine HCl 4 MG Tablet 1/2-1 tablet as needed Orally Three times a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Assault by coworker with facial lacerations.
Rash on penis-allergic reaction.

Surgical History

None

Family History

Father: deceased
Mother: alive, breast cancer
1 brother(s), 2 sister(s) - healthy.
father deceased from unknown.

Social HistoryTobacco Use:

Smoking Are you a: former smoker, How long has it been since you last smoked? 3-6 months.

Hospitalization/Major**Diagnostic Procedure**

None recent 04/01/2021
none recent 04/20/2021
none recent 5/17/2021
None recent 06/22/2021
NONE RECENT 10/26/2021
01/16-18/2022-Trouble with urination-MRMC 01/25/2022
none recent 02/17/2022
NONE RECENT 03/10/2022
see surgery hx 03/22/2022

99212 Officeoutpatient visit est Hospital.

Follow Up

prn, 6 Months, add to 2-year: List

Electronically signed by JOHN WOLFORD JR, MD on
07/10/2022 at 10:19 AM EDT

Sign off status: Completed

McLeod Digestive Health Center
401 East Cheves St, Suite 301
FLORENCE, SC 29506-2615
Tel: 843-777-7166
Fax: 843-777-7167

Progress Note: JOHN L WOLFORD, JR, MD 07/06/2022

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

000254

Summary View

Patient: INMAN, QUSHON M **DOB:** **Phone:** 843-731-5930
Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US, 29541-6376
Claim Date: 06/24/2022 **Encounter Date:** 06/01/2022
Servicing Provider: WOLFORD JR, JOHN L **Servicing Provider NPI:** 1740257641

Total Amount: \$ 136.00 **Payments/Adjustments:** \$ 136.00 **Balance:** \$ 0.00
Claim Number: 10758194 **Filing Status:** ACCOUNT PT CREDIT

ICD Codes :

R15.9 Complete fecal Incontinence.
M54.42 Lumbago with sciatica, left side.
M54.41 Lumbago with sciatica, right side.

CPT Codes :

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99202 Office/outpatient visit new Office		06/01/2022	06/01/2022	11-OFFICE	1-Medical Care	\$136.00	1.00	\$136.00

Insurances :

Name	Group No	Subscriber No	Type	File Status
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Payment :

From	Date	Type	Check No	Payment
Patient	06/01/2022	Credit Card (VISA)		\$150.00
Patient	07/12/2022	Cash	redist	(\$80.36)

Refund :

To	Date	Type	Check No	Posted Refund
----	------	------	----------	---------------

Adjustment :

Code	Date	Name	Amount
4	06/27/2022	Administrative Adjustment (per physician approval)	\$66.36

Claim Data :

Symptom Indicator: First Symptom Date
Symptom/Accident Date: 06/01/2022
Referring Provider: Potter-Hare, Brandi NPI 1144737990

Claim Header :

Residence Type:
Student Status: Not a student
Employment Status: Employed full-time
Primary Insurance:
Claim Type: Medical

Claim Log :

000255

Summary View

Page 1 of 1

Patient: INMAN, QUSHON M **DOB:** **Phone:** 843-731-5930
Address: SAVANNAH GROVE RD, EFFINGHAM, SC, US, 29541-6376
Claim Date: 07/19/2022 **Encounter Date:** 07/06/2022
Servicing Provider: WOLFORD JR, JOHN L **Servicing Provider NPI:** 1740257641

Total Amount: \$ 77.00 **Payments/Adjustments:** \$ 29.87 **Balance:** \$ 47.13
Claim Number: 10842565 **Filing Status:** Patient

ICD Codes :

R15.9 Fecal soiling due to fecal incontinence.
M51.26 Herniated lumbar intervertebral disc.

CPT Codes :

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99212 Office/outpatient visit est Office		07/06/2022	07/06/2022	11-OFFICE	1-Medical Care	\$77.00	1.00	\$77.00

Insurances :

Name	Group No	Subscriber No	Type	File Status
------	----------	---------------	------	-------------

Payment :

From	Date	Type	Check No	Payment
------	------	------	----------	---------

Refund :

To	Date	Type	Check No	Posted Refund
----	------	------	----------	---------------

Adjustment :

Code	Date	Name	Amount
4	07/20/2022	Administrative Adjustment (per physician approval)	\$29.87

Claim Data :

Symptom Indicator: First Symptom Date
Symptom/Accident Date: 07/06/2022
Referring Provider: WOLFORD JR, JOHN L NPI 1740257641

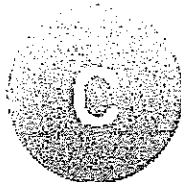
Claim Header :

Residence Type:
Student Status: Not a student
Employment Status: Employed full-time
Primary Insurance:
Claim Type: Medical

Claim Log :

000256

7	Claimant's Text Messages to Employer	257-268
---	--------------------------------------	---------



Carlos Ge Manager >

Sat, Mar 20, 6:00 AM

Gm ...won't be able to make it today having sever back spasms

Understood....do you think was triggered by work?

Yes

Ok buddy...please take care of urself

Ok thank you I will

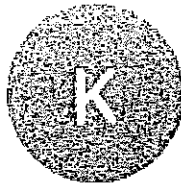
Tue, Mar 23, 8:57 AM



Text Message

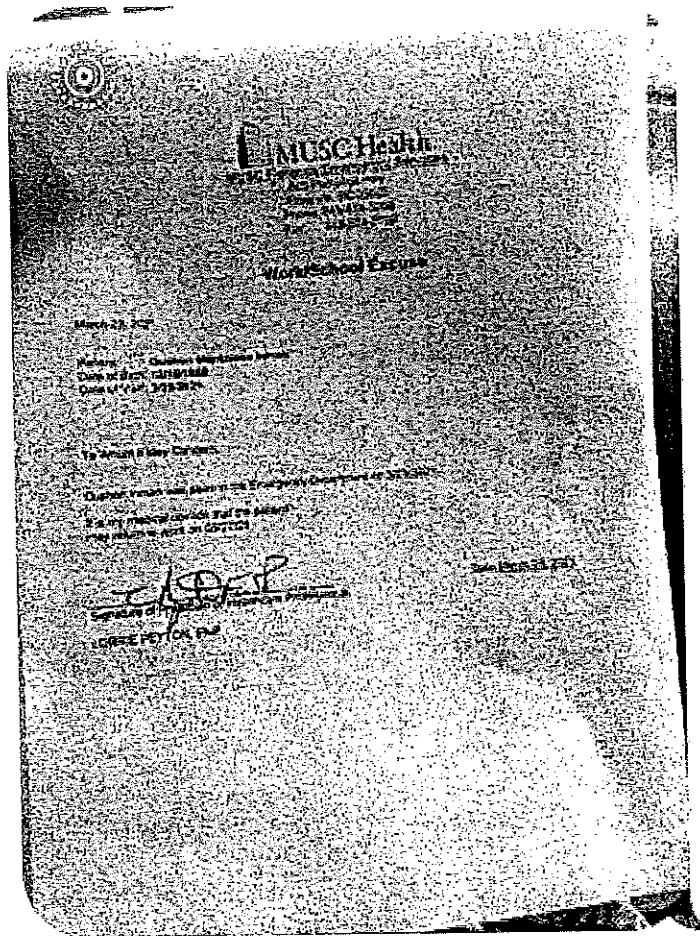


000257



Kelly Nurse >

iMessage
Tue, Mar 23, 2:49 PM



Got it and thanks

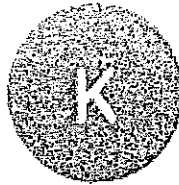
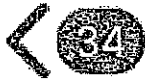
Your welcome



Message



000258



Kelly Nurse >

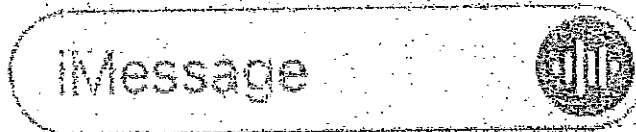
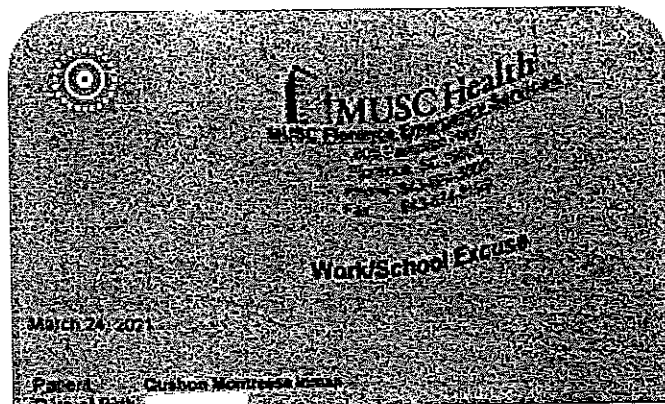
If an employee becomes ill or injured

For non-work-related illnesses or injuries:

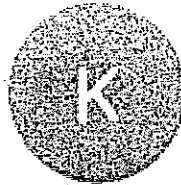
- The employee must call the disability center
- Timing: whenever an absence is expected to last longer than 7 days or within 7 days of discharge after an emergency hospitalization
- Benefits may be reduced if the call is not made as required



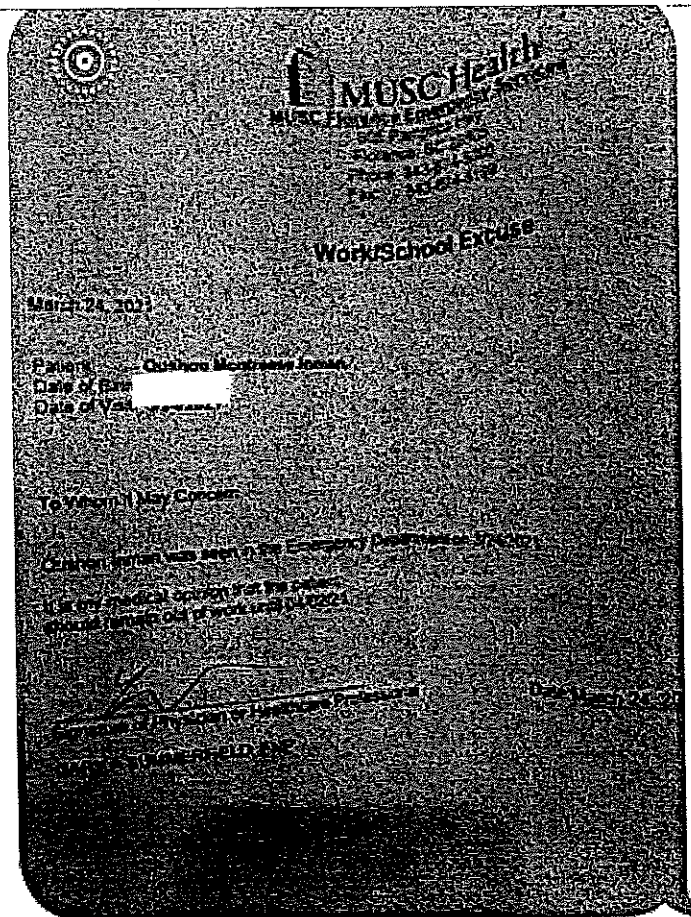
Call the GE Disability Benefits Center at 1-800-392-0789 - Option 1



000259



Kelly Nurse >



Mon, Apr 12, 10:10 AM

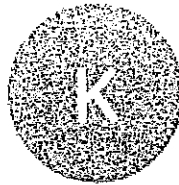
Hello Qushon! Hope
you are doing better! I
was looking at disability
center notes and it says



iMessage



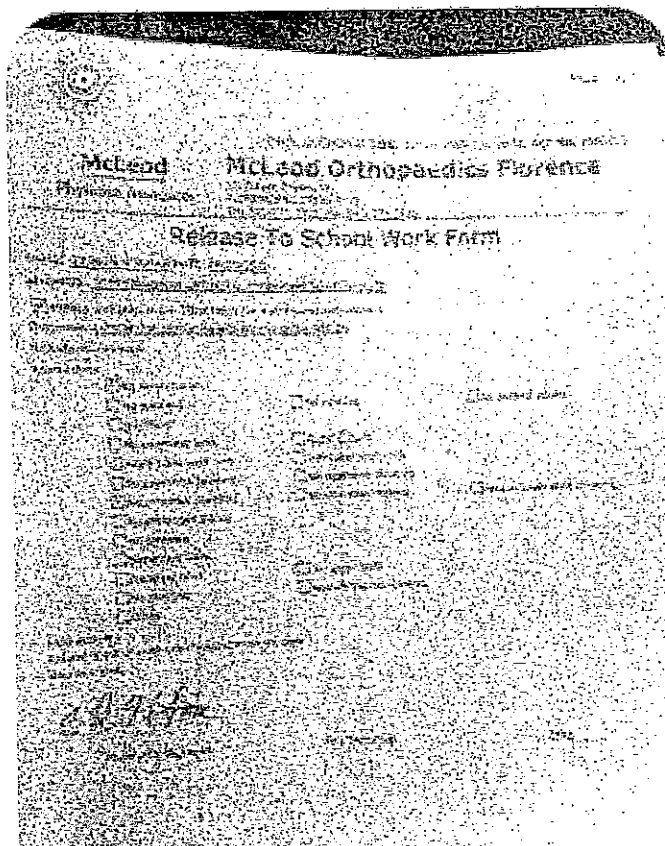
000260



Kelly Nurse >

doctor? I just wanted to
make sure you knew
that because that is
holding up pay for you.
Thanks!

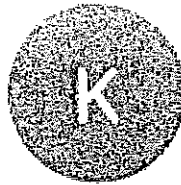
Tuesday 4:08 PM



Message



000261



Kelly Nurse >

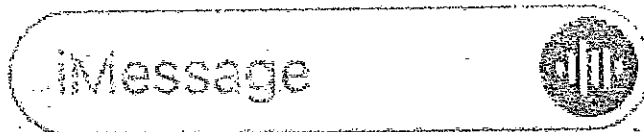
Got it. Thank you
Qushon!

Your welcome

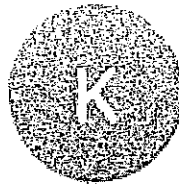
Wednesday 3:26 PM

Hey Qushon! Sorry to
hear you are in pain. We
really would like to set
up a time to speak with
you and make sure you
are ok. Are you
available to talk at
530pm today or this
afternoon or tomorrow
at a certain time?

Yesterday 8:47 AM



000262



Kelly Nurse >

you and make sure you
are ok. Are you
available to talk at
530pm today or this
afternoon or tomorrow
at a certain time?

Yesterday 8:42 AM

This is qushon . I'm in a
enormous amount of
pain to have a sit down /
stand up meeting or talk
I'm in 24/7 hour pain
that is non stop. Every
minute since I got hurt
at Ge healthcare I've
been suffering from pain

Delivered

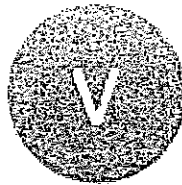


Message



000263





Vicky Davis Ge >

Thu, Apr 1, 9:14 AM

Hey Vicky I was wondering how many more vacation days I have to use and do I have any medical or sick time available to use also

Fri, Apr 9, 3:13 PM

APPOINTMENT CARD

Patient Name: INMAN, QUSHON M

Appointment: Friday, April 16, 2021 at 11:30 AM

Provider: CHRISTOPHER D HUJET, PA-C

Resource: McLeod Ortho MRI

Facility: McLeod Orthopaedics Florence
1005 East Chaves St
FLORENCE, SC 29506-2777
Tel: 843-777-7900 Fax: 843-777-7905

Reason: MRI Thoracic

Appointment: Friday, April 16, 2021 at 11:30 AM

Provider: CHRISTOPHER D HUJET, PA-C

Resource: McLeod Ortho MRI

Facility: McLeod Orthopaedics Florence
1005 East Chaves St
FLORENCE, SC 29506-2777
Tel: 843-777-7900 Fax: 843-777-7905

Reason: MRI Lumbar

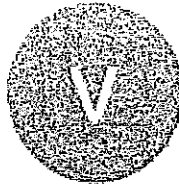
Follow up



iMessage



000264



Vicky Davis Ge >

APPOINTMENT CARD

Patient Name: INMAN, QUSHON M

Appointment: Friday, April 16, 2021 at 11:30 AM

Provider: CHRISTOPHER D HUIET, PA-C

Resource: McLeod Ortho MRI *MRI*

Facility: McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2773
Tel: 843-777-7900 Fax: 843-777-7925

Reason: MRI Lumbar

Appointment: Friday, April 16, 2021 at 11:30 AM

Provider: CHRISTOPHER D HUIET, PA-C

Resource: McLeod Ortho MRI

Facility: McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2773
Tel: 843-777-7900 Fax: 843-777-7925

Reason: MRI Lumbar *Follow up*

Appointment: Tuesday, April 20, 2021 at 12:50 PM

Provider: CHRISTOPHER D HUIET, PA-C

Resource: HUIET, CHRISTOPHER D

Facility: McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2773
Tel: 843-777-7900 Fax: 843-777-7925

Reason: post mri /up Thoracic Lumbar

McLeod
Physician Associates

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2773
Tel: 843-777-7900 Fax: 843-777-7925

Release To School Work Form

NAME: QUSHON M INMAN DATE: 4/16/2021

APPROVAL: [Signature] DATE: 4/16/2021

☐ Patient was seen at our office today for a scheduled appointment.

☐ Appointment

☐ No restriction

☐ No lifting

☐ No driving

☐ No physical work

☐ No heavy work only

☐ No repetitive bending

☐ No continued standing

☐ No scheduled surgery

☐ No driving

☐ No lifting

☐ No heavy work only

☐ No repetitive bending

☐ No continued standing

☐ No scheduled surgery

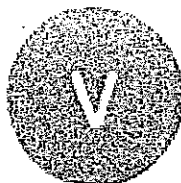
☐ No scheduled surgery



iMessage



660265



Vicky Davis Ge >

10

McLeod
Physician Associates

PHYSICAL EXAMINATION REPORT 12/15/98 BY DR. MICHAEL MCLEOD FOR
McLeod Orthopaedics Florence
1005 East Florence Dr.
FLORENCE, SC 29502-1774
PH: 843 775 2222 FAX: 843 775 2244

Release To School Work Form

NAME: ANTHONY M. BOWEN JR. DOB: 04-11-1981
ADDRESS: 1014 BAYVIEW DRIVE NW, FORTY-NINTH STREET, ATLANTA, GA 30329

☒ physician takes notes at this office visit and a scheduled appointment.
Otherwise:
Release to: _____

Restrictions:

☐ No school work	☐ No running	☐ No contact sports
☐ No swimming		
☐ No work	☐ Right ☐ Left	
☐ No computer work	☐ Use school work only	
☐ No aggressive learning	☐ No physical training	
☐ No computer training	☐ No external walking	☐ No contact or other training
☐ No prolonged sitting		
☐ No driving		
☐ No reading	☐ No paper work	
☐ No longer using	☐ No reading assignments	
☐ No writing		
☐ None		

Instructions:
Please do not let your child work until next appointment.
Respect VHS.

CRH/Hm

Physician's Signature: _____ PA's Signature: _____ Date: _____

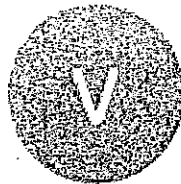
Tuesday 4:15 PM

McLeod
Thyroid A
McLeod Orthopaedics Florence
Release To School Work Form

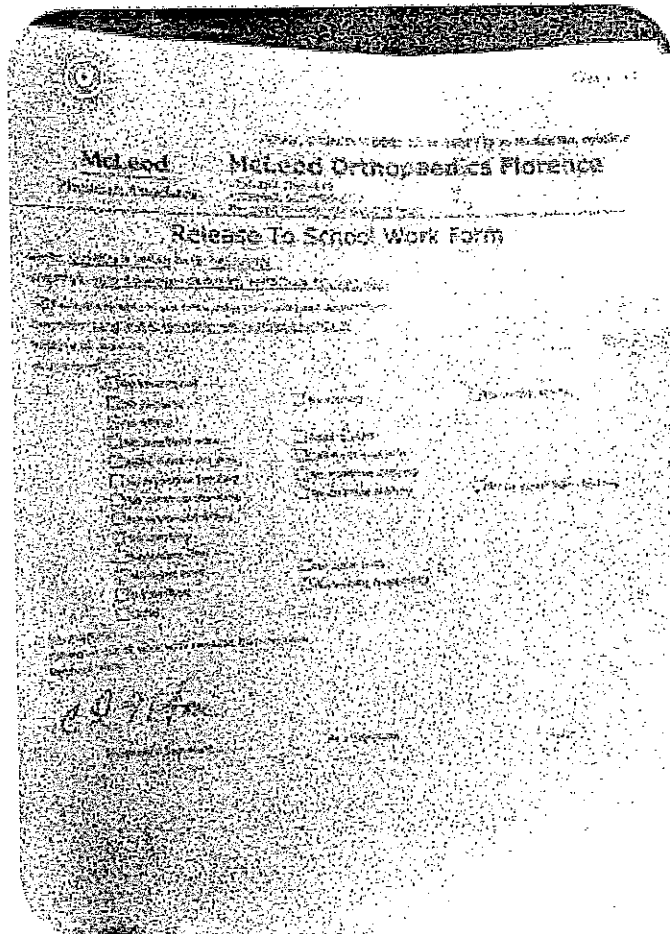


Message





Vicky Davis Ge >



Delivered

Wednesday 8:39 AM

Hi Q hope all is well. My
phone has been out had
to order a new one. Not



iMessage



000267





Vicky Davis Ge >



Delivered

Wednesday 8:39 AM

Hi Q hope all is well. My
phone has been out had
to order a new one. Not
sure how much time you
have left however
please connect with
Katie when you have a
moment for
confirmation. Take care.
Thanks



Message



000268



-652-

8	Tucker-Wells Delivery Tickets		269-273
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DELIVERY TICKET

Tucker-Wells Medical, Inc.

198 E. Cheves St., Florence, SC 29506-2599, Phone: (843) 665-2092

Date 6/23/2021 12:57:38 PM

Sales Order 140388

Customer ID 40281

Doc ID 1|772|256812

Customer INMAN, QUSHON

DOB

Height

Weight

Sex

Bill to SAVANNAH GROVE RD
EFFINGHAM, SC 29541-6376

Deliver to STORE
FLORENCE, SC 29506

Insurance None

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch		
4/5/2021				Ken	Tucker-Wells Medical, Inc.		
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Amt. Due
Warehouse				Warehouse			
1	EA	Purchase		seat Cushion 18" / DMI / smith 838813	\$21.95	\$1.76	\$23.71
TOTAL					\$21.95	\$1.76	\$23.71
AMOUNT PAID							\$23.71
BALANCE DUE							\$0.00

Rental / Sales Terms:

I understand that the items on this Delivery Ticket may be rented by my Insurance Carrier and if rented that this equipment remains the property of Tucker-Wells Medical, Inc. until all balances have been paid in full, at which time title will pass to me. I acknowledge that I will be responsible for the portion of the bill not covered by my insurance. I agree to return rental equipment in the same condition as it was when I received it, subject to normal wear and tear. I agree to notify Tucker-Wells Medical, Inc. if my address or insurance changes or if I no longer need equipment. I also agree to promptly notify Tucker-Wells Medical, Inc. if I am admitted to a nursing home, hospice, or hospital for an extended stay. I understand that the monthly rental on this equipment is approximately \$_____. Initial here_____

Assignment of Benefits Statement:

I have received the above products and/or services from Tucker-Wells Medical, Inc. I request that payment of authorized Medicare/Medicaid benefits be made either to me or on my behalf to Tucker-Wells Medical, Inc. for these products and services. I authorize any holder of medical information about me to release any information needed to determine these benefits or the benefits payable for related services to the Centers for Medicare and Medicaid Services and its agents.

NO REFUNDS OR EXCHANGES AFTER 7 DAYS

Cash Check Debit / Credit Card

Thank You for Your Business !!!

000269



1|772|256812

Sales Order
Customer
Customer ID

140388
INMAN, QUSHON
40281

Page 1 of 1

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DELIVERY TICKET

Tucker-Wells Medical, Inc.

198 E. Cheves St., Florence, SC 29506-2599, Phone: (843) 665-2092

Date 6/23/2021 12:59:29 PM

Sales Order 140418

Customer ID 40281

Doc ID 1|772|257098

Customer INMAN, QUSHON

DOB

Height

Weight

Sex

Bill to SAVANNAH GROVE RD
EFFINGHAM, SC 29541-6376

Deliver to store
Florence, SC 29506

Insurance None

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch		
4/6/2021				Ken	Tucker-Wells Medical, Inc.		
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Amt. Due
Warehouse				Warehouse			
1		Purchase		Quad 5610Bk / Cane Quad Large Smith / 850503	\$52.76	\$4.22	\$56.98
TOTAL					\$52.76	\$4.22	\$56.98
AMOUNT PAID							\$56.98
BALANCE DUE							\$0.00

Rental / Sales Terms:

I understand that the items on this Delivery Ticket may be rented by my Insurance Carrier and if rented that this equipment remains the property of Tucker-Wells Medical, Inc. until all balances have been paid in full, at which time title will pass to me. I acknowledge that I will be responsible for the portion of the bill not covered by my insurance. I agree to return rental equipment in the same condition as it was when I received it, subject to normal wear and tear. I agree to notify Tucker-Wells Medical, Inc. if my address or insurance changes or if I no longer need equipment. I also agree to promptly notify Tucker-Wells Medical, Inc. if I am admitted to a nursing home, hospice, or hospital for an extended stay. I understand that the monthly rental on this equipment is approximately \$_____. Initial here_____

Assignment of Benefits Statement:

I have received the above products and/or services from Tucker-Wells Medical, Inc. I request that payment of authorized Medicare/Medicaid benefits be made either to me or on my behalf to Tucker-Wells Medical, Inc. for these products and services. I authorize any holder of medical information about me to release any information needed to determine these benefits or the benefits payable for related services to the Centers for Medicare and Medicaid Services and its agents.

NO REFUNDS OR EXCHANGES AFTER 7 DAYS

Cash Check Debit / Credit Card

Thank You for Your Business !!!



1|772|257098

Sales Order
Customer
Customer ID

140418
INMAN, QUSHON
40281

Page 1 of 1

000270

-655-

DELIVERY TICKET

Tucker-Wells Medical, Inc.

198 E. Cheves St., Florence, SC 29506-2599, Phone: (843) 665-2092

Date 6/23/2021 12:56:54 PM

Sales Order 140004

Customer ID 40281

Doc ID 1|772|255755

Customer INMAN, QUSHON

DOB

Height

Weight

Sex

Bill to SAVANNAH GROVE RD
EFFINGHAM, SC 29541-6376

Deliver to store
Florence, SC 29506

Insurance None

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch		
3/29/2021				Ken	Tucker-Wells Medical, Inc.		
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Amt. Due
Warehouse			Warehouse				
1	EA	Purchase		seat Cushion 18" / DMI / smith 838813	\$21.95	\$1.76	\$23.71
TOTAL					\$21.95	\$1.76	\$23.71
AMOUNT PAID							\$23.71
BALANCE DUE							\$0.00

Rental / Sales Terms:

I understand that the items on this Delivery Ticket may be rented by my Insurance Carrier and if rented that this equipment remains the property of Tucker-Wells Medical, Inc. until all balances have been paid in full, at which time title will pass to me. I acknowledge that I will be responsible for the portion of the bill not covered by my insurance. I agree to return rental equipment in the same condition as it was when I received it, subject to normal wear and tear. I agree to notify Tucker-Wells Medical, Inc. if my address or insurance changes or if I no longer need equipment. I also agree to promptly notify Tucker-Wells Medical, Inc. if I am admitted to a nursing home, hospice, or hospital for an extended stay. I understand that the monthly rental on this equipment is approximately \$_____. Initial here_____

Assignment of Benefits Statement:

I have received the above products and/or services from Tucker-Wells Medical, Inc. I request that payment of authorized Medicare/Medicaid benefits be made either to me or on my behalf to Tucker-Wells Medical, Inc. for these products and services. I authorize any holder of medical information about me to release any information needed to determine these benefits or the benefits payable for related services to the Centers for Medicare and Medicaid Services and its agents.

NO REFUNDS OR EXCHANGES AFTER 7 DAYS

Cash Check Debit / Credit Card

Beneficiary (or Parent/Guardian/Representative) Signature

Relationship to Beneficiary (if Applicable)

Technician Initials

Date

Thank You for Your Business !!!



1|772|255755

Sales Order 140004
Customer INMAN, QUSHON
Customer ID 40281

Page 1 of 1

000271

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DELIVERY TICKET

Tucker-Wells Medical, Inc.
Florence, SC 29506-2599, Phone: (843) 665-2092

Date 6/23/2021 12:56:02 PM
Sales Order 140003
Customer ID 40281
Doc ID 1|772|255754

Customer INMAN, QUSHON DOB Height Weight Sex
Bill to SAVANNAH GROVE RD Deliver to STORE
EFFINGHAM, SC 29541-6376 FLORENCE, SC 29506

Insurance None

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch			
3/29/2021				Ken	Tucker-Wells Medical, Inc.			
Qty	UOM	Type	Bin	Item		Ext. Amt.	Tax	Amt. Due
Warehouse				Warehouse				
1	EA	Purchase		Heavy Duty 20"-Drive / Wheelchair K0006 Drive Medical		\$495.00	\$39.60	\$534.60
				Serial No. 5D2011038349 Asset No. _____				
TOTAL						\$495.00	\$39.60	\$534.60
AMOUNT PAID								\$534.60
BALANCE DUE								\$0.00

Rental / Sales Terms:

I understand that the items on this Delivery Ticket may be rented by my Insurance Carrier and if rented that this equipment remains the property of Tucker-Wells Medical, Inc. until all balances have been paid in full, at which time title will pass to me. I acknowledge that I will be responsible for the portion of the bill not covered by my insurance. I agree to return rental equipment in the same condition as it was when I received it, subject to normal wear and tear. I agree to notify Tucker-Wells Medical, Inc. if my address or insurance changes or if I no longer need equipment. I also agree to promptly notify Tucker-Wells Medical, Inc. if I am admitted to a nursing home, hospice, or hospital for an extended stay. I understand that the monthly rental on this equipment is approximately \$_____. Initial here_____

Assignment of Benefits Statement:

I have received the above products and/or services from Tucker-Wells Medical, Inc. I request that payment of authorized Medicare/Medicaid benefits be made either to me or on my behalf to Tucker-Wells Medical, Inc. for these products and services. I authorize any holder of medical information about me to release any information needed to determine these benefits or the benefits payable for related services to the Centers for Medicare and Medicaid Services and its agents.

NO REFUNDS OR EXCHANGES AFTER 7 DAYS

Cash Check Debit / Credit Card

Thank You for Your Business !!!



1|772|255754

Sales Order 140003
Customer INMAN, QUSHON
Customer ID 40281

Page 1 of 1

00027267-

DELIVERY TICKET**Tucker-Wells Medical, Inc.**

198 E. Cheves St., Florence, SC 29506-2599, Phone: (843) 665-2092

Date 6/23/2021 12:58:05 PM

Sales Order 144227

Customer ID 40281

Doc ID 1|772|269972

Customer INMAN, QUSHON

DOB

Height

Weight

Sex

Bill to SAVANNAH GROVE RD
EFFINGHAM, SC 29541-6376Deliver to store
Florence, SC 29506

Insurance None

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch		
6/23/2021				Larry	Tucker-Wells Medical, Inc.		
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Amt. Due
Warehouse				Warehouse			
2		Purchase		Spray / Biofreeze Smith / 774323	\$31.80	\$2.54	\$34.34
TOTAL					\$31.80	\$2.54	\$34.34
AMOUNT PAID							\$34.34
BALANCE DUE							\$0.00

Rental / Sales Terms:

I understand that the items on this Delivery Ticket may be rented by my Insurance Carrier and if rented that this equipment remains the property of Tucker-Wells Medical, Inc. until all balances have been paid in full, at which time title will pass to me. I acknowledge that I will be responsible for the portion of the bill not covered by my insurance. I agree to return rental equipment in the same condition as it was when I received it, subject to normal wear and tear. I agree to notify Tucker-Wells Medical, Inc. if my address or insurance changes or if I no longer need equipment. I also agree to promptly notify Tucker-Wells Medical, Inc. if I am admitted to a nursing home, hospice, or hospital for an extended stay. I understand that the monthly rental on this equipment is approximately \$_____. Initial here_____

Assignment of Benefits Statement:

I have received the above products and/or services from Tucker-Wells Medical, Inc. I request that payment of authorized Medicare/Medicaid benefits be made either to me or on my behalf to Tucker-Wells Medical, Inc. for these products and services. I authorize any holder of medical information about me to release any information needed to determine these benefits or the benefits payable for related services to the Centers for Medicare and Medicaid Services and its agents.

NO REFUNDS OR EXCHANGES AFTER 7 DAYS

Cash Check Debit / Credit Card

Thank You for Your Business !!!



1|772|269972

Sales Order
Customer
Customer ID144227
INMAN, QUSHON
40281

Page 1 of 1

000273

-658-

9	CVS Pharmacy Prescription Record	274-275
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CVS Pharmacy

INMAN, QUSHON
221 EAST HIGH HAMPTON RD
FLORENCE,SC,295060000

Private and Confidential
Intended for Addressee Only

06/23/21

Dear Patient:

Enclosed is your Patient Prescription record,as recently requested from CVS/Pharmacy.

If you have questions about this record,please go to www.CVS.com/privacy for further information or contact the Privacy Office at 1.800.287.2414.

000274

PATIENT PRESCRIPTION RECORD

Date: 06/23/2021 Time: 12:13:48 PM

03/19/2021 THRU 06/23/2021

PHARMACY NAME: 04071 # 04071
 ADDRESS: 733 S. IRBY ST.
 CITY, ST, ZIP: FLORENCE, SC, 29501

PATIENT KEY: 1245751750
 PATIENT NAME: INMAN, QUSHON
 ADDRESS: 221 EAST HIGH HAMPTON RD
 CITY, ST, ZIP: FLORENCE, SC, 295060000

TELEPHONE: (000) 000-0000
 BIRTHDATE:
 GENDER: M
 RELATIONSHIP: Card Holder

STORE #	RX NUMBER	RFL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP	PATIENT PD AMT
4071	2120713	000	00832105410	BACLOFEN 10 MG TABLET	HUIET, CHRISTOPHER	04/13/2021	30.00	16.49
4071	2123611	000	69097081312	GABAPENTIN 100 MG CAPSULE	HUIET, CHRISTOPHER	04/20/2021	90.00	42.59
4071	2125045	000	69097094312	GABAPENTIN 300 MG CAPSULE	HUIET, CHRISTOPHER	04/23/2021	90.00	11.70
4071	2114627	000	53746010901	HYDROCODONE-ACETAMIN 5-325 MG	DUBOSE, KRISTIN	03/29/2021	12.00	11.50
4071	2118279	000	53746010901	HYDROCODONE-ACETAMIN 5-325 MG	HUIET, CHRISTOPHER	04/07/2021	10.00	10.41
4071	2114635	000	49483060450	IBUPROFEN 800 MG TABLET	DUBOSE, KRISTIN	03/29/2021	30.00	11.04
4071	2116012	000	59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	HUIET, CHRISTOPHER	04/01/2021	21.00	20.19
4071	2112121	000	65162019050	NAPROXEN 500 MG TABLET	PEYTON, LORRIE	03/23/2021	20.00	11.98
4071	2114639	000	00378064205	PREDNISONE 20 MG TABLET	DUBOSE, KRISTIN	03/29/2021	12.00	7.65
4071	2112122	000	62332049241	TIZANIDINE HCL 4 MG CAPSULE	PEYTON, LORRIE	03/23/2021	15.00	47.70
4071	2114628	000	60505025203	TIZANIDINE HCL 4 MG TABLET	DUBOSE, KRISTIN	03/29/2021	30.00	37.48
4071	2132094	000	60505025203	TIZANIDINE HCL 4 MG TABLET	HUIET, CHRISTOPHER	05/10/2021	20.00	25.18
4071	2133181	000	60505025203	TIZANIDINE HCL 4 MG TABLET	HUIET, CHRISTOPHER	05/12/2021	30.00	37.48
4071	2139340	000	60505025203	TIZANIDINE HCL 4 MG TABLET	HUIET, CHRISTOPHER	05/27/2021	60.00	70.98
4071	2147354	000	60505025203	TIZANIDINE HCL 4 MG TABLET	HUIET, CHRISTOPHER	06/15/2021	21.00	26.48
4071	2112123	000	00093005805	TRAMADOL HCL 50 MG TABLET	PEYTON, LORRIE	03/23/2021	15.00	10.97
4071	2126078	000	00093005805	TRAMADOL HCL 50 MG TABLET	HUIET, CHRISTOPHER	04/26/2021	15.00	10.97
4071	2129897	000	00093005805	TRAMADOL HCL 50 MG TABLET	HUIET, CHRISTOPHER	05/05/2021	20.00	11.48
4071	2150467	000	00093005805	TRAMADOL HCL 50 MG TABLET	EDWARDS, WILLIE	06/22/2021	60.00	15.53

000275

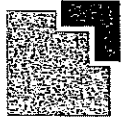
TOTAL # OF PRESCRIPTIONS: 19 TOTAL PATIENT PAID AMOUNT: 437.80

For customers who require additional information please contact the CVS privacy office at 800-287-2414.

-661-

Private and Confidential Intended for Addressee only

10	Defendants' Motion to Quash Second Deposition of Dr. William Edwards	08/15/22	276-280
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ROBINSON
GRAY

NICK HAIGLER
DIRECT 803.231.7847
nhaigler@robinsongray.com

Litigation + Business

August 15, 2022

VIA U.S. MAIL

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Ms. Bracy:

Enclosed please find an original and one (1) copy of a Motion to Quash Second Deposition of Dr. William Edwards which we are filing on behalf of the employer/carrier in the above-referenced matter. We are filing the original and retaining a clocked-in copy via our courier.

Additionally, we are enclosing a check in the amount of Fifty and No/100 Dollars (\$50.00) for the filing of this document.

By copy of this letter, we are hereby serving a copy of the attached document upon counsel for the claimant.

Very truly yours,

Nicolas L. Haigler, Esquire

Enclosures

cc: Steve Wukela, Jr., Esquire (via U.S. Mail and email)
Tracey Archambeault (via email)

000276

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 2104833

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

MOTION TO QUASH
SECOND DEPOSITION OF
DR. WILLIAM EDWARDS

TO: MS. AMY BRACY, JUDICIAL DIRECTOR, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND STEVE WUKELA, JR., ESQUIRE, ATTORNEY FOR THE CLAIMANT.

Pursuant to Regulation 67-215 and Rule 30(a), SCRCP, the Defendants hereby move for an Order of the Commission quashing the second deposition of Dr. William Edwards. The Defendants' Motion is based upon the following grounds:

1. The Claimant alleges injuries to his neck, thoracic spine, lumbar spine, arms and legs, while working for Defendants on March 19, 2021. The Defendants have denied this claim in its entirety.
2. On September 23, 2021, the parties conducted the deposition of Dr. William Edwards. This deposition was noticed by Claimant's counsel. Thus, during this deposition, Claimant's counsel was afforded the opportunity to conduct both direct and redirect examinations of Dr. Edwards and to solicit his opinions regarding the merits of this claim. The record was not held open.
3. Based upon the testimony of Dr. Edwards, the Defendants filed a Form 19 with the South Carolina Workers' Compensation Commission on October 5, 2021. This case has sat dormant since that time until July 27, 2022, when Claimant's counsel sought to coordinate the deposition of Dr. Edwards. Admittedly, the Defendants initially worked with Claimant's counsel to schedule this deposition. However, upon realizing that this would in fact be the second deposition of Dr. Edwards, the Defendants notified Claimant's counsel of their objection to same on August 12, 2022.

000277

4. On August 8, 2022, the Defendants were served with a Form 27 and Notice of Deposition for Dr. Edwards with a deposition date of August 25, 2022.
5. Pursuant to Rule 30(a)(2), SCRCP, "the deposition of any party or witness may only be taken one time in any case except by agreement of the parties through their counsel or by order of the court for good cause shown." Dr. Edwards was previously deposed in this matter, and the Claimant is not permitted depose him again without consent of the Defendants or an Order of the Commission. The Defendants do not consent to re-opening Dr. Edwards' testimony. Therefore, it is incumbent upon the Claimant to seek an Order of the Commission before simply proceeding with the deposition as was done here. In pursuing such an Order, the Claimant must present a legitimate reason for his desire to redepose Dr. Edwards. To date, he has not done so.
6. The Defendants submit that the second deposition of Dr. Edwards would be duplicative. Claimant's counsel has already had the opportunity to address the merits of this case with Dr. Edwards and to secure information sought from Dr. Edwards during his previous deposition on September 23, 2021. The Defendants should not have to bear the expense of a second deposition.
7. As a second ground for quashing the current deposition as set, Defense counsel currently has a scheduling conflict in the form of a Hearing in Conway, South Carolina on August 25, 2022. Thus, even if he did consent to re-opening Dr. Edwards' deposition, he is not available on the date the deposition is scheduled.
8. Given the nature of this Motion, the Defendants assert that further consultation with Claimant's counsel to resolve the issues set forth herein pursuant to Rule 11 and Regulation 67-215(H) would serve no useful purpose.

For the reasons set forth herein, the Defendants request an Order quashing the second deposition of Dr. William Edwards. The Defendants also request costs, including attorneys' fees, for having to pursue this Motion.

Respectfully submitted

ROBINSON GRAY STEPP & LAFFITTE, L. L. C.



Nicolas L. Haigler, Esquire
Post Office Box 11449
Columbia, SC 29211
(803) 929-1400

ATTORNEY FOR THE DEFENDANTS

000278

Columbia, South Carolina

August 15, 2022

000279

CERTIFICATE OF SERVICE

I, the undersigned, legal assistant with the law offices of Robinson Gray Stepp & Laffitte, L.L.C., attorneys for Defendant, do hereby certify that I have served counsel of record with the foregoing document(s) by mailing a copy of the same by United States Mail, postage prepaid, to the following address(es):

Pleading(s): **MOTION TO QUASH SECOND DEPOSITION OF
DR. WILLIAM EDWARDS**

Person/Party Served: **VIA U.S. MAIL**
Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

VIA U.S. MAIL AND E-MAIL
Steve Wukela, Jr., Esquire
Wukela Law Firm
P O Box 13057
Florence SC 295043057
steve@wukelalaw.com



Emily Andrews

Columbia, South Carolina

August 15, 2022

000280

11	Claimant's Reply in Opposition to Defendants' Motion to Quash Second Deposition of William Edwards, MD	08/18/22	281-289
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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

August 18, 2022

via email: abracy@wcc.sc.gov and US Postal Service

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Re: Qushon Inman, Claimant vs. GE Healthcare, Employer and Electric
Insurance Company % Sedgwick CMS, Carrier
WCC File Number: 2104833

Dear Amy:

Enclosed for filing please find an original and one (1) copy of the Claimant's Reply in Opposition to Defendants' Motion to Quash Second Deposition of William Edwards, MD. An envelope is enclosed for your convenience in returning a filed copy to me.

I am, by copy of the same, serving the attorney for the Defendants, Nicolas Haigler, with a copy of the Claimant's Reply in Opposition to Defendants' Motion to Quash Second Deposition of William Edwards, MD.

With kind regards, I remain

Yours truly,

WUKELA LAW FIRM

COPY

STEVE WUKELA, JR.

SWJr/tcc
Enclosure

cc: via email: nhaigler@robinsongray.com and US Postal Service
Nicolas Haigler, Esquire
Robinson Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

000281

Qushon Inman, Employee,
vs.
General Electric - Florence, Employer,
and
Electric Insurance Company, Carrier,
Defendants.

was needed.

The parties, by agreement, entered into a Consent Order signed by Commissioner Susan Barden on July 15, 2021, "...the parties to this claim agreed that additional time is needed to complete discovery and have requested the Commissioner to issue this Order memorializing the agreement... All other issues are held in abeyance, and this file will be returned to general files to be reset upon the request of either part." (Attachment #3)

The Claimant has been evaluated and treatment by Christopher Huiet, PA-C, of McLeod Orthopaedic Associates, who placed the Claimant out of work on April 1, 2021. PA Huiet immediately ordered an MRI of the Claimant thoracic and lumbar spine. Upon review of the MRIs, PA Huiet referred the Claimant to Dr. Bruce Johnson for pain management services. The Claimant was then referred to Dr. William Edwards for further evaluation and/or treatment of his cervical spine pain. Dr. Edwards examined the Claimant on June 22, 2021.

Thereafter, the parties coordinated the taking of Dr. William Edwards' deposition. The deposition was taken on September 23, 2021.

On September 23, 2021, Dr. Edwards testified to the following:

A. ...So, something was not adding up and that's why I recommended the formal neurological examination by Dr. Skinner.
(Depo. William Edwards – 09/23/21, p. 21, lines 17-19)

* * *

A. ...You know, my recommendation was to get that evaluation to make sure we're not missing something else. I'd hate for him to have an operation or some further

000283

treatment for this disc herniation and it not be what's causing all of his trouble. So, it was an effort to just to have a thorough workup before considering some type of intervention surgically. Until I get that information, I'm not going to feel comfortable recommending anything else be done.

(Depo. William Edwards, MD – 09/23/21, p. 22, line 19 – p. 23, line 3)

* * *

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

A. Yes.

Q. And he'll be continued to be unable to work as far as you're concerned until he's evaluated by Dr. Skinner and he does whatever tests that he's going to do and then he reports back to you for your evaluation?

A. Yes, sir.

(Depo. – William Edwards, MD – 09/23/21, p. 26, line 20 – p. 27, line 4)

The Claimant was examined by Dr. Skinner on October 21, 2021 and November 22, 2021. At that visit, Dr. Skinner noted:

Procedures

EMG/NCS completed. There is bilateral ulnar nerve slowing across the elbow with normal EMG of the arm. This may be consistent with ulnar decompression at the elbow. Otherwise the study is normal in the left arm and leg and in the right forearm. No evidence of radiculopathy is noted. The patient tells me that no one has sent him for physical therapy thus far. Therefore he will be referred for that. He should follow back up with Dr. Edwards. He does not have evidence clinically of ulnar nerve damage or injury, but this should be followed. If further symptoms of this develop such as numbness involving the intrinsic muscles of the hands he should be referred to the appropriate orthopedic specialist for possible ulnar decompression at the elbow. He should continue and (sic) pain management. I do not have anything else to offer from a neurological standpoint at this time but would be happy to reevaluate him at the request of Dr.

000284

Edwards or his primary providers. (Attachment #4)

The Claimant then returned to Dr. Edwards' office on October 26, 2021.

Since the taking of Dr. Edwards' deposition on September 23, 2021, the Claimant has been examined by Dr. Edwards and his staff at McLeod Spine Center (6) times (Attachment #5):

October 26, 2021 - Sonia Wicker, PA-C: Lumbar follow-up: recommendation for cervical spine physical therapy;

December 21, 2021 - Ashley Anderson, PA-C: Lumbar follow-up: recommendation to continue cervical spine physical therapy and add lumbar physical therapy to sessions. Referral to Dean Huie for bilateral shoulder pain;

February 17, 2022 - William Edwards, MD:

Plan:

1. Others

Clinical Notes: Previous thoracic MRI scan done 4/16/21 was personally reviewed with the patient and demonstrates no evidence of compressive pathology.

Previous lumbar MRI scan done 4/16/21 was personally reviewed with the patient and demonstrates disc degeneration L4-5 and L5-S1 only.

Previous cervical MRI scan done 5/4/21 was personally reviewed with the patient and shows loss of cervical lordosis but no disc herniation or spinal stenosis.

Lumbar MRI done 1/17/22 was personally reviewed with the patient and demonstrates worsening disc herniation at L5-S1 on the left side and degenerative changes at L4-5 with mild bulging on the left side as well. This represents significant worsening from previous MRI scans.

Patient desires to proceed with surgical intervention having failed all forms of conservative care. All risks and potential

000285

complications of the procedure were discussed in detail. Realistic expectations regarding relief of symptoms was carried out also and the patient voiced understanding and agreement. Definitive procedure involves lumbar discectomy at L5-S1 on the left and probably L4-5. I have reservations due to grossly deconditioned status and psychological component.

March 10, 2022 – William Edwards, MD: Lumbar/Surgery: Worsening low back and bilateral leg pain. Also complaints of neck and bilateral shoulder pain;

March 22, 2022 – William Edwards, MD: Lumbar follow-up: Neck and bilateral shoulder pain along with frequent headaches, numbness and tingling in both hands, review of cervical MRI ordered by his primary care physician, recommendation to proceed with epidural steroid injection at C5-6, continue with surgery;

July 14, 2022 – William Edwards, MD: Lumbar follow-up: Discussion of surgical treatment for large herniation at L5-S1. Also having issues with his bowel. Pending approval of workers' compensation for surgery. Advised, "that the longer the compressive pathology is present, the more likely the surgery will not help."

The undersigned's staff contacted counsel for the Defendants on July 21, 2022 and July 26, 2022, to coordinate the scheduling of Dr. Edwards' deposition in order to ascertain the Claimant's present condition and the need for surgery. (Attachment #6)

On July 27, 2022, counsel for the Defendants advised Claimant's staff that a different staff member who assist with scheduling the deposition of Dr. Edwards. (Attachment #6)

Again, on July 29, 2022, staff for Claimant's counsel again inquired on availability of Defendants' counsel to schedule the Dr. Edwards. Finally, on August 3,

000286

2022, the parties agreed to schedule the deposition of Dr. Edwards for August 25, 2022 at 3:00 p.m., "8/25 @3:00 will work. Please send me the address of where the deposition will be held." (Attachment #6)

The Notice of Deposition was forwarded to the Defendants on August 4, 2022. (Attachment #6)

On August 12, 2022, counsel for the Defendants advised Claimant's counsel, "...we are objecting to this deposition since it's already been taken. We are filing a Motion to Quash..." (Attachment #6)

On August 15, 2022, Claimant's counsel received the Defendants' Motion to Quash Second Deposition of Dr. William Edwards. Embedded within the body of the Motion is the first mention of Defendants' counsel scheduling conflict of a hearing set in Conway, South Carolina on August 25, 2022.

The Claimant, by virtue of the Consent Order signed by Commissioner Barden on July 15, 2021, agreed to allow for "...additional time needed to complete discovery." (Attachment #3)

It is clear that since the deposition of Dr. Edwards taken on September 23, 2021, Dr. Edwards has changed his opinion as to the Claimant's need for lumbar spine surgery. This is reflected in the above attached medical reports.

Defense counsel agreed to the date and time for the second taking of Dr. Edwards' deposition. (Attachment #6)

Clearly, it is in the interest of justice and the efficiency and accuracy of the workers' compensation system that the deposition of Dr. Edwards be taken.

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Additionally, the first time the Claimant was advised that counsel for the Defendants had a conflict with a scheduled hearing was when he served the Claimant's counsel with the Motion to Quash the Second Deposition of Dr. William Edwards.

Counsel for the Claimant does not have any objection to changing the date of the deposition to accommodate Defense counsel's hearing in another matter, but the Claimant is entitled to take Dr. Edwards' deposition prior to resetting the matter for hearing pursuant to the Consent Order of July 15, 2021.

THEREFORE, the Claimant prays that the Defendants' Motion to Quash Second Deposition of Dr. William Edwards be denied and the Claimant be allowed to proceed with the taking of Dr. Edwards' deposition as noticed for Thursday, August 25, 2022 at 3:00 p.m. to obtain Dr. Edwards' testimony regarding the Claimant's medical treatment since his deposition of September 23, 2021 and the pressing need for surgical intervention at this time.

Respectfully submitted,

BY: 
STEVE WUKELA, JR.
Wukela Law Firm
Attorney for Claimant
P.O. Box 13057
Florence SC 29504
(843) 669-5634

August 18, 2022

000288

CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 18th day of August 2022, she did place in an envelope with first class postage prepaid, a copy of the Claimant's Reply in Opposition to Defendants' Motion To Quash Second Deposition of William Edwards, MD, WCC File Number: 2104833, and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

Ms. Amy Bracy
Judicial Director
SS Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Nicolas Haigler, Esquire
Robinson Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

Tamela C. Charles
Tamela C. Charles

Florence, South Carolina

000289

12	Motion Order of Commissioner Cynthia Dooley	08/30/22	290-291
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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 2104833

Qushon Inman,

Claimant,
vs.

General Electric -- Florence,

Employer,

Electric Insurance Company,

Carrier,
Defendants

MOTION ORDER

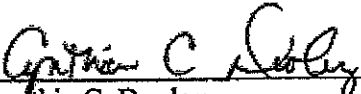
A Motion regarding the following issue(s) has been received.

- ☐ Discovery or Subpoena
- ☐ Appointment of guardian Ad Litem
- ☐ Attorney's appearance before the Commission
- ☐ ☐ Withdrawal of Representation
- ☐ ☐ Attorney's Fee
- ☐ Claim Pending Commission Review
- ☐ ☐ Postpone
- ☐ ☐ Adjourned the Scheduled Hearing
- ☐ Self Insurance Privileges
- ☐ Penalties and Interest
- ☐ Third Party Practice
- ☒ Other: Motion to Quash Second Deposition of Dr. William Edwards

000290

The following disposition has been made:

Defendant's Motion to Quash Second Deposition of Dr. William Edwards for causation issues is granted based on the fact that Dr. Edwards was deposed on September 23, 2021 for causation purposes.


Cynthia C. Dooley
Commissioner, S.C. Workers'
Compensation Commission

August 30, 2022

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above-entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
August 30, 2022

By: April Cardwell, Administrative Assistant to Commissioner Dooley

000291

13	Claimant's Form 30 – Request for Review of Commissioner Dooley's Motion Order	09/12/22	292-297
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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

September 12, 2022

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

**Re: Qushon Inman, Claimant v. General Electric – Florence, Employer and
Electric Insurance Company, Carrier
WCC File Number: 2104833**

Dear Amy:

Enclosed please find an original and three (3) copies of the Form 30 - Request for Commission Review, of the attached Motion Order of Commissioner Cynthia C. Dooley issued on August 30, 2022, along with a check in the amount of One Hundred Fifty and 00/100 (\$150.00) Dollars, for filing of the same.

I am, by certified mail, forwarding Nicolas Haigler, attorney for the Defendants, with a copy of the Form 30 - Request for Commission Review.

Please be advised that we hereby request oral arguments in this matter.

With kind regards, I remain

Yours truly,

WUKELA LAW FIRM
COPY

STEVE WUKELA, JR.

SWJr/tcc
Enclosures

cc: Honorable Cynthia Dooley (via email: acardwell@wcc.sc.gov and US Postal Service)
Nicolas Haigler, Esquire (via email: nhaigler@robinsongray.com and US Postal Service)

000292



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

Claimant's Name: Qushon Inman SSN: _____ Employer's Name: General Electric - Florence
Address: Savannah Grove Road Address: 3001 W. Radio Drive
City: Florence State: SC Zip: 29541 City: Florence State: SC Zip: 29501
Home Phone: (843) 731- Work Phone: () - Insurance Carrier: Electric Insurance Company
Preparer's Name: Steve Wukela, Jr. Law Firm: Wukela Law Firm Preparer's Phone #: (843) 669 - 5634

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 03/19/2021

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

(SEE ATTACHMENT)

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Ms. Amy Bracy, Judicial Director – SCWCC, P.O. Box 1715, Columbia, SC 29202-1715; Honorable Cynthia Dooley, Commissioner – SCWCC, P.O. Box 1715, Columbia, SC 29202-1715 and Nicolas Haigler, Esquire – Robinson Gray Stepp & Laffitte, LLC, P.O. Box 11449, Columbia, SC 29211 on the 12th day of September 2022 by ☒ first class postage ☒ certified mail ☐ personal service ☐ electronic service

Preparer's Signature

Attorney-At-Law
Title

steve@wukelalaw.com
Email

September 12, 2022
Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

GROUND FOR APPEAL

1. Did the Single Commissioner err in failing to find that the Claimant was entitled to take the second deposition of the orthopaedic surgeon, William Edwards, MD, who is treating the Claimant, scheduled for October 27, 2022 at 3:00 p.m., subsequent to examinations performed by Dr. Edwards between the first taking of his deposition on September 23, 2021 and his determination on February 17, 2022, that the Claimant now needs spinal surgery?

2. Did the Single Commissioner err as a matter of law, in quashing the second deposition of Dr. Edwards initially scheduled for August 25, 2022, later rescheduled for October 27, 2022, thereby denying the Claimant the opportunity to complete his preparation for the trial of the claim pursuant to the Consent Order of July 15, 2021 and Dr. Edwards' statement in his first deposition taken on September 23, 2021?

On September 23, 2021, Dr. Edwards testified to the following:

A. ...So, something was not adding up and that's why I recommended the formal neurological examination by Dr. Skinner.
(Depo. William Edwards – 09/23/21, p. 21, lines 17-19)

* * *

A. ...You know, my recommendation was to get that evaluation to make sure we're not missing something else. I'd hate for him to have an operation or some further treatment for this disc herniation and it not be what's causing all of his trouble. So, it was an effort to just to have a thorough workup before considering some type of intervention surgically. Until I get that information, I'm not going to feel comfortable recommending anything else be done.
(Depo. William Edwards, MD – 09/23/21, p. 22, line 19 – p. 23, line 3)

* * *

Q. As of today, subject to him seeing Dr. Skinner and

000294

any findings Dr. Skinner makes that he reports to you, today he is unable to work, is that correct.

A. Yes.

Q. And he'll be continued to be unable to work as far as you're concerned until he's evaluated by Dr. Skinner and he does whatever tests that he's going to do and then he reports back to you for your evaluation?

A. Yes, sir.

(Depo. – William Edwards, MD – 09/23/21, p. 26, line 20 – p. 27, line 4)

3. Did the Single Commissioner err, as a matter of law, by denying the Claimant his ability to take the second deposition of Dr. Edwards, in issuing an Order granting the Defendants' Motion to Quash, and thereby denying Claimant the ability to present additional evidence from Dr. Edwards, and present that evidence at the time of the hearing on the merits which is yet to be assigned to a Hearing Commissioner?

4. Did the Single Commissioner err, as a matter of law, in ruling on the admissibility and the weight of the evidence collected to date, the medical records, or the submissions of any evidence proffered at the hearing, collected after the first deposition of Dr. Edwards, pursuant to Rule 30(a)(2) of the SCRCP, when she did not have jurisdiction to conduct a hearing in the matter on the merits of these issues. The Single Commissioner's only jurisdiction being to determine if the second deposition was required, "by the order of the court for good cause shown?"

5. Did the Single Commissioner further err in failing to find that the witness, Dr. William Edwards, agreed to the taking of his deposition the second time, without objection and good cause shown, for August 25, 2022 at 3:00 p.m., and that the deposition already agreed to by Defense counsel, has been transferred on request of Defense counsel and the agreement of Dr. Edwards to October 27, 2022 at 3:00 p.m.?

6. Did the Single Commissioner err, notwithstanding the above asserted erroneous errors, fail to rule, notwithstanding the previous Consent Order of Commissioner Susan Barden dated July 15, 2021, (Attachment #3, p. 8) that the Claimant would be allowed to take the deposition of the doctor to be offered, in its entirety, at the hearing on the merits when the hearing is assigned and a Commissioner selected to hear the claim of the March 19, 2021 accident?

7. Did the Single Commissioner err in granting the motion of the Defendants to quash the deposition of Dr. William Edwards, which is presently scheduled for October 27, 2022 at 3:00 p.m., in failing to allow the Claimant to take that deposition, notwithstanding her ruling that the deposition be quashed so that the deposition scheduled for October 27, 2022 at 3:00 p.m. could be, at the least, proffered at the hearing of the claim, so that it can be preserved in the record, if the Hearing

000295

2

Commissioner and subsequent reviewers, have an opportunity to determine if the ruling of Commissioner Dooley was correct?

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CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 12th of September 2022, she did via electronic transmittal and US Postal Service, place in an envelope with first class postage prepaid certified return receipt, a copy of the Form 30 - Request for Commission Review regarding Qushon Inman, Claimant vs. General Electric - Florence, Employer and Electric Insurance Company, Carrier; WCC File Number: 2104833 and deposited the same in the United States mail. Said envelope being addressed to the following person(s):

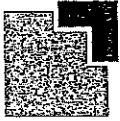
Ms. Amy Bracy (via email: abracy@wcc.sc.gov and US Postal Service)
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Honorable Cynthia Dooley (via email: acardwell@wcc.sc.gov and US Postal Service)
Commissioner
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Nicolas Haigler, Esquire (via email: nhaigler@robinsongray.com and US Postal Service)
Robinson Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

Tamela C. Charles
Tamela C. Charles

14	Defendants' Motion for Rule to Show Cause	09/12/22	298-302
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ROBINSON
GRAY

NICOLAS L. HAIGLER
DIRECT 803.231.7847
nhaigler@robinsongray.com

Litigation + Business

September 12, 2022

VIA U.S. MAIL

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Ms. Bracy:

Enclosed please find an original and one (1) copy of a Motion for Rule to Show Cause which we are filing on behalf of the employer/carrier in the above-referenced matter. We are filing the original and retaining a clocked-in copy via our courier.

Additionally, we are enclosing a check in the amount of Fifty and No/100 Dollars (\$50.00) for the filing of this document.

By copy of this letter, we are hereby serving a copy of the attached document upon counsel for the claimant.

Very truly yours,

Nicolas L. Haigler, Esquire

Enclosures

cc: Steve Wukela, Jr., Esquire (via U.S. Mail and email)
Suzanne Delong (via email)
Kelley Prevatte (via email)

000298

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 2104833

Qushon Inman		)	
	Claimant,	)	
		)	
vs.		)	
		)	
General Electric - Florence		)	<u>DEFENDANTS' MOTION FOR RULE</u>
	Employer,	)	<u>TO SHOW CAUSE</u>
		)	
and		)	
		)	
Electric Insurance Company		)	
	Carrier,	)	
		)	
	Defendants.	)	
		)	
		)	
		)	

Defendants move pursuant to Regulation 67-1404 for a Hearing before the South Carolina Workers' Compensation Commission based upon the following grounds:

1. This matter involves denied injuries to Claimant's neck, thoracic spine, lumbar spine, arms and legs, allegedly occurring on March 19, 2021, while Claimant was working for Defendant Employer General Electric - Florence.
2. On September 23, 2021, the parties conducted the deposition of Dr. William Edwards. This deposition was noticed by Claimant's counsel and thus afforded Claimant's counsel the opportunity to conduct both direct and redirect examination of Dr. Edwards and to solicit his opinions regarding the merits of this claim. The record was not held open.

3. Based upon the testimony of Dr. Edwards, Defendants filed a Form 19 on October 5, 2021. Thereafter, this claim sat dormant until July 27, 2022, when Claimant's counsel sought to coordinate the second deposition of Dr. Edwards. On August 8, 2022, Defendants were served with a Form 27 and Notice of Deposition of Dr. Edwards with a deposition date of August 25, 2022. Upon realizing that this would be the second deposition of Dr. Edwards, Defendants notified Claimant's counsel of their objection to same on August 12, 2022. Despite Defendants' objection, Claimant's counsel refused to cancel Dr. Edward's deposition.
4. On August 15, 2022, Defendants filed a Motion to Quash this second deposition of Dr. Edwards pursuant to Rule 30(a)(2) of the South Carolina Rules of Civil Procedure. (Exhibit A). On August 30, 2022, Commissioner Dooley granted Defendants' Motion to Quash Second Deposition of Dr. Edwards on the grounds that Dr. Edwards had previously been deposed on September 23, 2021, for causation purposes. (Exhibit A).
5. On September 9, 2022, Claimant's counsel corresponded with Defendants', stating: "Although Commissioner Dooley has granted your Motion to Quash the Second Deposition of Dr. William Edwards as it relates to causation issues, please be advised that I am proceeding with the deposition of Dr. Edwards as scheduled for Thursday, October 27th at 3:00 pm so that I can proffer the entire deposition at the hearing when it is scheduled in this claim." (Exhibit B).
6. Defendants contend that Claimant's counsel has clearly violated the Order of Commissioner Dooley by scheduling the second deposition of Dr. Edwards despite Commissioner Dooley's grant of Defendants' Motion to Quash the same, and by admitting that he plans to proffer the entirety of the deposition

transcript at a later hearing. Claimant's counsel's noncompliance with an Order of the South Carolina Workers' Compensation Commission has and will continue to prejudice Defendants, requiring the filing of this Motion and the future cost associated with attending the second deposition of Dr. Edwards.

For the foregoing reasons, Defendants respectfully request that this matter be set for a Rule to Show Cause Hearing to enforce the terms of Commissioner Dooley's August 30, 2022, Order. Defendants also request reimbursement of the costs and attorney's fees associated with the filing of this Motion. Defendants have informed Claimant's counsel of their intent to file this Motion and the parties have not been able to resolve this issue.

Respectfully submitted,

ROBINSON GRAY STEPP & LAFFITTE, L.L.C.

By: 

Nicolas L. Haigler, Esquire
Post Office Box 11449
Columbia, SC 29211
(803) 929-1400

ATTORNEYS FOR THE DEFENDANTS

Columbia, South Carolina

September 12, 2022

000301

-692-

CERTIFICATE OF SERVICE

I, the undersigned, legal assistant with the law offices of Robinson Gray Stepp & Laffitte, L.L.C., attorneys for Defendant, do hereby certify that I have served counsel of record with the foregoing document(s) by mailing a copy of the same by United States Mail, postage prepaid, to the following address(es):

Pleading(s):

MOTION TO COMPEL

Person/Party Served:

VIA U.S. MAIL

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

VIA U.S. MAIL AND E-MAIL

Steve Wukela, Jr., Esquire
Wukela Law Firm
PO Box 13057
Florence SC 295043057
steve@wukelalaw.com



Emily Andrews

Columbia, South Carolina

September 12, 2022

000302

15	Claimant's Response to Defendants' Motion for Rule to Show Cause dated September 12, 2022	09/14/22	303-307
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Qushon Inman, Employee,
Claimant,
vs.
General Electric - Florence, Employer,
and
Electric Insurance Company, Carrier,
Defendants.

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
NICOLAS HAIGLER, ESQUIRE, ATTORNEY FOR THE DEFENDANTS:

The Defendants' filed their Form 51 on May 26, 2021.

The Claimant filed his Form 58 – Prehearing Brief on July 6, 2021.

The Claimant continued to receive medical treatment and his condition

deteriorated.

The deposition of Dr. William Edwards, an orthopaedic surgeon, and one of the physicians treating the Claimant, was initially taken on September 23, 2021, wherein, among other things, Dr. Edwards indicated:

A. ...You know, my recommendation was to get that evaluation to make sure we're not missing something else. I'd hate for him to have an operation or some further treatment for this disc herniation and it not be what's causing all of his trouble. So, it was an effort to just to have a thorough workup before considering some type of intervention surgically. Until I get that information, I'm not going to feel comfortable recommending anything else be done.

(Depo. William Edwards, MD – 09/23/21, p. 22, line 19 – p. 23, line 3)

Dr. Edwards and other physicians continued to treatment the Claimant and on February 17, 2022, Dr. Edwards recommended that the Claimant submit to, "lumbar discectomy at L5-S1 on the left and probably L4-5."

The Claimant scheduled the deposition of Dr. Edwards for August 25, 2022, with the consent of the Defendants. (Attachment #6, p. 82)

Subsequently, the Defendants objected to the deposition of Dr. Edwards being taken for a second time.

The Claimant cannot proceed with a hearing on the merits of his Form 50 without the deposition of Dr. Edwards concerning the developmental medical treatment sustained by the Claimant since the deposition of Dr. Edwards taken on September 23, 2021.

On August 15, 2022, the Defendants moved to quash the second deposition of

Dr. Edwards which was scheduled for August 25, 2022.

At that time, counsel for the Defendants provided first notice that Defense counsel had a scheduling conflict due to another scheduled hearing. As a result of the hearing conflict, the parties agreed, along with Dr. Edwards' consent, to reschedule the taking of his deposition to October 27, 2022 at 3:00 p.m. to accommodate Defense counsel's calendar. (Exhibit D, p. 92)

The Claimant replied in opposition to Defendants' Motion to Quash on August 18, 2022. (Exhibit B)

The matter was heard telephonically by Commissioner Dooley on Friday, August 26, 2022, resulting in the Order of the Single Commissioner dated August 30, 2022 (Exhibit A):

The following disposition has been made:

Defendant's Motion to Quash Second Deposition of Dr. William Edwards for causation issues is granted based on the fact that Dr. Edwards was deposed on September 23, 2021 for causation purposes.

On Friday, September 9, 2022, Claimant's counsel notified Defendants' counsel that he would be proceeding with the deposition of Dr. William Edwards as scheduled for October 27, 2022, in order to be able to proffer the deposition at the yet to be scheduled hearing on the merits. (Defendants' Motion for Rule to Show Cause)

On September 12, 2022, counsel for the Defendants filed the instant Motion for Rule to Show Cause.

On September 12, 2022, counsel for the Claimant filed a Form 30 – Request for

000305

3

-697-

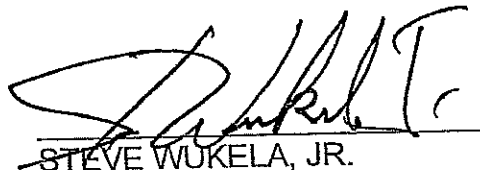
Commission Review of the Single Commissioner's Motion Order of August 30, 2022,
which is presently pending before the Full Commission. (Attachment C)

WHEREFORE, Claimant moves that Defendants' Motion for Rule to Show Cause be dismissed, for among other reasons, the Motion Order has been presently appealed to the SCWCC Full Commission and there is no jurisdiction for the Rule to Show Cause at a lower hearing tribunal.

To deny the Claimant the opportunity to, at least, take the deposition of Dr. Edwards on October 27, 2022, denies the Claimant due process to make a proffer of that testimony when the Form 50 matter is scheduled for hearing, which cannot be set until the Claimant's Form 30 – Request for Commission Review is heard.

Respectfully submitted,

BY:



STEVE WUKELA, JR.
Wukela Law Firm
Attorney for Claimant
P.O. Box 13057
Florence, SC 29504
(843) 669-5634

September 14, 2022

000306

CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 14th day of September 2022, she did place in an envelope with first class postage prepaid, a copy of the Claimant's Response to Defendants' Motion for Rule to Show Cause, WCC File Number: 2104833, and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Nicolas Haigler, Esquire
Robinson Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

Tamela C. Charles
Tamela C. Charles

Florence, South Carolina

000307

16	Full Commission Disposition of 09/12/22 Form 30	09/19/22	308-310
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Claimant's Name: Qushon Inman

Employer's Name: General Electric

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.

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

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☐ Statement of Judgment by the Commission:

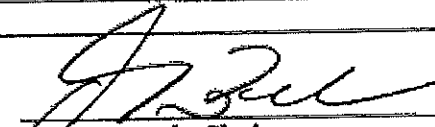
II. ORDER INFORMATION

This order ☐ ends ☐ does not end the case.

ADDITIONAL INFORMATION REGARDING DECISION BY THE COURT

This action came to trial or hearing before the Commission. The issues have been heard and a decision rendered.

AND IT IS SO ORDERED.


T. Scott Beck, Chair
For the Commission

Columbia, South Carolina

9/12/22 Date
CONCURRING:

NOT PARTICIPATING:

DISSENTING:

Commissioner T. Scott Beck
Commissioner Cynthia Dooley
Commissioner Melody James
Commissioner Aisha Taylor
Commissioner Avery Wilkerson
Commissioner Michael Campbell
Commissioner Gene McCaskill

____x____

III. 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 COPYHEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL

This _____ day of _____, 2022.

By: _____

Order Served via USPS:

Nicolas L. Haigler Robinson Gray Stepp & Laffitte nhaigler@robinsongray.com	Steve Wukela Wukela Law Firm Steve@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, 2022

000310

17	Motion Order of Commissioner Gene McCaskill	10/27/22	311
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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 2104833

Qushon Inman,	)	
	)	
vs.	)	
	)	
GE Healthcare Inc.,	)	Motion Order
	)	
Employer,	)	
	)	
Electric Insurance Company,	)	
	)	
Carrier,	)	
	)	
Defendants	)	
_____	)	

A Motion regarding the following issue(s) has been received by the Defendant's:

 X Motion for Rule to Show Cause to Enforce the Terms of Commissioner Dooley's
August 30, 2022 Order

Disposition for this Motion is: X Granted Denied

The parties have been heard on this motion. Commissioner Dooley's Order of August 30, 2022 remains. Claimant is not to take the further deposition of Dr. Edwards. If Claimant defies the Order of the Commission, any further deposition of Dr. Edwards will be inadmissible at a hearing on the merits. That further deposition, even if proffered, is not to come into the record.



Commissioner Gene McCaskill

October 27, 2022
Columbia, SC

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 Patty Lundy on October 27, 2022

000311

18	Claimant's Form 30 – Request for Review of Commissioner McCaskill's Motion Order	11/04/22	312-316
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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

November 4, 2022

Ms. Amy Bracy (via email: abracy@wcc.sc.gov and US Postal Service)
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

**Re: Qushon Inman, Claimant v. General Electric – Florence, Employer and
Electric Insurance Company, Carrier
WCC File Number: 2104833**

Dear Amy:

Enclosed please find an original and three (3) copies of the Form 30 - Request for Commission Review, of the attached Motion Order of Commissioner Gene McCaskill issued on October 27, 2022, along with a check in the amount of One Hundred Fifty and 00/100 (\$150.00) Dollars, for filing of the same.

I am, by certified mail, forwarding Nicolas Haigler, attorney for the Defendants, with a copy of the Form 30 - Request for Commission Review.

Please be advised that we hereby request oral arguments in this matter.

With kind regards, I remain

Yours truly,

WUKELA LAW FIRM

STEVE WUKELA, JR.

SWJr/tcc
Enclosures

cc: Honorable Gene McCaskill (via email: plundy@wcc.sc.gov and US Postal Service)
Nicolas Haigler, Esquire (via email: nhaigler@robinsongray.com and US Postal Service)

000312

-707-



Claimant's Name: Qushon Inman SSN: _____ Employer's Name: General Electric - Florence
Address: Savannah Grove Road Address: 3001 W. Radio Drive
City: Florence State: SC Zip: 29541 City: Florence State: SC Zip: 29501
Home Phone: (843) 731- Work Phone: () - Insurance Carrier: Electric Insurance Company
Preparer's Name: Steve Wukela, Jr. Law Firm: Wukela Law Firm Preparer's Phone #: (843) 669-5634

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 03/19/2021

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

(SEE ATTACHMENT)

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Ms. Amy Bracy, Judicial Director - SCWCC, P.O. Box 1715, Columbia, SC 29202-1715; Honorable Gene McCaskill, Commissioner - SCWCC, P.O. Box 1715, Columbia, SC 29202-1715 and Nicolas Haigler, Esquire - Robinson Gray Stepp & Laffitte, LLC, P.O. Box 11449, Columbia, SC 29211 on the 4th day of November 2022 by ☒ first class postage ☒ certified mail ☐ personal service ☒ electronic service

Attorney-At-Law
Title

steve@wukelalaw.com
Email

November 4, 2022
Date

Preparer's Signature

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC File Number: 2104833

Qushon Inman, Claimant v. General Electric - Florence, Employer and Electric Insurance Company, Carrier

GROUND FOR APPEAL

August 3, 2022	Parties agreed on deposition of Dr. William Edwards to be taken on August 25, 2022;
August 15, 2022	Defendants move to Quash Second Deposition of Dr. William Edwards;
August 18, 2022	Claimant files Claimant's Reply in Opposition to Defendants' Motion to Quash;
August 22, 2022	Claimant files second Notice of Deposition of Dr. William Edwards scheduled for October 27, 2022;
August 26, 2022	Telephone conference held on Defendants' Motion to Quash;
August 30, 2022	Motion Order granting Defendants' Motion to Quash Second Deposition of Dr. William Edwards;
September 12, 2022	Claimant filed Form 30 – Request for Commission Review;
September 12, 2022	Defendants file Motion for Rule to Show Cause;
September 14, 2022	Claimant files Claimant's Response to Defendants' Motion for Rule to Show Cause (Exhibit A);
September 19, 2022	Full Commission dismisses Claimant's Form 30 – Request for Review as interlocutory (Exhibit B);
October 19, 2022	Rule to Show Cause hearing held in Camden, SC before Commissioner McCaskill;
October 27, 2022	Motion Order granting Defendants' Motion for Rule to Show Cause:

The parties have been heard on this motion. Commissioner Dooley's Order of August 30, 2022 remains. Claimant is not to take the further deposition of Dr. Edwards. If Claimant defies the Order of the Commission, any further deposition of Dr. Edwards will be inadmissible at a hearing on the merits. That further deposition, even if proffered, is not to come into the record.

000314

1. Did the Single Commissioner err in issuing a Motion Order granting Defendants' Motion for Rule to Show Cause on October 27, 2022, in ordering that the Claimant not take the second deposition of Dr. William Edwards, the authorized treating physician?
2. Did the Single Commissioner err in ruling that if the Claimant defied the ruling of the Commission that any further deposition of Dr. Edwards will be inadmissible at a hearing on the merits, thereby denying the Hearing Commissioner the jurisdiction to rule on the admissibility of the second deposition of Dr. Edwards?
3. Did the Single Commissioner err in ruling in specifically denying the Claimant his due process rights under the United States Constitution, the South Carolina Constitution and the South Carolina Workers' Compensation Act, in ruling, as a matter of law, "...further deposition of Dr. Edwards will be inadmissible at a hearing on the merits. That further deposition, even if proffered, is not to come into the record," thereby denying the Hearing Commissioner the jurisdiction to rule on the merits of the admissibility of the proposed proffer of Dr. Edwards' second deposition, and denying the Claimant his right to prepare an adequate record on appeal of any order of the Hearing Commissioner on the merits, even if the Hearing Commissioner refused to consider the proffered evidence?
4. Did the Single Commissioner err in specifically ordering Claimant's counsel not to take the second deposition of Dr. Edwards, the Claimant is being denied the opportunity to present changes in his medical condition relative to presentation to the Hearing Commissioner assigned to hear the claim on the merits since the deposition of Dr. Edwards was taken on September 23, 2021, likewise, denying the Claimant his due process rights under the United States Constitution, the South Carolina Constitution and the South Carolina Workers' Compensation Act, in denying the Claimant to prepare proffered evidence?

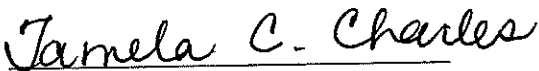
CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 4th of November 2022, she did via electronic transmittal and US Postal Service, place in an envelope with first class postage prepaid certified return receipt, a copy of the Form 30 - Request for Commission Review regarding Qushon Inman, Claimant vs. General Electric - Florence, Employer and Electric Insurance Company, Carrier; WCC File Number: 2104833 and deposited the same in the United States mail. Said envelope being addressed to the following person(s):

Ms. Amy Bracy (via email: abracy@wcc.sc.gov and US Postal Service)
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Honorable Gene McCaskill (via email: plundy@wcc.sc.gov and US Postal Service)
Commissioner
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Nicolas Haigler, Esquire (via email: nhaigler@robinsongray.com and US Postal Service)
Robinson Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211


Tamela C. Charles

19	Full Commission Disposition of 11/04/22 Form 30	11/21/22	317-319
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Claimant's Name: Qushon Inman

Employer's Name: General Electric

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.

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 v General Electric

Order 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 21 day of November, 2021

By: Valerie D. Doherty
SCWCC Judicial Department

000319

20	Claimant's Form 50 – Request for Hearing	04/26/21	320
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CC File #: _____
Carrier File #: **402104ADG6C0001**
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Qushon Inman SSN: _____ Employer's Name: GE Healthcare
Address: Savannah Grove Road Address: 3001 W. Radio Drive
City: Effingham State: SC Zip: 29541 City: Florence State: SC Zip: 29501
Home Phone: (843) 601- Work Phone: () - Insurance Carrier: Electric Insurance Company % Sedgwick CMS
Preparer's Name: Steve Wukela, Jr. Law Firm: Wukela Law Firm Preparer's Phone #: (843) 669 - 5634

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

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to neck, thoracic spine, lumbar spine, arms and legs on 03/19/2021 in Florence County, state of SC.

2. Body part(s) affected are neck, thoracic spine, lumbar spine, arms and legs.

Briefly describe how the accident occurred. The Claimant was jumping from the trailer of an 18 wheeler to the dock in the shipping department when he felt a sharp pain in his back radiating into his legs and arms

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 03/20/2021 in the following manner: Sent a text message to the Manager, Carlos and also reported accident to Katie Thomas and Scott Olsen.

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: neck, thoracic spine, lumbar spine, arms and legs

☐ (b) additional medical examination and treatment for: _____

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: March 19, 2021 and continuing until further order of the Commission

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☒ Partial ☒ (2) Specific Disability: ☒ Total ☒ Partial ☒ (3) Wage Loss

9a. Claimant at MMI: ☐ Yes ☒ No

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$574.00, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11. Further grounds or unusual aspects of claim: Failure to enter into a compensation agreement; failure to pay compensation; failure to properly calculate average weekly wage; failure to provide medical care; failure to pay for medical care; 10% penalty for said failures pursuant to §42-9-90; 25% penalty pursuant to §42-9-260 and interest pursuant to §42-9-240 requested for said failures.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Christopher Huiet, PA-C - McLeod Orthopaedics; McLeod Health - Emergency Department; MUSC - Florence - Emergency Department

11b. To the best of your knowledge, did you have any prior permanent disability? No If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13. I am filing a claim. I am not requesting a hearing at this time.

Estimated time needed for hearing: 1 hour

☒ 14. I am requesting a hearing. A \$50 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to GE Healthcare, 3001 E. Radio Drive, Florence, SC 29501; Electric Insurance Company % Sedgwick CMS, P.O. Box 14017, Lexington, KY 40512 and General Electric Company, 901 Main Avenue, Norwalk, CT 06851, on the 26th day of April 2021 by

☐ first class postage ☐ certified mail, personal service ☐ electronic service

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

Preparer's Signature: [Signature] Attorney-At-Law: Steve Wukela
Title: _____ Email: steve@wukelalaw.com

Date: April 26, 2021

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

21	Defendants' Form 51 – Answer to Request for Hearing	05/26/21	321-322
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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov



WCC File #: 2104833
Carrier File #: 402104ASG6C0001
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Qushon Inman SSN: _____ Employer's Name: General Electric - Florence
Address: Javannah Grove Road Address: 3001 West Radio Drive
City: Effingham State: SC Zip: 29541 City: Florence State: SC Zip: 29501
Home Phone: _____ Work Phone: _____ Insurance Carrier: Electric Insurance Company
Preparer's Name: Nicolas Haigler, Esquire Law Firm: Robinson Gray Stepp & Laffitte, LLC Preparer's Phone #: 803-929-1400

Date of Injury or Illness: March 19, 2021 (alleged in claimant's Form 50) Estimated time for hearing: 1 hour
Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Pending investigation, this claim is denied in its entirety. See No. 11.
2. It is **denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1 and No. 11.
3. It is **denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1 and No. 11.
4. It is **denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1 and No. 11.
5. It is **denied** notice of injury was given to the employer. The reasons for denial are:
See No. 1 and No. 11.
6. It is **denied** the employee **needs / is entitled to additional** medical care as a result of injury or illness. The reasons for denial are:
See No. 1 and No. 11.
7. It is **denied** the employee is entitled to temporary total disability for the period(s) of: See No. 1 and No. 11.
8. It is **denied** the employee is permanently disabled. The reasons for denial are: See No. 1 and No. 11.
9. It is **denied** the employee has a serious disfigurement.
10. It is contented that an average weekly wage of \$ Form 20 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: See attached.

☐ Mediation

- ☐ (a) Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ (b) Mediation is required pursuant to Reg. 67-1802.
☐ (c) Mediation is requested by consent of the parties pursuant to Reg. 67-1803.
☐ (d) Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Steve Wukela, Jr., Esquire Address PO Box 13057 Florence, SC 29504-3057 (steve@wukelalaw.com) on 26 May 2021, by:

☒ first class postage ☐ certified mail ☐ personal service ☒ electronic service

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

Preparer's Signature

Attorney for The Employer/Carrier
Title

nhaigler@robinsongray.com
Email

5/26/2021
Date

000321

Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001-402104ASG6C0001
Our File No.: 6589/8252

(Continuation from Form 51)

11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603), including but not limited to § 42-9-60, § 42-15-20, § 42-15-40, § 42-17-90; fraud in the application for employment; pre-existing disability to allegedly injured members; election of remedies; doctrine of laches; intervening trauma; no compensable injury by accident under § 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work-related; defendants reserve the right to amend this Answer and plead additional defenses.

ROBINSON GRAY STEPP & LAFFITTE, L.L.C.



By: _____

Nicolas Haigler
1310 Gadsden Street
Post Office Box 11449
Columbia, SC 29211
(803) 929-1400

Attorneys for Employer/Carrier

Columbia, South Carolina

May 26, 2021

000322

22	Consent Order	07/15/21	323
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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 2104833

Qushon Inman, Employee,)
Claimant,)
vs.)
General Electric (Florence), Employer,)
and)
Electric Insurance Company, Carrier,)
Defendants.)

CONSENT ORDER

This claim was scheduled for a hearing before the undersigned Commissioner on July 22, 2021, in Florence, South Carolina. Prior to the scheduled hearing, the parties to this claim agreed that additional time is needed to complete discovery and have requested the Commissioner to issue this Order memorializing the agreement.

IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED, that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission. All other issues are held in abeyance, and this file will be returned to general files to be reset upon the request of either party.

AND IT IS SO ORDERED!

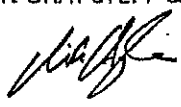
CERTIFICATE OF SERVICE

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).

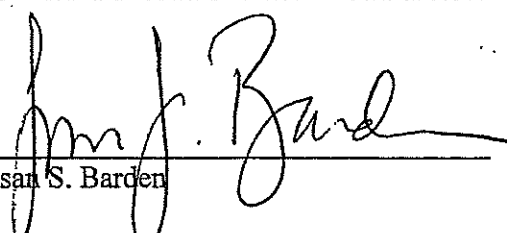
By Barbara Skarbek on July 15, 2021

WE CONSENT:

ROBINSON GRAY STEPP & LAFFITTE, LLC


Nicolas Haigler, Esquire
Attorney for Defendants
Post Office Box 11449
Columbia, SC 29211

SC WORKERS' COMPENSATION COMMISSION


Susan S. Barden

WUKELA LAW FIRM


Steve Wukela, Jr., Esquire
Attorney for Claimant
Post Office Box 13057
Florence, SC 29504

9 July 21

000323

23	Claimant's Subpoena Response	12/08/22	324
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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

December 8, 2022

(843) 669-5634
FAX (843) 669-5150

via email: nhaigler@robinsongray.com and US Postal Service

Nicolas Haigler, Esquire
Robinson Gray Stepp Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

**Re: Qushon Inman, Claimant vs. GE Healthcare, Employer and Electric
Insurance Company % Sedgwick CMS, Carrier
WCC File Number: 2104833**

Dear Nicolas:

Pursuant to the Defendants' Subpoena dated November 28, 2022 and our telephone conversation yesterday, please find attached the update medical records of Dr. William Edwards received in our office since the date of his deposition taken on September 23, 2021. I direct your attention to Tab #1, pp. 217 (A)(54) – 217(A)(55).

Additionally, I have enclosed the medical reports of Dr. Roland Skinner of McLeod Neurological Associates (Tab #2) and Dr. John Wolford of McLeod Digestive Health (Tab #3) for your review.

Once we received the Notice of Hearing, I will formally serve you with the Claimant's Supplemental Form 58 and APA Submissions.

With kind regards, I remain

Yours truly,

WUKELA LAW FIRM

STEVE WUKELA, JR.

SWJr/tcc
Enclosures

000324

-724-

24	Subpoena issued to Dr. William Edwards	01/24/23	325-327
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ROBINSON
GRAY

Litigation + Business

URSULA VEGUILLA

DIRECT 803-231-7842 FAX 803-231-7893

uveguilla@robinsongray.com

January 24, 2023

VIA CERTIFIED MAIL

W.S. Edwards, Jr., MD
McLeod Spine Center
800 E. Cheves Street, Suite 480-B
Florence, SC 29506

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Dr. Edwards:

Enclosed for service upon you is our Subpoena for your appearance in the above-referenced case. We look forward to seeing you on February 15, 2023 at 1:00 p.m. If you have any questions regarding this notice, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,

Ursula Veguilla
Paralegal to Nicolas L. Haigler
Enclosures

cc: Steve Wukela, Jr., Esquire (via email w/ encl)
Suzanne Gaylord (via email w/ encl)
Kelley Prevatte (via email w/ encl)

000325

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 2104833
Carrier File #: 402104ASG6C0001
Carrier Code #:
Employer FEIN #:

Qushon Inman
Claimant's Name SSN
Savannah Grove Road Effingham, SC 29541
Address City State Zip

General Electric - Florence
Employer's Name
3001 West Radio Drive Florence, SC 29501
Address City State Zip

Home Phone Work Phone
Preparer's Name: Nicolas L. Haigler, Esquire

Law Firm: Robinson Gray Stepp & Laffitte, L.L.C. Preparer's Phone #: (803) 929-1400

SUBPOENA

To: W.S. Edwards, Jr., M.D.



YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: Hartsville City Hall, 100 E. Carolina Avenue, Hartsville, SC 29550 ROOM: Council Chambers
DATE AND TIME: 2/15/2023 at 1:00 p.m.

☐ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☐ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: _____

PLACE: _____ DATE AND TIME: _____

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

 Nicolas L. Haigler - Attorney

ISSUING OFFICER'S SIGNATURE AND TITLE

(803) 929-1400
PHONE NUMBER

1/24/2023
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

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 recipient and counsel of record with the foregoing document(s) to the following address(es):

Pleading(s): FORM 27 – SUBPOENA

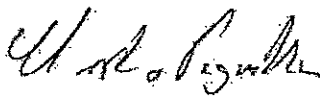
Person/Party Served:

VIA CERTIFIED MAIL

W.S. Edwards, Jr., MD
McLeod Spine Center
800 E. Cheves Street, Suite 480-B
Florence, SC 29506

VIA ELECTRONIC SERVICE

Steve Wukela, Jr., Esquire
Wukela Law Firm
PO Box 13057
Florence, SC 29504
tcharles@wukelalaw.com



Ursula Veguilla

Columbia, SC
January 24, 2023

000327

27	Deposition - William Edwards, MD	09/23/21	
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28	Deposition – William Edwards, MD	04/20/23	
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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 2104833

Qushon Inman		)	
	Claimant,	)	
		)	
vs.		)	
		)	
General Electric - Florence		)	NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS
	Employer,	)	
and		)	
		)	
Electric Insurance Company		)	
	Carrier,	)	
		)	
	Defendants.	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND STEVE WUKELA, JR., ATTORNEY FOR THE CLAIMANT

YOU ARE HEREBY NOTIFIED THAT THE Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants, to-wit:

	Physician	Practice	Dates of Service	Page Numbers
1.	None from the defendants. May be supplemented upon receipt of additional medical records.			

	Exhibits	Date of Reports	Page Numbers
A.	Claimant's deposition, for impeachment only	6/15/2021 and 4/25/2023	deposition
B.	Deposition of Dr. William Edwards	9/23/2021	deposition
C.	Portions of claimant's medical file from GE		1 - 10

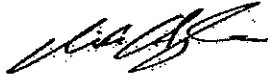
Unusual Problems: (1) Defendants object to Number 6 and pages 2-12 of the claimant's Form 58. This is clearly an effort by claimant's counsel to testify on behalf of the claimant which is improper and should not be considered as evidence in this case; (2) Defendants object to pp. 217(A54-55) of the claimant's APA submissions which is currently the subject of a Motion to Exclude this hearsay evidence from the hearing which has been filed concurrently with this Pre-Hearing Brief. Further, defendants contend that Dr. Edwards' 4/20/23 deposition is admissible at this hearing only if defendants' Motion to Exclude hearsay evidence is denied; (3) Defendants object to the submission of the deposition of Kelley Prevatte as direct evidence in this case. (4) Defendants are awaiting responses to several subpoenas for medical records which were issued in response to the claimant's 4/25/23 deposition. Defendants reserve the right to submit these records as needed upon receipt. Alternatively, the defendants request that the hearing be postponed to allow them time to complete this discovery in accordance with their due process rights.

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.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employer-defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Defendants may call Kelley Prevatte; Dr. William Edwards (via deposition).

ROBINSON GRAY STEPP & LAFFITTE, L.L.C.

By: 

Nicolas L. Haigler
Post Office Box 11449
Columbia, SC 29211
(803) 929-1400

ATTORNEY FOR DEFENDANTS

Columbia, South Carolina

May 5, 2023

GE Healthcare Medical History

Print Clearly and Complete All Sections

Email the completed Medical History form to hrac.offer@ge.com

Approved 12/30/2020
Rachel Milne RN

A. Personal Information

Name Last	First	MI	Birthdate	Sex ☒ M ☐ F
Inman	Quasha	Montez	Month Day Year	
Home Address			Home Phone No.	Work Phone
Savannah Grove Rd			(843) 731-	
City, State & Zip			Call Phone: (843) 731-	
Effingham SC 29541				
Name & Address of Personal Physician			Name, Address & Phone No. of Next of Kin (For Emergency)	
			Fatisha McLaughlin (843) 601-2495	

General Electric Company may provide you with a medical examination to assess your ability to perform the essential functions of the job and to determine your capacity to work safely without creating hazards to other employees. Your examination will, of course, be a limited one which is neither designed to substitute for treatment by your own physician or the periodic examinations which you may otherwise have. Records of this examination and other medical services that may be provided to you will be kept with appropriate safeguards for privacy and confidentiality. No identifiable medical information about you will be released without your written authorization except in cases of medical emergency or as required by law.

B. System History — Have you ever had or have you now any of the following (Include Date of Occurrence)

(Check Each Item)	No	Yes	Date		No	Yes	Date
Eye Trouble or Disease	☒	☐		Skin: Rash, Boils, Other Problems	☒	☐	
Need for Glasses or Contact Lenses	☒	☐		Headache - Frequent or Severe	☒	☐	
Ear, Nose, Throat Trouble	☒	☐		Significant Dizziness or Frequent Fainting Spells	☒	☐	
Seasonal Allergies	☒	☐		Any Paralysis or Restricted Movement	☒	☐	
Asthma	☒	☐		Convulsion, Fit, Seizure, Epilepsy	☒	☐	
Chronic Coughing	☒	☐		Any Neurological Disorder	☒	☐	
Chronic Breathing Problem	☒	☐		Kidney or Bladder Problem or Disease	☒	☐	
High Blood Pressure	☒	☐		Difficulty Urinating	☒	☐	
Heart Trouble of Any Type	☒	☐		Blood Disorder - Sickle Cell, Clotting Deficiency, etc.	☒	☐	
Limitations Due to Shortness of Breath	☒	☐		Anemia Requiring Treatment	☒	☐	
Significant Swelling of Ankles	☒	☐		Diabetes	☒	☐	
Varicose Veins Requiring Surgery	☒	☐		Tumor or Cancer Growth, Cyst	☒	☐	
Stomach or Intestinal Trouble	☒	☐		Significant Injury / Fracture	☒	☐	
Jaundice, Serious Liver or Gall Bladder Disease	☒	☐		Allergies - including Reactions to Medications	☒	☐	
Hernia or Rupture	☒	☐		Treatment for Depression or Emotional Disorder	☒	☐	
Arthritis or Rheumatism	☒	☐		Current Surgery - Scheduled or Recommended	☒	☐	
Back Pain or Trouble	☒	☐		Thyroid Problem	☒	☐	
Joint Trouble - "Trick" Knee, Dislocating Shoulder, etc.	☒	☐		Are you currently Pregnant?	☒	☐	
Significant Muscle or Skeletal Problem	☒	☐					

Explain any Yes answers and detail any other medical problems not listed above:

C. Additional Medical History Questions

1. Have you required any hospitalization? Yes ☐ No ☒
2. Any surgeries? Yes ☐ No ☒
3. Are you currently taking any medications (including over-the-counter remedies)? Yes ☐ No ☒
4. Tobacco History (cigarette, cigar, pipe): ☐ Never Smoked ☐ Ex-Smoker ☒ Current Smoker

Explain any Yes answers; please include dates:

D. Occupational Health History

To the best of your knowledge, have you ever been exposed to any of the following:

(Check Each Item)	No	Yes	Dates
Asbestos - ship building, building demolition, etc.	☒	☐	
Beryllium	☒	☐	
Chemicals or materials to which you became sensitive or had an allergic reaction	☒	☐	
Excessive Noise - examples: rifle range, certain machinery	☒	☐	
Lead	☒	☐	
Mercury	☒	☐	
Radioactive Material	☒	☐	
Silica - foundry, stone quarry, etc.	☒	☐	
Toluene Diisocyanate (TDI) or p.p. - Diphenyl Methane Diisocyanate (MDI)	☒	☐	
Vinyl Chloride	☒	☐	

1. Have you ever lost time from work for a work-related illness or injury? Yes ☐ No ☒
2. Do you have any pending claims for a "work related" condition? Yes ☐ No ☒
3. Do you have any work restrictions? Yes ☐ No ☒ (if yes, supply a note from your physician)

Explain any Yes answers; please include dates:

I authorize any of the doctors, hospitals, clinics and other health facilities that I have mentioned above to furnish General Electric Company with a transcript of my medical records as necessary to confirm or supplement the information contained in this form. I agree to take any physical examinations in the future that the Company may require for the health and safety of General Electric employees and property, including but not limited to testing for illegal or unauthorized substances or alcohol. I understand that any false answers or statements made by me on this form will be sufficient grounds for immediate discharge if I am employed, for refusal of employment if I have not yet started work, and will make me ineligible for any and all Company benefits, including but not limited to medical and life insurance.

Date: 12/24/20

Signature: [Signature]
 Job Title for position offered at GE Healthcare: material handler

Revision 4 (08/02/10)

6/23/2021

Cority 2021.1.2

Welcome: 223016911

Environment: GE PRODUCTION

Help

User Community

My Settings

Log Out


[All Favorites](#) [GE Employee Health Business Intelligence](#) [Administration](#) [Tools](#) [Personalize this menu](#)

Inman, Qushon

Clinic Visit / Clinic Visit 04/23/2021

GE Clinic Visit - Voluntary Treatment, Counseling & Advice Programs

[Clinic Visit](#)
[Case/Incident](#)
[Exam Activities](#)
[Notes](#)
[Questionnaires](#)
[Rx / Allergies](#)
[Documents](#)
[Letters](#)
[Nature Of Injury](#)
[Dx and Pr](#)

[New](#)
[Save](#)
[Save and Close](#)
[Delete](#)
[Cancel](#)
[Actions](#)

Arrival Details	
*****Employee Details Below*****	Inman, Qushon (223016793)
Case Number	2453444
Treatment Date *	03/22/2021
Treatment Time	09:10 AM
Arrival Time	09:10 AM
Clinic Revisit?	
Waiting Time	
Status	
Program Type *	Voluntary Treatment, Counseling & Advice Programs I
Service Category *	Non-Occupational (NONOCC)
Visit Reason *	Non-Occ Injury/Illness - New (NONNEW)
Method/Source	
Practitioner *	Prevatte, Kelley (223016911)
Health Center *	Florence (USA082)
Clinic Visit Chief Complaint	I hurt my back some months ago at work and it is not any better now.
Employee Statement	
Attach Document	Select files...
Date of Last Tetanus Shot	mm/dd/yyyy
Attachments Preview	
Discharge Details	
Visit Disposition	Return to Work - No Restrictions (RTW-NR)
Follow Up Date	mm/dd/yyyy
Discharge Date	03/22/2021
Discharge Time	HH:MM am/pm
Time Taken	
IBSLO	

Vital Signs

Vital Signs																			View				Vitals for This Visit				Create View			
New	Edit	Delete	Actions																											
☐	Vital Date	1	Vital Time	2	Practitioner	Ht	Wt	BMI	Temp	SBP	DBP	Arm	Cuff Size	Position	HR	RR	SPO2	Waist	Neck	Pain	FSBG									
☐	03/22/2021		9:15 AM		Prevatte, Kelley					132	82	Left	large	Supine	89	18														
Showing 1 - 1										of 1																				
Go To Top																														

6/23/2021

Cority 2021.1.2 - Inman, Qushon; Employee #: 223018793; DOB:

; Age: 31; Sex: M;

GE Employee Vital Signs**Vital Signs****Details**

*****Employee			
Details	Inman, Qushon 223018793		
Below*****			
Vital Date	03/22/2021	Vital Time	9:15 AM
Practitioner	Prevatte, Kelley (223016911)	Age	31
Include In Vital Sign Report		Sex	Male

Height, Weight & BMI

Height (Ht)	Height Unit	Inches
Weight (Wt)	Weight Unit	Pounds
BMI		

Blood Pressure/Temp/Pulse/Respiration

Systolic (SBP)	132	Diastolic (DBP)	82
Cuff Size	large	Left/Right Arm	Left
Position	Supine		
Temperature		Temperature Unit	Fahrenheit
Pulse (HR)	89	Respiration (RR)	18

Other Vitals

SPO2 %	Pain Scale 0-10
Fingerstick Blood Glucose (FSBG)	Fingerstick Blood Glucose Unit mmol/l
Fingerstick Blood Cholesterol (FSBC)	Fingerstick Blood Cholesterol unit mmol/l
Waist Circumference	Waist Circumference Unit inches
Neck Circumference	Neck Circumference Unit inches
Total Cholesterol	Total Cholesterol Unit
HDL Cholesterol	HDL Cholesterol Unit
Current Smoker	Hypertension Treatment
Framingham Risk Score	Diabetes
Framingham Risk Percentage	
Comments	

6/23/2021

Cority 2021.1.2

GE Clinic Visit - Voluntary Treatment, Counseling & Advice Programs Clinic Visit

Arrival Details

*****Employee		Case Number	2453444
Details Below*****	Inman, Qushon (223018793)	Treatment Time	9:10 AM
Treatment Date *	03/22/2021	Clinic Revisit?	
Arrival Time	9:10 AM	Status	
Waiting Time		Service Category *	Non-Occupational (NONOCC)
Program Type *	Voluntary Treatment, Counseling & Advice Programs (VOL-TXCA)	Method/Source	
Visit Reason *	Non-Occ Injury/Illness - New (NONNEW)	Health Center *	Florence (USA082)
Practitioner *	Prevatte, Kelley (223016911)		
Clinic Visit Chief Complaint	I hurt my back some months ago at work and it is not any better now.		
Employee Statement			
Attach Document	Select files...	Date of Last Tetanus Shot	mm/dd/yyyy
	Attachments Preview		

Discharge Details

Visit Disposition	Return to Work - No Restrictions (RTW-NR)	Follow Up Date	mm/dd/yyyy
Discharge Date	03/22/2021	Discharge Time	HH:MM am/pm
		Time Taken	

IBSLO

Details			
*****Employee			
Details Below*****	Inman, Qushon (223018793)	Health Center	Florence (USA082)
Case Number	2453444	Created Date	04/23/2021 5:08 PM
Program Type *	Voluntary Treatment, Counseling & Advice	Service Category *	Non-Occupational (NONOCC)
Case Managed	☒	Case Manager	Prevatte, Kelley (223016911)
Date Case Opened	03/22/2021	Case Follow Up Date	mm/dd/yyyy
Case Type	First Aid (FA)	Case Status	Open (OPEN)
Restrictions	☐	Accommodations	☐
Chief Complaint	I hurt my back some months ago at work a	Privacy Data	☐
Attach Document	Select files...		
	Attachments Preview		
Incident Details			
Occupational	☐	Jurisdiction	
Date of Injury	mm/dd/yyyy	Time Injured	HH:MM am/pm
Cannot Determine Time of Event	☐		
Injury	☐	Illness	☐
Illness Type	☐ Skin Disorder ☐ Respiratory Condition ☐ Poisoning ☐ Hearing Loss ☐ All Other Illnesses		
Lose of Consciousness	☐	Needlestick Injury	☐

6/23/2021

Cority 2021.1.2

BFE

☐

Ergonomic

Reporting Information

Date Reported	03/22/2021	☒	Time Reported	09:10 AM	
Time Work Began	HH:MM am/pm		On Premises	☒	
Did employee die?	☐		Date Of Death	mm/dd/yyyy	☐
Company Reportable		☐			

Description

What happened?
(Employee Statement) EE stated he hurt his back some months ago. HE referenced in December 2020. He did not know a specific event or what day he could have hurt his back.

Where the event occurred? unknown per employee

What was the Injury or illness? EE stated he hurt his back

What was the employee doing just before the incident occurred? unknown per employee

What object or substance directly harmed the employee? unknown per employee

Treatment Information

Facility		☐
Facility Street		
Facility City	Tr Facility State	☐
Facility Zip		
Emergency Room	☐	Hospitalized ☐

OSHA

OSHA Case Number		Source Of Injury	☐
OSHA Recordable	☐	Date Became Recordable	mm/dd/yyyy ☐
Line Out on OSHA Log?	☐	Reason for line out on the OSHA log	
Line Out Initials			
Line Out Date	mm/dd/yyyy ☐		

WC Claim/Report Information

Workers Compensation	☐	Insurance Carrier	☐
Claim No		Claim Status	☐
		Date Reported To Carrier	mm/dd/yyyy ☐
Emp Rep Completed By	☐	Emp Rep Completed Date	mm/dd/yyyy ☐

Short Term Disability

6/23/2021

Conity 2021.1.2

Short Term Disability ☐

STD Start Date mm/dd/yyyy



STD Days Taken 0

STD Days Remaining 0

FMLA (US Only)

FMLA ☐

FMLA Reason



Hire Date

Length of Employment (years)

FMLADays Allowed 0

FMLA Days Taken 0

FMLA Days Remaining 0

Overall FMLA Days Remaining

State Of Residence South Carolina (SC)



State FMLADays Taken 0

State FMLA Days Remaining 0

IBSLO

Industry Focus Group GE Healthcare (1178477)



Business Segment Healthcare Integrated Supply Chain (188113)



Sub Business HC ISC-Imaging (1881167)



Location Florence (HC) SC US (77634)



Organization



Job Position Materials Handler (50041)



Department Cost Code



Job Type Employee (Employee)



Shift Code 1st Shift (1st Shift)



Assignment Status Suspended (2)



Supervisor Davis, Vicky (212577471)



NEWco (Admin Use ONLY)



Vital Signs

Vital Date	Vital Time	Practitioner	Ht	Wt	BMI	Temp	SBP	DBP	Arm	Cuff Size	Position	HR	RR	SPO2	Waist	Neck	Pain	FSBG
03/22/2021	9:15 AM	Prevatte, Kelley					132	82	Left	large	Supine	89	18					

Exam Activities

This Visit	Activity	Module	Last Test Date	Due Date	Scheduled Date	Activity Status	Practitioner	Pass/Fail
------------	----------	--------	----------------	----------	----------------	-----------------	--------------	-----------

Employee Surveillance Group (SEGs) and Clearance

Completed	Surveillance Group	Start Date	End Date	Comments	Clearance Required	Clearance Status	Clearance Effective Date	Clearance Expiration Date	Practitioner
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Notes

Date	Time	Notes	Signed?	Practitioner Name
03/22/2021	4:57 PM	Qushon Inman, SSO # 223018793, came to my office/clinic this am and said he had hurt his back some months ago at work and it was not any better now. He said he told Trent about it this am and Trent asked him to come see the Nurse. My assessment is as follows: Qushon presented with a normal steady gait while walking. He stated he could not sit down due to his back hurting when he does. He chose to lay down on the exam bed. He showed no signs of grimacing with pain or discomfort. He moved slowly guarding his back while transitioning to exam bed. Vital signs taken and they were not elevated. Vital signs stable. No deformities noted of any kind to his legs or torso. I asked him what happened? He said that a few months ago his back just started hurting and he had muscle spasms in his lower back. I said did something happen to cause this and if so what date did this happen? He said he doesn't know the date. I asked again about the date since he said he thought it happened at work. He started looking at his phone. I told him I would give him some time to think about it and I came back to him within 5 minutes. I asked then if he knew what happened and when this happened if it did? He said he went to ER on 12/26/20 due to having muscle spasms at home. He said his back started hurting on that Friday before that Saturday. I	1	Prevatte, Kelley

said did you work that Friday and he said yes. I then asked him again if he had worked on that Friday because that was Christmas day, 12/25/20? He said he could not remember if he worked Christmas Day or not.

He said he texted Vicky Davis, his supervisor, that weekend and made her aware that he had went to ER for back muscle spasms. I said did you tell Vicky that you thought you hurt it at work? HE said no he did not tell Vicky he hurt it at work. I said did you tell anyone at work that you hurt your back? He said no.

I said why does he feel this is work-related if he does not know what or when this happened? He said he thinks his body is not use to the crating he has to do now. And he said due to co-workers being out for COVID that he has more lifting and work he has to do. I said have you ever spoken to anyone like a supervisor re. your concerns and he said no.

I then asked him why is he bringing up now in March what he feels happened in December? He said because the pain got better but now it is bad again. He said pain started back this past Friday. I said did something happen on Friday to cause this pain? He said due to him jumping on and off trucks caused it. I said do you normally jump on and off trucks? I said you should get on them safely and slowly and get off of them safely and slowly. I reminded him to use his center of gravity and to not twist or turn his back or body in an abnormal way. I reminded him that we only have one back and he has to protect it in everything he does whether at work, playing sports, or just stuff around the house.

I asked him if he did anything this weekend to help his back. He said he tried ibuprofen but it did not help much. He said he did light stretching. I told him that here is the plan/regimen he needs to do for his back to get better. I said rest it. I said to take ibuprofen every 6 hours to decrease the inflammation. I also asked him to alternate putting ice or heat on his back the next 24 hours. I gave him ibuprofen 400mg and he has other at home to take. I gave him biofreeze patch to also try on his back. I gave him ice packs and hot packs to help him at home. He said he came in to work today but driving in car this am had his back hurting.

He said he wanted to go home the rest of day and start the regimen to get his back better. He then said he first wanted to take off this whole week for vacation. I said you asked your supervisor and he said no. He then texted Vicky Davis. I debriefed Vicky over telephone privately in my office. He then said that He may get Friday off. But the whole week he couldn't get off. He said he was going home today. I asked him if he has spoken to his lead about today yet and he called him from my office.

I will f/u on this case if needed. I did give him paperwork on the causes of back pain/spasms and how to prevent it and how to treat it if it happens.

Questionnaires

Date	Questionnaire	To Be Reviewed By	Signed?
------	---------------	-------------------	---------

Allergies

Allergy	Date	End Date	End Allergy Reason	Problem List Flag	Notes
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Medications

Medication	Dose	Medication Frequency	Notes	Start Date	End Date
------------	------	----------------------	-------	------------	----------

Immunization Contraindications / Precautions - Needs Further Assessment

Medication/Immunization	Type	Start Date	End Date	Reason
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Documents

Description	Document Type	Document Date	To Be Reviewed By	Received From	Signed?
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Letters

Letter Code	Created Date	Draft
-------------	--------------	-------

Nature Of Injury

Nature Of Injury	Part Of Body	Side Of Body	Primary
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6/23/2021

Cority 2021.1.2

Welcome: 223016911

Environment: GE PRODUCTION

Help

User Community

My Settings

Log Out



GE Employee Health

Inman, Qushon

Clinic Visit / Clinic Visit Inman, Qushon (223018793)

GE Clinic Visit - Voluntary Treatment, Counseling & Advice Programs

[Clinic Visit](#)
[Case/Incident](#)
[Exam Activities](#)
[Notes](#)
[Questionnaires](#)
[Rx / Allergies](#)
[Documents](#)
[Letters](#)
[Nature Of Injury](#)
[Dx and Pr](#)

[New](#)
[Save](#)
[Save and Close](#)
[Delete](#)
[Cancel](#)
[Actions](#)

[Add to Favorites](#)

Employee Details Below

Employee Inman, Qushon (223018793)

Case Number

Treatment Date * ☐ **Treatment Time**

Arrival Time **Clinic Revisit?**

Waiting Time **Status**

Program Type * **Service Category ***

Visit Reason * **Method/Source**

Practitioner * **Health Center ***

Clinic Visit Chief Complaint

Employee Statement

Attach Document [Select files...](#) **Date of Last Tetanus Shot**

Attachments Preview

Visit Disposition **Follow Up Date**

Discharge Date **Discharge Time**

Time Taken

REASON

Visit Notes

[New](#)
[Edit](#)
[Delete](#)
[Actions](#)

[View](#)
[Vitals for This Visit](#)
[Create View](#)

☐ Vital Date	Vital Time	Practitioner	Ht	Wt	BMI	Temp	SBP	DBP	Arm	Cuff Size	Position	HR	RR	SPO2	Waist	Neck	Pain	FSBG
Go To Top																		

Showing 0 - 0 of 0

6/23/2021

Cority 2021.1.2 - Inman, Qushon; Employee #: 223018793; DOB:

J; Age: 31; Sex: M;

GE Clinic Visit Note (SmartNotes)

Note

Details

*****Employee

Details Below***** Inman, Qushon (223018793)

Addendum

Signed

Signed Date 04/26/2021 4:36 PM

Note Date * 03/23/2021

Note Time * 4:34 PM

Author * Prevatte, Kelley (223016911)

To Be Reviewed By

Created By Prevatte, Kelley (223016911)

Created Date 04/26/2021 4:36 PM

Qushon called me back to say that he went to ER today and that the doctor said no injury and thought it was arthritis (Inflammation) to his back area causing the pain. He was given medication and told he could come back to work on 3/27/21 with no restrictions.

Smart Note

Comments By Reviewer

Private Data ☐

Problem List Flag ☐

Signed By Prevatte, Kelley

Practitioner
Electronic
Signature

Reviewed By

Reviewed Date

Line Out

Unsigned Note Details

CERTIFICATE OF SERVICE

I, the undersigned, Legal Assistant of Robinson Gray Stepp & Laffitte, L.L.C., attorneys for Defendants, do hereby certify that I have served the following parties with the foregoing document(s) by mailing a copy of the same via United States Mail, postage prepaid, and/or hand delivering to the following address(es):

Pleading(s): **FORM 58 AND NOTICE OF WITNESSES AND
MEDICAL REPORTS TO BE INTRODUCED AS
EVIDENCE ON BEHALF OF THE DEFENDANTS**

Parties Served: **VIA E-CASE UPLOAD**
Honorable T. Scott Beck, Commissioner
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

VIA E-MAIL
Steve Wukela, Jr., Esquire
Wukela Law Firm
PO Box 13057
Florence SC 295043057
steve@wukelalaw.com



Emily Andrews

Columbia, South Carolina

May 5, 2023

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

May 1, 2023

via eCase:

Honorable T. Scott Beck
Commissioner
SC Workers' Compensation Commission
P.O. Box 1715
Columbia SC 29202-1715

**Re: Qushon Inman, Claimant vs. GE Healthcare, Employer and Electric
Insurance Company % Sedgwick CMS, Carrier
WCC File Number: 2104833**

Dear Commissioner Beck:

Enclosed please find the Pre-Hearing Brief on behalf of the Claimant in the above-entitled matter. I am by copy of this letter forwarding the attorney for the Defendants a copy of the same.

Also, enclosed is a Notice of Witnesses and Written Reports/Physician or Other Evidence to be Introduced as Direct Evidence on Behalf of Claimant in support of our position at the hearing. This document includes a list of any witnesses who may be called and is submitted pursuant to the provision of the South Carolina Administrative Procedures Act. Copies of medical reports referenced in the Notice of Submission will be presented to you at the hearing.

I am also by copy of this letter to the Defendant's attorney notifying him of this filing and serving a copy of the notice upon him, along with copies of all APAs.

With kind regards,

Yours truly,

WUKELA LAW FIRM

STEVE WUKELA, JR.

SWJr/mrm
Enclosures

cc: Nicolas Haigler, Esquire

South Carolina Workers' Compensation
Commission
333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File #: 2104833

Claimant: Qushon Inman
Address: Savannah Grove Road
City: Effingham State: SC Zip: 29514
Home Phone: (843) 731- Work Phone: () -
Preparer's Name: Steve Wukela, Jr. - Wukela Law Firm

Employer: GE Healthcare
Address: 3001 W. Radio Drive
City: Florence State: SC Zip: 29501
Carrier: Electric Insurance Company % Sedgwick CMS
Preparer's Phone # (843) 669-5634

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$462.98 2. AWW: \$694.44 Date of Injury: March 19, 2021
3. Type of injury and body part(s): neck, thoracic spine, lumbar spine, arms and legs
4. Facts in controversy: The Claimant is 31 years of age. The Claimant graduated from Wilson High School in Florence County in 2009. After graduating from high school, the Claimant attended Coastal Carolina University and Horry-Georgetown Technical College in Conway, SC, under a "bridge" program that would ... continued see page 2 - 12.
5. Legal issues involved: See Number 4 above and pages 2 - 12
6. Unusual aspects: See Number 4 above and pages 2 - 12
7. Witnesses (designate if expert):* Qushon Inman; Kelly Prevatte, RN
8. Exhibits: See attached APA Submissions.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See attached APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Christopher Hulet, PA-C - McLeod Orthopaedic (Florence); William Edwards, MD - McLeod Spine Center; Bruce Johnson, MD - McLeod Spine Center; MUSC (Florence)
11. Impairment rating(s); body part(s); physician and date of opinion: The Claimant has not reached maximum medical improvement.
12. I am amending my Form 50/51 in the following manner: _____

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Nicolas Haigler, Esquire - Robinson Gray Stepp & Laffitte, LLC, P.O. Box 11449, Columbia, SC 29211 on the 1st day of May 2023 by; ☒ first class postage ☐ certified mail ☐ personal service ☒ electronic service

Signature: STEVE WUKELA, JR., ESQUIRE
Date of hearing: May 11, 2023

Email: steve@wukelalaw.com

Date: May 12, 2023

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.* Commissioners reserve the right to admit expert witnesses at hearings.

Re: Qushon Inman, Claimant vs. GE Healthcare, Employer and Electric Insurance Company % Sedgwick CMS, Carrier
WCC File Number: 2104833

...allow his Horry-Georgetown Technical College credits to transfer to Coastal Carolina University. The Claimant began the program in graphic design and computer science.

After attending classes for one year, the Claimant returned home to Florence. The Claimant began working at Cracker Barrel as a dishwasher, which he did for one year. The Claimant then began working as a dishwasher at Olive Garden. The Claimant worked at Olive Garden for three years, earning \$9.00 an hour working 40 hours a week.

The Claimant moved to Columbia, SC for six months. During this time he worked at Olive Garden in Columbia as a dishwasher. The Claimant also unloaded food deliveries and was responsible for prepping and keeping the salad bar stocked. The Claimant continued to work 40 hours per week, earning \$10.00 per hour. The Claimant took on a second job at the Amazon Fulfillment Center in Columbia filling orders for one month.

After six months of living in Columbia, the Claimant returned to Florence and began working at Food Lion in the produce department earning \$7.25 per hour working 30 hours a week. The Claimant worked for Food Lion for two years. The Claimant then began working for Canfor Lumber Mill in Darlington, SC as a stacker, stacking wood planks. The Claimant was then promoted to a machine operator for one year, earning \$11.00 an hour, working 6 days a week, 12 hours a day. The Claimant earned a good wage, however, the Employer demanded additional overtime. The Claimant next worked at Angleboard, a factory that produced reinforced cardboard boxes for packing and shipping, as a machine operator for six months. The Claimant began working at Ruby Tuesday as a dishwasher and prep person for 1 1/2 years. The Claimant returned to Angleboard for three months while also working at Ruby Tuesday.

The Claimant began working for a temporary employment service, Thompson

Construction, for the General Electric in 2018. On January 11, 2021, the Claimant became a full-time Employee of General Electric as a production associate earning \$15.00 per hour.

On March 19, 2021, as a part of his job duties on the loading dock at GE was to load five GE MRI machines onto five flatbed trucks by himself because they were short-staffed. The Claimant and his supervisor were the only workers that morning.

They were supposed to load five GE MRI machines and build and load accumulation boxes which contained parts for the MRI.

The first flatbed truck was late and did not arrive until 2:00 p.m., roughly three hours late. Between 6:00 a.m. and 2:00 p.m., the Claimant built and loaded accumulation boxes. Carlos brought three large MRI machines by forklift to the loading dock for loading.

At about 2:00 p.m., the first flatbed truck arrived and was backed up to within 2 feet of the loading dock by the truck driver.

There is a loading crane hanging off the ceiling of the loading dock and is operated by a hand-held remote control by the Claimant.

The Claimant attached to the crane, four 2-inch thick and at least 9-feet long, steel cables. He then maneuvered the crane with his hand-held remote control over the MRI machine on the loading dock and attached each cable to the four corners of the MRI machine.

The Claimant lifted the MRI machine up off the loading dock and maneuvered it over the center of the flat bed truck and set it down onto the truck.

The Claimant then jumped the 2-foot gap off the loading dock onto the flat-bed truck where he unhooked the steel cables from the MRI machine.

The Claimant raised the crane and directed it back over the loading dock to unhook the cables and attach a different set of hooks to the crane. In that process, the Claimant jumped off the flat-bed truck, across the 2-foot gap, onto the loading dock.

Carlos was not at the plant, the Claimant attempted to perform his normal job duties of bolting wooden crate covers over the MRI machines for shipment, when he experienced increasing pain in his shoulders and low back. At that time, the Claimant reported to the plant nurse, Kelly, because his supervisor and manager were both absent. Nurse Kelly instructed the Claimant to take ibuprofen and used heating and cooling packets on his low back. The Claimant was sent home and instructed to report to work the next morning. The Claimant left the plant at 10:30 a.m.

The following morning, Tuesday, March 23, 2021, the Claimant reported for duty as instructed. However, the Claimant was still in pain. The Claimant presented to the nurses' station. Nurse Kelly told the Claimant he may need to see a doctor and sent the Claimant home again.

The Claimant presented to MUSC (Florence) emergency room. (APA #2, p. 73) The Claimant reported, "lower back pain that started last Friday, states it shoots down both legs and up his back, pain started at work." The Claimant stated, " I might have jumped on a truck wrong." (APA #2, p. 75) The Claimant was referred to Orthopaedic Surgery. (APA #2, p. 92) The Claimant was placed out of work through March 27, 2021. (APA #2, p. 98)

The Claimant contacted Nurse Kelly who advised the Claimant that she would notify his supervisor that he would be out of work for three days. (APA #7, p. 258)

The following morning, March 24, 2021, the Claimant's condition worsened with increasing pain in his back and legs. The Claimant returned to the emergency room at MUSC, "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. (APA #3, p. 109) The Claimant received two injections. (APA #2, p. 111) The Claimant was diagnosed with acute left radiculopathy and left hip pain. (APA #2, p. 112) The Claimant was then placed out of work until April 2, 2021. (APA #2, p. 135)

In the process of landing on the loading dock, the Claimant injured his back with an immediate onset of severe pain in his back, legs, neck and arms.

The Claimant tried to continue working on the loading dock by taking off the steel cables and putting them on a rack. The Claimant then hooked the steel hooks onto the crane so he could lift and cover the MRI machine with the MRI crate that Carlos previously loaded onto the loading dock with the forklift.

The Claimant had to jump back onto the flat-bed to help guide, with the remote control and his right hand, the MRI crate over the MRI machine. In the process of jumping off the loading dock onto the flat-bed truck, the Claimant re-injured his back, neck, arms and legs.

While the Claimant was covering the MRI with the MRI crate, Carlos was sitting down at this computer.

The Claimant covered the MRI crate with canvass and tied it down while hurting.

The Claimant rested on the truck and again jumped over the 2-foot gap and went over to Carlos. It was now approximately 5:30 p.m. The Claimant reported to Carlos that he was very tired and he could not physically continue working on the next load. Although they had planned to work until 8:00 p.m. (14 hours) Carlos told the Claimant to go home and come back the next morning, Saturday, at 6:00 a.m.

Claimant did not go to the nurse because he thought after a good night's rest, he would feel better and be able to work.

The next morning, the Claimant's back pain was severe. He texted Carlos, "Won't be able to make it today." (APA #7, p. 257). Carlos responded, "Do you think it was triggered by work?" and the Claimant responded, "Yes." (APA #7, p. 257) The Claimant rested Saturday and Sunday.

The Claimant attempted to return to work on Monday. His manager, Carlos, was not there, nor was his supervisor, Vicky Davis, who is over the entire shipping department. Although

The Claimant texted Nurse Kelly the out of work slip. (APA #7, p. 260) The emergency department scheduled an appointment for the Claimant to be examined by Christopher Huiet, PA-C at McLeod Orthopaedics (Florence) for April 1, 2021. (APA #3, p. 184) The Claimant notified his supervisor, Vicky Davis. (APA #7, p. 264)

The Claimant was examined by PA-C Huiet, on April 1, 2021. PA Huiet noted:

Tenderness throughout the thoracic and lumbar spine in the midline. Bilateral thoracic and lumbar paraspinal tenderness. Decreased range of motion secondary to pain. Symmetric hip range of motion. 4-4/5 strength above the knees secondary to pain. No normal motor exam of the ankle and feet. Normal tone. Intact distal pulses. Sensory is grossly intact. Normal lower extremity reflexes. Gait not assessed. (APA #3, p. 185)

At that time, PA Huiet ordered an MRI of the Claimant's lumbar and thoracic spine. (APA #3, p. 186) PA Huiet continued the Claimant out work. (APA #3, p. 192)

The MRI of the Claimant lumbar and thoracic spine was completed on April 16, 2021, which revealed:

At L4-5, moderate disc bulge extends into the lateral recesses. Small left central disc extrusion borders the posterior aspect the L5 ventral body measuring approximately 0.6 cm transverse and traversing inferiorly just beyond the margin of the superior endplate of L5. Mild right neural foraminal narrowing. Central canal patent. Facet hypertrophy.

At L5-S1, moderate circumferential disc bulge with superimposed left central disc protrusion. This narrows the central canal with mass effect on the traversing central left S1 nerve root. Mild bilateral neural foraminal narrowing. Facet hypertrophy with a small amount of fluid in both facet joints. (APA #3, p. 194)

The Claimant returned to PA Huiet on April 20, 2021 for review of the MRIs. (APA #3, p. 195) At that time, PA. Huiet ordered an MRI of the Claimant's cervical spine. (APA #3, p. 196)

PA Huiet placed the Claimant out of work, "Patient is out of work until released from my care." (APA #3, p. 200)

The Claimant underwent a cervical MRI on May 4, 2021:

IMPRESSION:

1. There is minimal degenerative disease of the mid cervical spine.
2. No acute fracture or dislocation.
3. Loss and mild inversion of the cervical lordosis which is most likely due to muscle spasm.
4. No vertebral canal, or neural foraminal stenosis noted.
5. Otherwise normal exam. (APA #3, p. 209)

PA Huiet referred the Claimant to Bruce Johnson, MD - McLeod Spine Center, for a steroid injection. (APA #4, p. 217(A (10))

Since that time, PA Huiet referred the Claimant to orthopaedic surgeon, William Edwards, MD - McLeod Spine Center. (APA #4, p. 217(A)(15)).

The Claimant was examined by Dr. Edwards on June 22, 2021. (APA #4, p. 217(A)(17))

Dr. Edwards continued the Claimant's out of work status. (APA #4, p. 217(A)(20))

The Employer/Carrier has not paid for any of the medical treatment the Claimant has received to date, to include prescriptions or the thoracic, lumbar and cervical MRIs.

The Employer/Carrier still has not advised the Claimant as to which doctor, he should present to for treatment of his back, neck and legs. It has been more than two months since the Claimant was injured. The Claimant continues to be out of work completely.

For whatever reason, the Employer/Carrier has not taken any action to commence payment of weekly temporary total disability benefits or provide medical care.

The Claimant was forced to employ the services of an attorney on April 22, 2021. A Form 50 was filed on April 26, 2021, (APA #20, p. 320) A Form 51 was filed by the Defendants on May 26, 2021 denying the claim in its' entirety. (APA #21, pp. 321-322) The matter was set for hearing on July 22, 2021.

The Claimant is informed and believes, since his last date of employment, March 19,

2021, he is entitled to payment of temporary total disability benefits at the rate of \$462.98 based on an average weekly wage of \$694.44 as calculated in the Employer/Carrier's Form 20 dated July 9, 2021 and continuing until further order of the Commission.

The Claimant is further informed and believes he is entitled to payment for medical treatment to date to include, but not limited to, MUSC (Florence); Christopher Huiet, PA-C - McLeod Orthopaedics (Florence); Bruce Johnson, MD and William Edwards, MD - McLeod Spine Center, Tucker-Wells Medical, Inc. (APA #8, pp. 269-273) and CVS Pharmacy (APA #9, pp. 274-275).

The Claimant is also informed and believes he is entitled to reimbursement of medical payments made to date, to include, but not limited to MUSC (Florence); Christopher Huiet, PA-C - McLeod Orthopaedics (Florence); Bruce Johnson, MD and William Edwards, MD - McLeod Spine Center, Tucker-Wells Medical, Inc. and CVS Pharmacy.

The Employer/Carrier has been made aware of the Claimant's medical treatment at the hands of Christopher Huiet, PA-C - McLeod Orthopaedics (Florence); Bruce Johnson, MD and William Edwards, MD - McLeod Spine Center. The Employer/Carrier has not objected to these physicians.

The Claimant requests that Dr. William Edwards be designated as the authorized treating orthopaedist, and Dr. Bruce Johnson be designated as the authorized pain management physician.

Prior to the call of the hearing, of July 22, 2021, the parties entered into a Consent Order, "Additional time is needed to complete discovery," which was approved by Commissioner Barden on July 15, 2021. The matter was returned to the General Files to be reset on the request of either party. (APA #22, p. 323)

Subsequently, the Claimant assembled additional medical records and took the

deposition of Dr. William Edwards on September 23, 2021. (APA #27)

Subsequently, the Claimant's condition continued to deteriorate. The Claimant scheduled a second deposition of Dr. Edwards for August 25, 2022, although there was no pending Form 50 request for hearing at that time.

The Employer/Carrier objected to the second deposition of Dr. Edwards, nearly a year after the first deposition of September 23, 2021. The Employer/Carrier filed a Motion to Quash Second Deposition of Dr. Edwards on August 15, 2022. (APA #10, pp. 276-280)

On August 18, 2022, the Claimant filed a Reply In Opposition to Defendants Motion to Quash Second Deposition of William Edwards, MD. (APA #11, pp. 281-289)

A telephone conference was held before Commissioner Cynthia Dooley on August 26, 2022. This resulted in a Motion Order of August 30, 2022 granting the Defendants' Motion to Quash but indicated that the deposition of Dr. Edwards could be taken for the purposes of being proffered at the hearing. However, the Order stated, "Defendants Motion to Quash Second Deposition of Dr. William Edwards for causation issues is granted based on the fact that Dr. Edwards was deposed on September 23, 2021 for causation purposes." (APA #12, pp. 290-291)

On August 21, 2022, counsel for the Defendants agreed to reset the deposition of Dr. Edwards on October 27, 2022 to be proffered at the hearing.

Thereafter, Claimant's counsel advised Defendants that he would be proceeding with the deposition of Dr. Edwards as scheduled for October 27, 2022 at 3:00 p.m.

On September 12, 2022, the Claimant filed a Form 30 – Request for Commission Review of Commissioner Dooley's Motion Order. (APA #13, p. 292-297)

The Claimant's Request for Commission Review was dismissed as interlocutory on September 19, 2022. (APA #16, pp. 308-310).

The Defendants filed a Motion for Rule to Show Cause on September 12, 2022 for enforcement of Commissioner Dooley's Motion Order of August 30, 2022. (APA #14, pp. 298-302)

On September 14, 2022, the Claimant filed his Response to Defendants' Motion for Rule to Show Cause. (APA #15, pp. 303-307)

The matter was set for hearing before Commissioner Gene McCaskill on October 19, 2022.

After the hearing held on October 19, 2022, Commissioner McCaskill issued his Motion Order on October 27, 2022 granting the Defendants' Motion for Rule to Show Cause to Enforce the Terms of Commissioner Dooley's August 30, 2022 Order. (APA #17, p. 311)

On November 4, 2022, the Claimant filed a Form 30 – Request for Review of the Motion Order of Commissioner McCaskill dated October 27, 2022. (APA #18, pp. 312-316)

The Claimant filed a Form 50 Request for Hearing on November 16, 2022.

The Defendants filed a Form 51 on December 16, 2022, denying the Claimant's claim in its' entirety.

The Claimant's Form 30 Request for Review was dismissed as interlocutory on November 21, 2022. (APA #19, p. 317)

In response to Defendants' subpoena issued on November 28, 2022, requesting, "Copies of any and all documents relating to any and all IMEs, vocational assessments, testing, or other evaluations, completed for Qushon Inman, as well as questionnaires, correspondences with the treating doctors, or any other communications with treating doctors contained in your files.", the Claimant, on December 8, 2022, forwarded the medical reports of Dr. William Edwards of McLeod Spine Center, Dr. Roland Skinner of McLeod Neurological Associates and Dr. John Wolford of McLeod Digestive Health, to be formally served on the Defendants when the matter

was set for a hearing on the merits of the claim. (APA #23, p. 324)

The instant matter is now set for hearing for a determination of compensability.

The deposition of Dr. Edwards was taken on September 23, 2021. (APA #27) Since that time, the Claimant has been examined by Dr. Edwards' on February 17, 2022; March 10, 2022; March 22, 2022 and July 14, 2022. (APA #4, pp. 217(A)(1) – (A)(55))

On July 14, 2022, Dr. Edwards noted:

Patient does complain of some chronic urinary and now bowel dysfunction that conceivably may have a neurologic basis, but some symptoms were present even before his herniation and his lower extremity motor strength remains normal. HE is advised to speak to his attorney regarding worker's compensation issues in order to proceed with this needed surgery. Long discussion was held with the patient and his wife and they understand that the longer the compressive pathology is present, the more likely the surgery will not help. Definitive procedure involves lumbar discectomy at L5-S1 on the left side. (APA #4, p. 217(A)(51))

Because the Commission would not allow the deposition of Dr. Edwards, scheduled for October 27, 2022, to proceed, Dr. Edwards advised the Claimant's attorney on November 3, 2022:

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 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 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 in January 7th of this year was preformed 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 back and this information does not change the opinions noted above. (APA #4, pp. 217(A)(54)-(55)).

The Defendants have subpoenaed the treating orthopaedic doctor, Dr. William Edwards, to the hearing scheduled for February 15, 2023. The Claimant reserves the right to cross-examine Dr. Edwards at the hearing. (APA #24, pp. 325-327).



ROBINSON
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Litigation + Business

NICOLAS L. HAIGLER
DIRECT 803.231.7847
nhaigler@robinsongray.com

May 5, 2023

VIA E-CASE UPLOAD

Honorable T. Scott Beck, Commissioner
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Commissioner Beck:

Please find enclosed a Pre-Hearing Brief which we are submitting on behalf of the defendants in the above-referenced matter.

In addition, we are enclosing our Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants. Copies of supporting medical records will be presented to you at the hearing. This notice, submitted in support of our position at the hearing, and the medical reports referenced therein, are submitted pursuant to the provisions of the South Carolina Administrative Procedures Act.

With a copy of this letter, we are serving counsel for the claimant with copies of these documents.

With kindest personal regards, I remain

Very truly yours,

Nicolas L. Haigler, Esquire

Enclosures

cc: Steve Wukela, Jr., Esquire (via email)
Kelley Prevatte (via email)
Suzanne Gaylord (via email)

South Carolina Workers' Compensation
Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 2104833

Claimant's Name: Qushon Inman SSN: _____ Employer's Name: General Electric - Florence
Address: 1 Savannah Grove Road Address: 3001 West Radlo Drive
City: Effingham State: SC Zip: 29541 City: Florence State: SC Zip: 29501
Home Phone: _____ Work Phone: _____ Insurance Carrier: Electric Insurance Company
Preparer's Name: Nicolas L. Haigler, Esquire Law Firm: Robinson Gray Stepp & Laffitte, LLC Preparer's Phone #: 803-929-1400

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$462.98 2. AWW: \$694.44 Date of Injury: 03/19/2021
3. Type of injury and body part(s): DENIED: neck, thoracic spine, lumbar spine, arms, and legs.
4. Facts in controversy: (1) Whether claimant sustained a compensable injury to the neck, thoracic spine, lumbar spine, arms, or legs as pled; (2) Whether claimant has committed fraud in the application of employment
5. Legal issues involved: S.C. Code Ann. §§ 42-1-160, 42-9-10 (TTD only), 42-15-60; Cooper v. McDevitt Street Co.
6. Unusual aspects: (1) Defendants object to Number 6 and pages 2-12 of the claimant's Form 58. This is clearly an effort by claimant's counsel to testify on behalf of the claimant which is improper and should not be considered as evidence in this case; (2) Defendants object to pp. 217(A54- 55) of the claimant's APA submissions which is currently the subject of a Motion to Exclude this hearsay evidence from the hearing which has been filed concurrently with this Pre-Hearing Brief. Further, defendants contend that Dr. Edwards' 4/20/23 deposition is admissible at this hearing only if defendants' Motion to Exclude hearsay evidence is denied; (3) Defendants object to the submission of the deposition of Kelley Prevatte as direct evidence in this case. (4) Defendants are awaiting responses to several subpoenas for medical records which were issues in response to the claimant's 4/25/23 deposition. Defendants reserve the right to submit these records as needed upon receipt. Alternatively, the defendants request that the hearing be postponed to allow them time to complete this discovery in accordance with their due process rights.
7. Witnesses (designate if expert):* Defendants may call Kelley Prevatte; Dr. William Edwards (via deposition)
8. Exhibits: (1) Claimant's deposition, for impeachment only; (2) Deposition of Dr. Edwards; (3) Portions of claimant's medical file from GE
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE DEFENDANTS' NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE SUBMITTED AS DIRECT EVIDENCE AT THE HEARING.
10. Name, address, and specialty, if any, of the treating physician: None. Claim is denied.
11. Impairment rating(s); body part(s); physician and date of opinion: None to defendants' knowledge.
I am amending my Form 50/51 in the following manner: None.
12. ☐ Mediation
 - ☐ (a) Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
 - ☐ (b) Mediation is requested pursuant to Reg. 67-1802.
 - ☐ (c) Mediation is requested by consent of the parties pursuant to Reg. 67-1803.
 - ☐ (d) Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

I certify I have served this document pursuant to R. 67-211 by delivering a copy to: Please see attached certificate of service.
on May 5, 2023 by ☐ first class mail, ☐ certified mail, ☒ electronic service.
I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____

Email: nhaigler@robinsongray.com

Date of hearing: May 17, 2023

Time needed for hearing: 1 hour

On behalf of ☐ Claimant ☒ Employer

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.



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Litigation + Business

CLAIRE OWENS

DIRECT 803.231.7820 FAX 803.231.7856

cowens@robinsongray.com

October 5, 2021

Steve Wukela, Jr. Esquire (via email)
Wukela Law Firm
PO Box 13057
Florence, SC 29504-3057

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Mr. Wukela:

Please be advised this claim is denied by the Defendant. Enclosed is a Form 19 which is being filed with the SCWCC.

Very truly yours,

Claire Owens
Paralegal to Nicolas Haigler
Enclosure

cc: SC Workers' Compensation Commission (via email)
Tracey Archambeault (via email)

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 2104833
Carrier File #: 402104ASG6C0001
Carrier Code #:
Employer FEIN #:

Clashon Inman
Claimant's Name SSN
Savannah Grove Road Effingham, SC 29541
Address City State Zip

General Electric - Florence
Employer's Name
3001 West Radio Drive Florence, SC 29501
Address City State Zip
Electric Insurance Company

Home Phone Work Phone
Preparer's Name: Nicolas Haigler, Esquire

Law Firm: Robinson Gray Stepp & Laffitte, L.L.C. Preparer's Phone #: (803) 929-1400

Compensation Paid:	Number of Weeks	From (m/d/yyyy)	To (m/d/yyyy)	Amount
1. Number of Weeks T.T.				\$
2. Number of Weeks T.P.				\$
3. Number of Weeks P.P.				\$
4. Disfigurement				\$
5. Agreement and Final Release				\$
Total Compensation Paid				\$ 0.00
6. Total Medical Benefits* Paid				\$
7. Funeral Benefits				\$

☒ Case Denied

Date of Injury: 03/19/21
(m/d/yyyy)

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: _____
Claimant

By: _____
Employer's Representative

9/29/2021
Date
(m/d/yyyy)

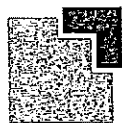
Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of Additional Fees and Recoupment

A. Carrier Reimbursement by Third Party	_____	\$ _____
B. Attorney's Fee Paid by Employer	_____	\$ _____
C. Attorney's Fee Paid by Claimant (Non-contingent fees only)	_____	\$ _____

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. * Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within 16 days of final payment of compensation. Form 19 must be filed when a claim is denied.



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Litigation + Business

NICOLAS L. HAIGLER
DIRECT 803.231.7847
nhaigler@robinsongray.com

May 31, 2023

VIA U.S. MAIL AND E-MAIL

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Ms. Bracy:

Enclosed are an original and five (5) copies of a Form 30, Request for Commission Review, which we are submitting on behalf of the employer/carrier in the above-referenced matter. We are filing the original and four (4) copies and requesting a clocked-in copy be mailed back to our office in the enclosed envelope.

Also enclosed is our draft in the amount of One Hundred Fifty and No/100 Dollars (\$150.00) for the filing of this form. The employer/carrier does request oral arguments in this matter.

With a copy of this letter, we are hereby serving a copy of the Form 30 upon counsel for the claimant.

Very truly yours,

Nicolas L. Haigler, Esquire

cc: Steve Wukela, Jr., Esquire (via U.S. Mail and email)
Kelley Prevatte (via email)
Suzanne Gaylord (via email)

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 2104833
Carrier File #: 402104ASG6C0001
Carrier Code #:
Employer FEIN #:

Qushon Inman 207887
Claimant's Name SSN

1 Savannah Grove Road Effingham, SC 29541
Address City State Zip

Home Phone Work Phone

Preparer's Name: Nicolas L. Haigler, Esquire Law Firm: Robinson Gray Stepp & Laffitte, L.L.C. Preparer's Phone #: (803) 929-1400

General Electric - Florence
Employer's Name

3001 West Radio Drive Florence, SC 29501
Address City State Zip

Electric Insurance Company
Insurance Carrier

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 03/19/2021

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

(SEE ATTACHED GROUNDS FOR REVIEW)

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

☐ Mediation

- ☐ a. Mediation is requested by consent of the Parties pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Steve Wukela, Jr., Wukela Law Firm, PO Box 13057, Florence, SC 295043057 (steve@wukelalaw.com) on May 31, 2023
by ☒ first class postage ☐ certified mail ☐ personal service ☒ electronic service

Preparer's Signature

Attorney for The
Employer/Carrier

Title

nhaigler@robinsongray.com

Email

May 31, 2023

Date

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

Qushon Inman v. General Electric
WCC No.: 2104833
Date of Accident: March 19, 2021
Our File No.: 6589/8252

(continuation from Form 30)

GROUND FOR REVIEW:

1. Did the Hearing Commissioner err as a matter of law in denying the Defendants' Motion to Exclude the hearsay statement of Dr. Edwards, said error being the document dated November 3, 2022, is not an expert report contemplated by Regulation 67-612?
2. Did the Hearing Commissioner err as a matter of law in denying the Defendants' Motion to Exclude the hearsay statement of Dr. Edwards, said error being the document dated November 3, 2022 violates the previous Order of Commissioners Dooley and McCaskill, precluding further causation evidence from Dr. Edwards?
3. Did the Hearing Commissioner err as a matter of law in denying the Defendants' Motion to Exclude the hearsay statement of Dr. Edwards, said error being the Order of the Hearing Commissioner violates the Defendants' constitutional right of due process?
4. Did the Hearing Commissioner err as a matter of law in denying the Defendants' Motion to Exclude the hearsay statement of Dr. Edwards, said error being the hearsay 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)?

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 2104833

Qushon Inman,

Claimant,
vs.

General Electric – Florence,

Employer,

Electric Insurance Company,

Carrier,
Defendants

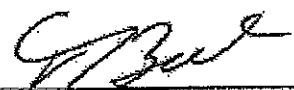
MOTION ORDER

A Motion regarding the following issue(s) has been received by the Defendants':

 X Motion to Exclude the hearsay statement of Dr. William Edwards

The following disposition has been made: GRANTED X DENIED

I find said document dated 11/3/2022, is an expert report as contemplated in 67-612.
Subsequent to the issuance of said report, Defendants conducted the deposition of Dr.
Edwards.



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

CERTIFICATE OF SERVICE

I, the undersigned, Legal Assistant of Robinson Gray Stepp & Laffitte, L.L.C., attorneys for Defendants, do hereby certify that I have served the following parties with the foregoing document(s) by mailing a copy of the same via United States Mail, postage prepaid, and/or hand delivering or otherwise indicated, to the following address(es):

Pleading(s): **FORM 30**

Parties Served:

VIA U.S. MAIL AND E-MAIL

Ms. Amy Bracy
Judicial Director
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715
abracy@wcc.sc.gov

VIA U.S. MAIL AND E-MAIL

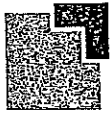
Steve Wukela, Jr., Esquire
Wukela Law Firm
PO Box 13057
Florence, SC 295043057
steve@wukelalaw.com



Emily Andrews

Columbia, South Carolina

May 31, 2023



ROBINSON
GRAY

Litigation + Business

NICOLAS L. HAIGLER

DIRECT 803.231.7847

nhaigler@robinsongray.com

February 23, 2024

VIA U.S. MAIL & E-MAIL

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Qushon Inman v. General Electric - Florence
WCC No.: 2104833
DOI: 03/19/2021
Claim No.: 402104ASG6C0001
Our File No.: 6589/8252

Dear Ms. Bracy:

Enclosed are an original and four (4) copies of a Form 30, Request for Commission Review, which we are submitting on behalf of the employer/carrier in the above-referenced matter. We are filing the original and three (3) copies and requesting a clocked-in copy be returned via the enclosed envelope.

Also enclosed is our draft in the amount of One Hundred Fifty and No/100 Dollars (\$150.00) for the filing of this form. The employer/carrier does request oral arguments in this matter.

With a copy of this letter, we are hereby serving a copy of the Form 30 upon counsel for the claimant.

Very truly yours,

Nicolas L. Haigler, Esquire

cc: Steve Wukela, Jr. Esquire (via email)
Stephen J. Wukela, Esquire (via email)
Kelley Prevatte (via email)
Joan Henson (via email)

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov



WCC File #: 2104833
Carrier File #: 402104ASG6C0001
Carrier Code #:
Employer FEIN #:

Question Inman 207887
Claimant's Name
Address City State Zip
avannah Grove Road Effingham, SC 29541

General Electric - Florence
Employer's Name
Address City State Zip
3001 West Radio Drive Florence, SC 29501
Electric Insurance Company

Home Phone Work Phone
Preparer's Name: Nicolas L. Haigler, Esquire Law Firm: Robinson Gray Stepp & Laffitte, L.L.C. Insurance Carrier
Preparer's Phone #: (803) 929-1400

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 03/19/2021

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

(SEE ATTACHED GROUNDS FOR REVIEW)

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.
I certify I have served this document pursuant to Reg. 67-211. See Attached Certificate of Service.

Preparer's Signature

Attorney for The Employer/Carrier
Title

Nicolas L. Haigler
Email

February 23, 2024
Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

