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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION APPELLANT PANEL

Appellate Case No. 2025-000852

Sharonda Love, Claimant.....Appellant,

v.

Fresenius Medical Care Holdings, Inc., Employer,
and American Casualty Co. Reading, Pennsylvania, Carrier.....Respondents.

RECORD ON APPEAL

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Attorney for Respondent

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Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Respectfully submitted,

s/David V. Benson

David V. Benson, Esquire

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Attorney for Appellant

Rock Hill, South Carolina
October 3, 2025

State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

THE HONORABLE Aisha Taylor,

SCWCC File No.: 0606817

Sharonda Love,

Claimant,

v.

Fresenius Medical Care Holdings, Inc.,

Employer,

and

American Casualty Company of Reading, PA,

Carrier,

Defendants.

Hearing held in York County, South Carolina,
on May 7, 2024.

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

Appearances: David V. Benson, Esquire, of Elrod Pope Law Firm appeared on behalf of Claimant.

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

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

Court Reporter: Elizabeth L. Holt, Creel Court Reporting, 1230 Richland Street, Columbia, SC 29201

Filed:

November 11, 2024

I. STATEMENT OF THE CASE

This claim involves an accident on April 21, 2006, involving an injury to the claimant's back. The claim was accepted and resolved through a Consent Order in 2016. The Consent Order allowed for the claimant to receive additional causally related medical treatment and made provisions for retained hardware. The claimant made her final causally related medical appointment visit on October 14, 2022. However, the claimant asserts she had been speaking directly with the insurance adjuster regarding the claim and requesting additional medical treatment after October 14, 2022. Claimant then filed a Form 50 Hearing Request on March 15, 2024, requesting additional medical treatment for her back pursuant to the Consent Order. On her Form 50, claimant states the Consent Order granted her medical treatment for life. Defendants denied this assertion, instead contending the Consent Order only allowed medical treatment as recommended by the authorized treating physician and pursuant to Section 42-15-60(B)(3), and because there was a lapse in treatment of more than one year, she was no longer entitled to medical treatment under the terms of the Consent Order.

II. STIPULATIONS

The parties stipulated at the Hearing to the following:

1. Notice of the Hearing was timely and properly served upon all parties of interest.
2. The South Carolina Workers' Compensation Commission has jurisdiction over this matter, and venue set in York County is proper for purposes of this Hearing.
3. The South Carolina Workers' Compensation Commission file is made a part of the record except for any self-serving declarations or unstipulated medical reports.
4. The claimant has an average weekly wage of \$708.71, with a corresponding compensation rate of \$472.50.

III. APA SUBMISSIONS

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

	Physician	Practice	Dates of Service	Page Numbers
1.		Dynamic Health Medical Group	10/14/2022	1-2

	Exhibits	Date of Reports	Page Numbers
A.	May 17, 2013, Approved Consent Order of Settlement	05/17/2013	1-3

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

	Physician	Practice	Dates of Service	Page Numbers
1.		Carolina Neurosurgery & Spine Associates	08/05/2021	4-9
2.		Dynamic Health Medical Group	01/06/2021 – 09/10/2021	10-42
3.		Express Health Spine and Wellness Center LLC	07/19/2023- 03/25/2024	43-66

	Exhibits	Date of Reports	Page Numbers
A.	Email correspondence with Defense Attorney	03/28/2023-03/29/2023	70-71
B.	Email correspondence with Defense Attorney	12/15/2023-12/17/2023	72-74
C.	Email correspondence with Defense Attorney	12/17/2023	75-76
D.	Transcribed Voicemail		77-78

IV. EVIDENCE OF THE CASE

The undersigned has carefully considered all the medical evidence presented by the parties in this claim, including but not limited to the medical records provided pursuant to the APA. The following is specifically noted:

Medical Records and Exhibits

Claimant sustained an admitted work accident resulting in an injury to her back on April 21, 2006. (Def. Ex. A, p. 1). Claimant's Authorized Treating Physician, Dr. Michael A. Cowan, gave the opinion the claimant reached Maximum Medical Improvement (MMI) on November 13, 2007, with 10% impairment to her back. (*Id.*). Therefore, the parties reached an agreement on a consent order that consisted of the following, in relevant part:

1. A lump sum payment in the amount of \$34,352.94, resolving all future possible indemnity liability; and
2. Continued causally related medical treatment for the back only as recommended by Dr. Domagoj Coric, pursuant to Section 42-15-60 of the South Carolina Code of Laws.

(Def. Ex. A, pp. 1-3). The Order was approved on May 17, 2013. (*Id.*).

Claimant presented to Carolina Neurosurgery & Spine Associates on August 5, 2021, where she reported "bad flare-ups over the last couple months." (Claimant APA 1, p. 5). She was noted to have tenderness of the right SI joint and was recommended a "PRP injection of the right SI joint." (Claimant APA 1, p. 7). On January 11, 2021, she presented to Dynamic Health Medical Group where she reported a 5 out of 10 pain level in her low back. (Claimant APA 2, pp. 11-12). She continued to visit Dynamic at regularly scheduled intervals with consistent complaints until September 10, 2021. (Claimant APA 2, pp. 13-42). The September 10, 2021, appointment is noted to be her visit "114 of 114." (Claimant APA 2, p. 39). On that day, her pain was noted to be 6 out of 10, but her left leg symptoms were "considerably better." (*Id.*).

Claimant then presented back to Dynamic on October 14, 2022. (Def. APA 1, p. 1). There, she reported a 4 out of 10 pain level of constant aching in her low back. (*Id.*). An SI injection was then performed that same day. (Def. APA 1, pp. 1-2). This was her last visit to Dynamic.

Claimant then presented to Expressed Health Spine and Wellness Center LLC on July 19, 2023. (Claimant APA 3, p. 44). There, she reported 7 out of 10 low back pain that could reach a nine with motion. (*Id.*). She was diagnosed with Cervicalgia and Lumbago with sciatica on the right and left side, with a prognosis of "poor" due to her injury and preexisting condition. (Claimant APA 3, pp. 45-46). She

continued to visit Expressed Health, with her last visit taking place on March 25, 2024, where her low back pain was reported a 4 to 7 out of 10. (Claimant APA 3, p. 65). Therapeutic exercise was recommended to continue. (Claimant APA 3, p. 66). The treatment with Expressed Health was not authorized by the defendants.

On March 28, 2023, Cristina Futrell, of Ethos Risk, reached out to claimant's counsel asking to "conduct an alive and well check" on the claimant, which claimant's counsel gave permission. (Claimant Ex. 1, p. 71). In December of 2023, claimant's counsel exchanged emails with defendants' counsel where it was communicated that claimant could contact the adjuster herself. (Claimant Ex. 2, pp. 73-74). That information was communicated by claimant's counsel to claimant. (Claimant Ex. 3, p. 76). Finally, the claimant received a voicemail stating "Christiana...on behalf of CNA" was reaching out for a "virtual alive and well check." (Claimant Ex. 4, p. 78).

Hearing Testimony

Testimony of Claimant

Claimant testified that since 2006 until 2019, she did not work. Then, she began volunteering one day a week at Cherokee Pregnancy Center but stopped the June of 2023. (Hearing Transcript pp. 8-9). She denied filing a claim of any sort because of a work injury after the instant matter. (*Id.* at p. 10). She said in June or July of 2023, she had a conversation with an "adjuster for Fresenius." (*Id.*). She testified that she was continuing to go to stem cell treatment and was having problems getting her appointments approved. (*Id.* at p. 11). She eventually got one in January of 2022, but after a subsequent flare up the following month, was told the treatment was denied. (*Id.*). She said she continued to try to get in contact with someone about her treatment. (*Id.* at pp. 11-12). She said she called an adjuster in 2022 and 2023 to remedy the situation, and said she left a message. (*Id.* at p. 13).

Claimant said she went to Expressed Health after Dynamic Healthcare would no longer see her because the bill had not been paid. (*Id.* at p. 14). She denied that Expressed Health ever billed her for her visit. (*Id.*). She testified that she called the adjuster "several times," but no one ever answered her calls. (*Id.* at p. 15).

Cross-Examination of Claimant

Claimant explained that she had emails in her phone that had not been produced between herself and “Jennifer Lynch,” the woman claimant alleged was the adjuster she was attempting to contact. (*Id.* at p. 16). Claimant again expressed that the reason she went to Expressed Health Spine and Wellness in July of 2023 was because she was denied treatment from Dynamic. (*Id.* at p. 19). She denied that she told Expressed Health that her low back problems were a result of her work with Cherokee but was instead from the instant claim. (*Id.* at p. 20). She stated her visits with Dynamic were continuing and denied her treatment with them had concluded. (*Id.* at p. 23). She stated she did not have anything in writing that showed there was a denial of renewal of treatment with Dynamic. (*Id.* at p. 26).

Claimant then explained that she had been receiving emails and a voicemail from Jennifer Lynch. (*Id.* at pp. 27-29). During this time, she also stated she continued to call Dynamic. (*Id.* at p. 30).

The record was then left open for 14-days for submission of additional evidence related to the above-discussed e-mails. (*Id.* at p. 33).

V. FINDINGS OF FACT

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

1. The Claimant sustained a compensable injury to her back, which was resolved through Consent Order in 2016. (Def. Ex. 1).
2. Per the Consent Order, Claimant was entitled to additional causally related medical treatment as well as provisions for her retained hardware. (Def. Ex. 1).
3. Defendants assert that Claimant’s last causally related medical treatment occurred in 2022 with a chiropractic visit. The assert that as of the date of the hearing, over one year has passed without seeking additional medical treatment, and thus, claimant is no longer entitled to future medical treatment under Section 42-15-60. This Finding is based on the testimony of the claimant.
4. Claimant asserts she has been speaking directly with the adjuster regarding settling her claim and believed she had requested additional medical treatment as well. This Finding is based on the testimony of the claimant.

5. Claimant requested the medical record to be held open to submit documentation of her email correspondence with the adjuster, which was granted.
6. On May 13, 2024, Claimant, through counsel, submitted a Supplemental APA submission, which purported to show correspondence between Claimant and Defendants regarding Claimant's right to additional medical treatment.
7. Upon review of the undersigned, the correspondence is between Claimant and a third-party company, EthosRisk, which is not the insurance company or the employer, nor any other agent thereof. Moreover, it does not even reference treatment, but a "well check." (Claimant Ex. 1-7, pp. 71-78).
8. I find the Consent Order does not give Claimant additional time to request medical treatment. Although Claimant could have been entitled to medical treatment for her lifetime, she did not comply with the provisions of Section 42-15-60 with regard to the requirement of annual medical treatment.
9. I find that the Claimant did not make reasonable attempts to obtain further treatment or modality from an authorized physician in compliance with Section 42-15-60. Claimant's correspondence was with EthosRisk, a third party, and did not reference treatment.
10. Claimant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.
11. No hearing costs are assessed.

VI. CONCLUSIONS OF LAW

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

1. Pursuant to Section 42-15-60, claimant is not entitled to continued causally related medical treatment as there was a lapse in treatment of more than one year and the claimant did not make reasonable attempts to obtain further treatment.
2. Therefore, Claimant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.

VII. ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Claimant is not entitled to further medical treatment for her admitted work accident pursuant to the Consent Order.

No Hearing costs are assessed.

AND SO IT IS ORDERED.



Commissioner Aisha Taylor

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).

November 13, 2024

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Order Served via Email 11-13-24:

Nicolas L. Haigler nhaigler@robinsongray.com

David V. Benson dbenson@elrodpope.com

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable R. Michael Campbell; The Honorable Cynthia C. Dooley; and The Honorable Melody L. James.

SCWCC File No.: 0606817

Sharonda Love,

Claimant/Appellant,

v.

Fresenius Medical Care Holding,

Employer,

and

American Casualty Co. of Reading, Pennsylvania.,

Carrier,

Defendants/Respondents.

AFFIRMED

Hearing held in Richland County, South Carolina,
on February 10, 2025

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

Appearances: David V. Benson, Esq., of Elrod Pope Law Firm, appeared on
behalf of Claimant/Appellant.

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

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

Filed: April 7, 2025

I. STATEMENT OF THE CASE

Single Commissioner Review

Claimant sustained an admitted injury to her back on April 21, 2006. The parties agreed by Consent Order dated May 16, 2013, that Claimant would receive causally related medical treatment and provisions for retained hardware.

Defendants asserted Claimant made her final causally related medical appointment on October 14, 2022. Claimant asserted she had been speaking directly with the insurance adjuster regarding the claim and requesting additional medical treatment after October 14, 2022.

Claimant filed a Form 50, Hearing Request, on March 15, 2024, requesting additional medical treatment for her back pursuant to the Consent Order. Claimant maintained the Consent Order granted her medical treatment for life. Defendants maintained the Consent Order only allowed medical treatment as recommended by the authorized treating physician and pursuant to S.C. Ann. §42-15-60(B)(3), and because there was a lapse in treatment of more than one year, Claimant was no longer entitled to medical treatment under the terms of the Consent Order.

On May 7, 2024, a hearing was held before a Single Commissioner to determine the issues set forth on the parties' Forms 50 and 51.

The Single Commissioner concluded, *inter alia*:

[C]laimant is not entitled to continued causally related medical treatment as there was a lapse in treatment of more than one year and [C]laimant did not make reasonable attempts to obtain further treatment.

[C]laimant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.

(Single Commissioner's Decision and Order filed on November 13, 2024, p. 7.)

The Single Commissioner ordered, *inter alia*:

[C]laimant is not entitled to further medical treatment for her admitted work accident pursuant to the Consent Order.

(Single Commissioner's Decision and Order filed on November 13, 2024, p. 7.)

Appellate Panel Review

This matter is now before the South Carolina Workers' Compensation Commission's Appellate Panel pursuant to issues raised on appeal by Claimant (Appellant). Within the statutory period, Appellant filed a Form 30, Request for Commission Review. Accordingly, the parties presented before the Appellate Panel on February 10, 2025.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACT

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

1. Claimant sustained a compensable injury to her back, which was resolved through Consent Order in 2016 [sic]. (Defendants Ex. 1).
2. Per the Consent Order, Claimant was entitled to additional causally related medical treatment as well as provisions for her retained hardware. (Defendants Ex. 1).
3. Defendants assert that Claimant's last causally related medical treatment occurred in 2022 with a chiropractic visit. They assert that as of the date of the hearing, over one year has passed without seeking additional medical treatment, and thus, Claimant is no longer entitled to future medical treatment under Section 42-15-60. This Finding is based on the testimony of Claimant.
4. Claimant asserts she has been speaking directly with the adjuster regarding settling her claim and believed she had requested additional medical treatment as well. This Finding is based on the testimony of Claimant.
5. Claimant requested the medical record to be held open to submit documentation of her email correspondence with the adjuster, which was granted.
6. On May 13, 2024, Claimant, through counsel, submitted a Supplemental APA submission, which purported to show correspondence between Claimant and Defendants regarding Claimant's right to additional medical treatment.

7. Upon review of the [Single Commissioner], the correspondence is between Claimant and a third-party company, EthosRisk, which is not the insurance company or the employer, nor any other agent thereof. Moreover, it does not even reference treatment, but a "well check." (Claimant Ex. 1-7, pp. 71-78).
8. I find the Consent Order does not give Claimant additional time to request medical treatment. Although Claimant could have been entitled to medical treatment for her lifetime, she did not comply with the provisions of Section 42-15-60 with regard to the requirement of annual medical treatment.
9. I find that Claimant did not make reasonable attempts to obtain further treatment or modality from an authorized physician in compliance with Section 42-15-60. Claimant's correspondence was with EthosRisk, a third party, and did not reference treatment.
10. Claimant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.
11. No hearing costs are assessed.

CONCLUSIONS OF LAW

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

1. Pursuant to Section 42-15-60, Claimant is not entitled to continued causally related medical treatment as there was a lapse in treatment of more than one year and Claimant did not make reasonable attempts to obtain further treatment.
2. Therefore, Claimant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.

III. ISSUES ON APPEAL

1. Did the Hearing Commissioner err in Finding of Fact 7 by finding EthosRisk is not the insurance carrier, or any agent thereof, when evidence was not presented by Respondents that EthosRisk was not the insurance carrier or an agent thereof?
2. Did the Hearing Commissioner err in Finding of Fact 8 in finding Appellant was not entitled to lifetime medical benefits in spite of the clear wording of the original unappealed Order?

3. Did the Hearing Commissioner err in Finding of Fact 8 that Appellant did not comply with Section 42-15-60 when the Order clearly provides for lifetime medical benefits?
4. Did the Hearing Commissioner err in Finding of Fact 9 in finding Appellant did not make reasonable attempts to obtain further treatment when this finding is not supported by testimony and is against the greater weight of the evidence?
5. Did the Hearing Commissioner err in Findings of Facts 7-10 that Appellant did not meet her burden of proof when the Order clearly states she has lifetime medical benefits and Respondents did not follow the Order and provide her with a Medicare Set Aside Agreement (MSA)?
6. Did the Hearing Commissioner err in finding Appellant had not met her burden when the Order provides the only way Respondents can absolve themselves of lifetime medical benefits is by providing an MSA which was not done?
7. Did the Hearing Commissioner err in finding Appellant was not entitled to lifetime medical benefits when Section 42-15-60(B)(3)(a) provided for lifetime medical benefits, because the Order clearly provides for lifetime medical benefits?

IV. DECISION OF THE APPELLATE PANEL

In an application for review pursuant to S.C. Code Ann. § 42-17-50, the Appellate Panel shall review the Award, and, if good grounds be shown therefore, reconsider the evidence, receive further evidence, rehear the parties or their representatives and, if proper, amend the award by making its own Findings of Fact and its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the Requests for Review in the instant case, including review of the entire record and upon consideration of the memoranda and arguments of the parties, the Appellate

Panel does hereby fully **AFFIRM** the Decision and Order of the Single Commissioner filed on November 13, 2024.

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

FINDINGS OF FACT

1. Appellant sustained a compensable injury to her back, which was resolved through Consent Order in 2013. (Defendants/Respondents Ex. 1).
2. Per the Consent Order, Appellant was entitled to additional causally related medical treatment as well as provisions for her retained hardware. (Defendants/Respondents Ex. 1).
3. Respondents assert that Appellant's last causally related medical treatment occurred in 2022 with a chiropractic visit. They assert that as of the date of the hearing, over one year has passed without seeking additional medical treatment, and thus, Appellant is no longer entitled to future medical treatment under Section 42-15-60. This Finding is based on the testimony of Appellant.
4. Appellant asserts she has been speaking directly with the adjuster regarding settling her claim and believed she had requested additional medical treatment as well. This Finding is based on the testimony of Appellant.
5. Appellant requested the medical record to be held open to submit documentation of her email correspondence with the adjuster, which was granted.
6. On May 13, 2024, Appellant, through counsel, submitted a Supplemental APA submission, which purported to show correspondence between Appellant and Respondents regarding Appellant's right to additional medical treatment.
7. Upon review, we find the correspondence is between Claimant and a third-party company, EthosRisk, which is not the Carrier or Employer, or any other agent thereof. Moreover, it does not even reference treatment, but a "well check." (Claimant/Appellant Ex. 1-7, pp. 71-78).
8. We find the Consent Order does not give Appellant additional time to request medical treatment. Although Appellant could have been entitled to medical treatment for her lifetime, she did not comply with the provisions of Section 42-15-60 with regard to the requirement of annual medical treatment.

9. We find that Appellant did not make reasonable attempts to obtain further treatment or modality from an authorized physician in compliance with Section 42-15-60. Appellant's correspondence was with EthosRisk, a third party, and did not reference treatment.
10. Appellant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.
11. No hearing costs are assessed.

CONCLUSIONS OF LAW

1. Pursuant to Section 42-15-60, Appellant is not entitled to continued causally related medical treatment, as there was a lapse in treatment of more than one year and Appellant did not make reasonable attempts to obtain further treatment.
2. Therefore, Appellant has failed to meet her burden of proving her entitlement to additional medical benefits under the Act.

ORDER

IT IS HEREBY ORDERED that the Decision and Order of the Single Commissioner filed on November 13, 2024, is fully **AFFIRMED**.

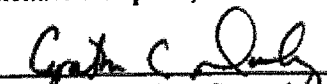
Accordingly:

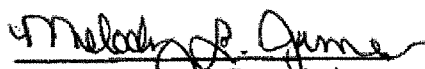
IT IS FURTHER ORDERED that Appellant is not entitled to further medical treatment for her admitted work accident pursuant to the Consent Order.

AND SO IT IS ORDERED.

_____(date)
Columbia, SC


R. Michael Campbell, Commissioner


Cynthia C. Dooley, Commissioner


Melody James, Commissioner

Order Served via email:

Grady Beard Nicolas L. Haigler Robinson, Gray, Stepp, & Laffitte gbeard@robinsongray.com nhaigler@robinsongray.com	David V. Benson Elrod People Law Firm dbenson@elrodpope.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 April 7, 2025



Claimant's Name: Sharonda Love Employer's Name: Fresenius Medical Care Holding
Address: 274 Grassy Pond Creek Rd Address: 2115 Ebenezer Road
City: Gaffney State: SC Zip: 29341 City: Rock Hill State: SC Zip: 29732
Home Phone: 803-322-2557 Work Phone: _____ Carrier: American Casualty Co Of Rdg PA
Preparer's Name: David Vance Benson Preparer's Phone #: (803) 324-7574

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: per week 2. AWW: \$ Date of Injury: 4/28/2006
3. Type of injury and body part(s): back
4. Facts in controversy: Sharonda has lifetime medical according to the order signed by all parties. Defendants refuse to provide medical for her. Defendants should be fined and forced to pay attorney's fees for an unnecessary hearing.
5. Legal issues involved: See 4 above.
6. Unusual aspects: _____
7. Witnesses (designate if expert):* _____
8. Exhibits: Consent order, attached. Attorney's fee affidavit to be presented at the hearing.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
As submitted under APA.
10. Name, address, and specialty, if any, of the treating physician: Carolina NeuroSurgery & Spine, 225 Baldwin Avenue, Charlotte, NC 28204; Dynamic Health Medical Group, 4705 South Blvd, Charlotte, NC 28217; Expressed Health Spine and Wellness Center, LLC, 2034 Cherry Road, Rock Hill, SC 29732
11. Impairment rating(s); body part(s); physician and date of opinion: _____
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 certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

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

Signature: David V Benson
Date of hearing: May 7, 2004

Email: dbenson@E1RODPOF.com
Time needed for hearing: 30 minutes

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.

Sharonda Love	)	SOUTH CAROLINA
Claimant,	)	WORKERS' COMPENSATION
	)	COMMISSION
v.	)	
	)	WCC FILE NO: <u>0606817</u>
Fresenius Medical Care Holding	)	
Employer,	)	
And	)	
	)	
American Casualty Co Of Rdg PA	)	
Carrier, Defendants.	)	
	)	

CERTIFICATE OF SERVICE

This is to certify that the undersigned has served this Form 58 – Pre-Hearing Brief in the above-captioned action upon Defense Attorney to be served by Email at the addresses shown below on April 22, 2024.

Via E-Mail:
nhaigler@robinsongray.com

Nicolas L. Haigler, Esquire
Robinson, Gray, Stepp & Laffitte, LLC
PO Box 11449
Columbia, SC 29211

gbeard@robinsongray.com

Grady L. Beard, Esquire
Robinson, Gray, Stepp & Laffitte, LLC
PO Box 11449
Columbia, SC 29211


Christine Stikeleather
Paralegal to David Vance Benson, Esquire
ELROD POPE LAW FIRM
PO Drawer 11091
Rock Hill, SC 29731
803-324-6141 Work
christine@elrodpope.com

Rock Hill, South Carolina
April 22, 2024

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
COUNTY OF	)	WORKERS' COMPENSATION COMMISSION
Sharonda Love,	)	
Claimant,	)	
-vs-	)	
Fresenius Medical Care Holding,	)	<u>NOTICE OF WITNESSES AND</u>
	)	<u>WRITTEN REPORT(S)/PHYSICIAN</u>
	)	<u>OR OTHER EVIDENCE TO BE</u>
Employer,	)	<u>INTRODUCED ON BEHALF OF</u>
	)	<u>SHARONDA LOVE, CLAIMANT</u>
and	)	
American Casualty Co of Rdg PA,	)	
	)	WCC FILE NO. 0606817
Carrier,	)	
Defendants.	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
 GRADY L. BEARD, ESQUIRE, AND NICOLAS L. HAIGLER ATTORNEYS
 FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, SHARONDA LOVE, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), and Rule 67-612, herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

<u>NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT(S)</u>	<u>PAGES</u>
APA 1: CAROLINA NEUROSURGERY & SPINE ASSOCIATES	08-05-2021	4-9
APA 2: DYNAMIC HEALTH MEDICAL GROUP	01-06-2021- 09-10-2021	10-42
APA 3: Express Health Spine and Wellness Center LLC	07-19-2023- 03-25-2024	43-66

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or

other person(s), 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, will be submitted at the hearing before Honorable Aisha Taylor, Commissioner, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.

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

Sharonda Love
274 Grassy Pond Creek Rd
Gaffney, SC 29341

Family members, friends, co-workers,
former co-workers and neighbors.

ELROD POPE LAW FIRM

By: David V. Benson
David Vance Benson, Esquire
P. O. Drawer 11091
Rock Hill, South Carolina 29731
(803) 324-7574
ATTORNEYS FOR CLAIMANT

Rock Hill, South Carolina

April 22, 2024

CERTIFICATE OF MAILING

WCC FILE NO. 0606817

The undersigned hereby certifies that he is a secretary to the attorney for the employee-claimant in the above-entitled action and that the foregoing **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF SHARONDA LOVE, CLAIMANT,** was served to the following address:

GRADY L. BEARD, Esquire
ROBINSON GRAY STEPP & LAFFITTE, LLC
PO BOX 11449
COLUMBIA, SC 29211
Email: gbeard@robinsongray.com

NICOLAS L. HAIGLER, Esquire
ROBINSON GRAY STEPP & LAFFITTE, LLC
PO BOX 11449
COLUMBIA, SC 29211
Email: nhaigler@robinsongray.com


Christine Stikeleather
Paralegal to David Benson

Rock Hill, South Carolina

April 22, 2024

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

225 Baldwin Avenue
Charlotte, NC 28204-3109
Phone: (704)376-1605

Patient ID: 000000--135423
Patient: Sharonda Love
Date of Birth: 01/08/1973
Visit Type: Office Visit
Date: 08/05/2021 11:15 AM
Provider: Andrew I. Sumich MD
Historian: self

This 48 year old female presents for back pain.

HISTORY OF PRESENT ILLNESS:

1. back pain

Ms. Love is a 48-year-old female is a worker's compensation injury with a distant history of L4 through S1 fusion who I have followed for chronic right SI joint dysfunction over the years she has had excellent response to SI joint injections. Unfortunately her last injection in December of 2019 she had a steroid reaction that required a trip to emergency room. For that reason we have avoided any further steroid exposures or SI joint injections. But she is having particular bad flare-up over the last couple months. She denies any weakness or bowel or bladder changes.

Medical/Surgical/Interim History

Reviewed, no change.

Last detailed document date:08/20/2020.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 11/25/2019, which I have signed.

Family History:

Reviewed, no changes. Last detailed document date:05/14/2018.

Social History:

Reviewed, no changes. Last detailed document date: 11/22/2019.

MEDICATIONS: (added, continued or stopped this visit)

Started	Medication	Directions	Instruction	Stopped
04/04/2018	diclofenac sodium 75 mg tablet, delayed release	take 1 tablet by oral route 2 times every day		
10/17/2012	hydrochlorothiazid e 25 mg tablet	take 1 tablet (25MG) by oral route every day		
09/08/2020	Medrol (Pak) 4 mg tablets in a dose pack	take by Oral route as directed		
08/05/2021	meloxicam 15 mg tablet vitamin d ORAL	take 1 tablet by oral route every day		

ALLERGIES:

Ingredient	Reaction	Medication Name	Comment
OXYCODONE HCL		Percocet	
AMLODIPINE		Norvasc	
BESYLATE			
ADHESIVE TAPE			
HYDROCODONE BITARTRATE		Lortab	

Reviewed, no changes.

PHYSICAL EXAM:**Vitals**

Date	Temp F	BP	Pulse	Ht In	Wt Lb	BMI	BSA	Pain Score
08/05/2021				63	185	32.77		8/10

PHYSICAL EXAM Details**General**

Gait/Station: normal

Range of Motion

Cervical Spine: all normal

Lumbar Spine: all moderate, decreased range of motion

Motor Strength

Upper and lower extremity motor strength was tested in the clinically pertinent muscles. Any abnormal findings will be noted below.

Sensory

Sensation was tested at C5 to T1 and L2 to S1 .Any abnormal findings will be noted below..

Muscle Stretch Reflexes

Upper and lower extremity reflexes were tested in the clinically pertinent muscles. Any abnormal findings will be noted below.

Additional Findings:

tenderness right SI joint

PLAN:

1. Right sacroiliac dysfunction, chronic in the setting of previous L4 through S1 fusion.
2. She has had excellent response to right SI joint injections in the past but her last injection in December of 2019 she had a steroid reaction so does not want to pursue any more steroid options.
3. Based on previous response and her lack of ability to the exposure to steroids I am recommending PRP injection of the right SI joint.
4. Also discontinue diclofenac and do a trial of meloxicam.

Orders:**Office Procedures/Services:**

Assessment	Service	Comments
M46.1	- right - SI Joint - PRP	

Instruction(s)/Education:

Assessment	Instruction
Z68.32	Lifestyle education regarding diet

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Lifestyle education regarding diet						

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Radiculopathy, lumbosacral region (M54.17).
2.	Assessment	Sacroiliitis, not elsewhere classified (M46.1).
	Plan Orders	- right - SI Joint - PRP.
3.	Assessment	Body mass index (BMI) 32.0-32.9, ac (E66.32).

Plan Orders Today's instructions / counseling include(s) Lifestyle education regarding diet.

Pain Management Plan

Pain Scale: 8/10.

Method: Numeric Pain Intensity Scale.

Location: lower back and Right SI joint.

Pain management follow-up plan of care: per plan of care.

MEDICATIONS PRESCRIBED TODAY

		Rx Quantity	Refills
MELOXICAM	15 mg	30	1

Provider: Andrew I. Sumich MD 08/05/2021 12:14 PM

Dictation edited by: Brooke R. Jackson

CC Providers:

Hina Anjum

University Of Nebraks Med Ctr Dept Of Fam Med

983075 Nebraska Med Center

Omaha, NE 68198-3075

Jeffrey Maxwell DC

Palmetto Physical Medicine

237 S Herlong Ave

Rock Hill, SC 29732-

Palmetto Physical Medicine

237 S Herlong Ave

Rock Hill, SC 29732

Electronically signed by Andrew I. Sumich MD on 08/05/2021 04:19 PM

Dynamic Health Medical Group
4705 South Blvd
Charlotte, NC 28217-2117
(704) 525-6288

RE: Ms. SHARONDA LOVE

Ins. ID: E3150994

Account: 528M

Sex: Female DOB: 01/08/1973 Age: 47 on 01/06/21

January 6, 2021 - Missed Appointment

Primary Provider

January 11, 2021

January 11, 2021 - Visit 89 of 114

Examination:

Height: 5'7"

Neck: Carotid Arteries : Normal, Thyroid : Normal

Chest: Clear

Cardiac: Regular rhythm, Normal without murmur gallop or rub

Edema: Both Legs None

Lumbar flexion: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar extension: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar lateral flexion on the left: Re-examination resulted in a mild to moderate decrease in motion with mild to moderate pain showing no change since last examination

Lumbar lateral flexion on the right: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar rotation on the left: Re-examination resulted in a mild to moderate decrease in motion with mild to moderate pain showing no change since last examination

Lumbar rotation on the right: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Kemp's Test: Re-examination was positive on both sides with moderate pain showing no change since last examination

Valsalva Maneuver/Test: Re-examination was positive with mild to moderate pain showing no change since last examination

Minor's Sign: positive

General: Well groomed, well nourished, alert and oriented, obese, African American female. No apparent distress. Speech clear and appropriate. Wearing a face mask for Covid.

Integ: Skin warm and pink. Pigmentation is normal for race. Normal appearing hair growth. Hair in braids

Head: Normocephalic, atraumatic. Face is symmetrical.

Neck: Midline trachea. Symmetric and supple with no apparent masses, lesions, or other abnormalities. Thyroid symmetric and of appropriate size. No carotid bruit.

Lymph: No cervical lymphadenopathy appreciated.

Resp: No crackles, wheeze, rhonchi, retractions or nasal flaring.

Cardiac: Regular rate and rhythm, S1/S2, no murmurs, rubs, or rubs.

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

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PV: Pink and warm. No edema.

Psych: Mood matches affect. Linear thought pattern.

Care Plan:

The patient is currently experiencing an exacerbation of pain. Long term goal will remain the same.

Long term goal: strengthen lumbar postural musculature; have patient sit for more than 45 minutes without any exacerbations of pain in the lumbar region.

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain, which is the same as the last treatment. This patient complained of a value of 2 occasional numbness and tingling pain in the left leg; this is a little worse since the previous treatment.

Objective Findings:

Blood Oxygen: 99%

Pulse: 66 BPM

Blood Pressure: 140/88 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 60 lbs for 15 minutes.

Right sided lumbar trigger point injections were performed in the gluteus maximus, multifidus T4-5 and iliocostalis lumborum. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Patient completed diathermy on her low back

Assessment:

The patient's condition is improving as expected. It is my opinion that she is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Medical re-exam completed today. Patient denies new medication and medical diagnoses. She does report having some intermittent "discomfort" in her right knee. She states this discomfort has been present "on and off for the past week." Other than discomfort, patient describes symptoms as tenderness and achy. She also reports that her low back symptoms have "really improved." She feels that diathermy has kept her low back symptoms, "sustainable." Patient does indicate having "flare-ups" of back tightness but has noticed that this has been less

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

Ins. ID: E3150994

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frequent than before and she feels her pain is "better controlled." Her physical exam is consistent with her last exam and there are no new findings to report. Patient will continue with therapy as scheduled.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

January 11, 2021

January 15, 2021 - Visit 90 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; unchanged from the last treatment. The patient also described symptoms of a value of 1 occasional numbness and tingling pain in the left leg; a minimal improvement over her previous visit.

Objective Findings:

Blood Oxygen: 96%

Pulse: 65 BPM

Blood Pressure: 130/82 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in mild to moderate pain showing improvement since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 60 lbs for 15 minutes.

SI Injection Procedure Summary

Consent: Risk, benefits, and alternatives reviewed. Consent signed.

Guidance: Fluoroscopic

Level(s): Right SI joint

Needle(s): 22 ga spinal

Local: 2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine (based on availability)

Injectate: 0.25% bupivacaine and Sarapin mixed 1:1, 6cc total

All patient questions were answered including the risks, benefits, alternative treatment options and prognosis. The risks include but are not limited to infection, allergic reaction, nerve damage, stroke, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, spinal cord injury and scar formation. The patient was placed prone, the injection site was marked using fluoroscopy, and the site was prepped with iodine. The overlying skin and subcutaneous tissue was anesthetized with local anesthetic.

Utilizing C-arm fluoroscopy in multiple fluoroscopic views the procedure needle was advanced using sterile

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

Ins. ID: E3150994

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precautions. No parasthesias were encountered during needle placement or manipulation. The tip of the procedure needle was guided until contact with the sacro-iliac joint was met. The needle was then guided until tactile appreciation of entry into the joint was obtained. Following negative aspiration, 6 cc were placed into the right SI joint. The operative site was cleaned. The patient tolerated the procedure well. No complications were noted.

Diathermy completed on lower back for 15 minutes. Tolerated well.

Assessment:

The patient's condition is progressing as expected. In my clinical opinion the patient is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

January 25, 2021

January 22, 2021 - Missed Appointment

Primary Provider

January 25, 2021

January 25, 2021 - Visit 91 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain and a value of 2 occasional numbness and tingling pain in the left leg. The low back pain is the same as the last treatment and the pain in the left leg is slightly worse since her last treatment.

Objective Findings:

Blood Oxygen: 98%

Pulse: 84 BPM

Blood Pressure: 130/80 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in mild to moderate pain showing improvement since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the discs and elongate the spine. A rhythmic intersegmental traction

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

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was performed at the lumbar vertebral region at L5 at 60 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the right knee region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Assessment:

Sharonda's condition is responding as anticipated. In my clinical opinion she is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Patient completed diathermy on her low back.

Plan of Action:

Patient is scheduled for: two visits per week.

Primary Provider

January 25, 2021

February 5, 2021 - Visit 92 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; this is the same as the last visit. This patient also related symptoms of a value of 1 occasional numbness and tingling pain in the left leg; slightly better since the last treatment.

Objective Findings:

Blood Oxygen: 97%

Pulse: 87 BPM

Blood Pressure: 116/68 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc - ongate the spine. A rhythmic intersegmental traction

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

Ins. ID: E3150994

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was performed at the lumbar vertebral region at L5 at 60 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the right knee region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis thoracis and erector spinae. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Assessment:

Her condition is progressing satisfactorily. In my opinion Sharonda is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

February 5, 2021

February 22, 2021 - Visit 93 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain and a value of 1 occasional numbness and tingling pain in the left leg. The low back pain is the same as the last treatment and the pain in the left leg is unchanged from the last treatment.

Objective Findings:

Blood Oxygen: 99%

Pulse: 82 BPM

Blood Pressure: 132/78 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 60 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and issue, while increasing range of motion in that specific

joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and erector spinae . 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Assessment:

Her condition is responding as anticipated. In my opinion she is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

February 22, 2021

March 29, 2021 - Missed Appointment

Primary Provider

April 9, 2021

April 5, 2021 - Visit 94 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 9 constant aching, sharp, throbbing low back pain; moderately worse since her previous visit. This patient also described indications of a value of 4 occasional numbness and tingling pain in the left leg; this is moderately worse since the last visit.

Objective Findings:

Blood Oxygen: 98%

Pulse: 95 BPM

Blood Pressure: 118/88 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in moderate pain showing regression since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

SI Injection Procedure Summary

Consent: Risk, benefits, and alternatives reviewed. Consent signed.

Guidance: Fluoroscopic

Level(s): Right SI joint

Needle(s): 22 ga spinal

Local: 2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine (based on availability)

Injectate: 0.25% bupivacaine and Sarapin mixed 1:1, 6cc total

All patient questions were answered including the risks, benefits, alternative treatment options and prognosis. The risks include but are not limited to infection, allergic reaction, nerve damage, stroke, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, spinal cord injury and scar formation. The patient was placed prone, the injection site was marked using fluoroscopy, and the site was prepped with iodine. The overlying skin and subcutaneous tissue was anesthetized with local anesthetic.

Utilizing C-arm fluoroscopy in multiple fluoroscopic views, the procedure needle was advanced using sterile precautions. No parasthesias were encountered during needle placement or manipulation. The tip of the procedure needle was guided until contact with the sacro-iliac joint was met. The needle was then guided until tactile appreciation of entry into the joint was obtained. Following negative aspiration, 6 cc were placed into the right SI joint. The operative site was cleaned. The patient tolerated the procedure well. No complications were noted. Manipulation was applied to C5-C6, T6-T8, L5, and RSI using the Diversified technique. - Logan Evans, DC

Assessment:

Sharonda's condition is responding as anticipated. The patient is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

April 9, 2021

April 9, 2021 - Visit 95 of 114**Subjective Complaints:**

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 constant aching, sharp, throbbing low back pain; this is moderately better since the last visit. This patient also reported symptoms of a value of 3 occasional numbness and tingling pain in the left leg. This is a little improved over the previous visit.

Objective Findings:

Blood Oxygen: 97%

Pulse: 91 BPM

Blood Pressure: 120/78 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in moderate pain showing regression since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and . Therastim was performed using Lumbar protocol

therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

Right sided lumbar trigger point injections were performed in the quadratus lumborum, multifidus T4-5 and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Ultrasonic guidance for needle placement performed to identify triggers in aforementioned muscles.

Manipulation performed by Dr. Logan Evans, DC.

This patient was treated with manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Her condition is improving satisfactorily. She is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

April 9, 2021

April 14, 2021 - Visit 96 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; this is a little improved over the previous visit. Sharonda also complained of a value of 2 occasional numbness and tingling pain in the left leg; this is slightly better since the last treatment.

Objective Findings:

Blood Oxygen: 99%

Pulse: 71 BPM

Blood Pressure: 118/64 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exerc - scanned sheet for specific exercise protocols) were

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performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus minimus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Manipulation performed by Dr. Logan Evans, DC. The treatment Sharonda received included manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Her condition is progressing as expected. This patient is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

April 16, 2021

April 16, 2021 - Visit 97 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain and a value of 2 occasional numbness and tingling pain in the left leg. The low back pain is no different than the last visit and the pain in the left leg is unchanged from the last treatment.

Objective Findings:

Blood Oxygen: 99%

Pulse: 79 BPM

Blood Pressure: 118/82 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle

and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus minimus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Manipulation performed by Dr. Logan Evans, DC. The treatment Sharonda received included manipulation of C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Sharonda's condition is progressing as expected. In my clinical opinion Sharonda is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

April 16, 2021

April 21, 2021 - Visit 98 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; this is at the same level of pain as last time. This patient complained of a value of 2 occasional numbness and tingling pain in the left leg, which is the same as the last treatment.

Objective Findings:

Blood Oxygen: 98%

Pulse: 78 BPM

Blood Pressure: 146/98 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus minimus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DC The treatment the patient received included manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The patient's condition is progressing as expected. It is my clinical opinion that Sharonda is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

April 21, 2021

April 26, 2021 - Missed Appointment

Primary Provider

April 30, 2021

April 30, 2021 - Visit 99 of 114

Examination:

General: Well groomed, well nourished, alert and oriented, overweight, African American female. No apparent distress. Speech clear and appropriate. Wearing a face mask for Covid.

Integ: Skin warm and pink. Pigmentation is normal for race. Normal appearing hair growth. Hair in braids

Head: Normocephalic, atraumatic. Face is symmetrical.

Neck: Midline trachea. Symmetric and supple with no apparent masses, lesions, or other abnormalities. Thyroid symmetric and of appropriate size. No carotid bruit.

Lymph: No cervical lymphadenopathy appreciated.

Resp: No crackles, wheeze, rhonchi, retractions or nasal flaring.

Cardiac: Regular rate and rhythm, S1/S2, no murmurs, gallops, or rubs.

PV: Pink and warm. No edema.

Psych: Mood matches affect. Linear thought pattern.

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Height: 5'7"

Neck: Carotid Arteries : Normal, Thyroid : Normal

Chest: Clear

Cardiac: Regular rhythm, Normal without murmur gallop or rub

Edema: Both Legs None

Lumbar flexion: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar extension: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar lateral flexion on the left: Re-examination resulted in a mild to moderate decrease in motion with mild to moderate pain showing no change since last examination

Lumbar lateral flexion on the right: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar rotation on the left: Re-examination resulted in a mild to moderate decrease in motion with mild to moderate pain showing no change since last examination

Lumbar rotation on the right: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Kemp's Test: Re-examination was positive on both sides with moderate pain showing no change since last examination

Valsalva Maneuver/Test: Re-examination was positive with mild to moderate pain showing no change since last examination

Minor's Sign: positive

Weight: 187 lbs.

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain, which is at the same level of pain as last time. She also reported indications of a value of 2 occasional numbness and tingling pain in the left leg. This is unchanged from the last visit.

Objective Findings:

Blood Oxygen: 97%

Pulse: 75 BPM

Blood Pressure: 120/78 mmHg

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus maximus . 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation via PulStar administered by Logan Evans, DC Manipulation was administered to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Medical re-exam completed today. Patient denies new medications, medical diagnoses, and new pain. She reports continues pain in her low back that started when she had a gap in her treatment. She does say that she is doing some better since her exacerbation but she is still interested in the PRP order for her insurance so that they will pay for her procedure. Patient states that she is back to having trouble sleeping through the night. She is unable to get comfortable because of her continued back pain. Patient also says that since the gap in her treatments she has noticed that her SI injections have not lasted as long. Her physical exam is consistent with her last exam and there are no new findings to report. She will continue with therapy as scheduled.

Alisa Walker, FNP-C

Sharonda's condition is responding satisfactorily. In my opinion the patient is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

April 30, 2021

May 10, 2021 - Missed Appointment

Primary Provider

June 2, 2021

May 14, 2021 - Visit 100 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain, which is no different than the last visit. The patient related symptoms of a value of 2 occasional numbness and tingling pain in the left leg, which is unchanged from the last treatment.

Objective Findings:

Blood Oxygen: 93%

Pulse: 80 BPM

Blood Pressure: 146/88 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DC She received manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Sharonda's condition is progressing satisfactorily. It is my clinical opinion that she is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

June 2, 2021

May 21, 2021 - Missed Appointment

Primary Provider

June 2, 2021

May 24, 2021 - Visit 101 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; this is no different than the last visit. She reported symptoms of a value of 2 occasional numbness and tingling pain in the left leg. This is unchanged from the last visit.

Objective Findings:

Blood Oxygen: 97%

Pulse: 97 BPM

Blood Pressure: 136/80 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in mild to moderate pain showing improvement since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

SI Injection Procedure Summary

Consent: Risk, benefits, and alternatives reviewed. Consent signed.

Guidance: Fluoroscopic

Level(s): Right SI joint

Needle(s): 22 ga spinal

Local: 2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine (based on availability)

Injectate: 0.25% bupivacaine and Sarapin mixed 1:1, 6cc total

All patient questions were answered including the risks, benefits, alternative treatment options and prognosis. The risks include but are not limited to infection, allergic reaction, nerve damage, stroke, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, spinal cord injury and scar formation. The patient was placed prone, the injection site was marked using fluoroscopy, and the site was prepped with iodine. The overlying skin and subcutaneous tissue was anesthetized with local anesthetic.

Utilizing C-arm fluoroscopy in multiple fluoroscopic views, the procedure needle was advanced using sterile precautions. No paresthesias were encountered during needle placement or manipulation. The tip of the procedure needle was guided until contact with the sacro-iliac joint was met. The needle was then guided until tactile appreciation of entry into the joint was obtained. Following negative aspiration, 6 cc were placed into the right SI joint. The operative site was cleaned. The patient tolerated the procedure well. No complications were noted. Spinal manipulation administered by Logan Evans, DC The treatment she received consisted of manipulation of C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The patient's condition is responding satisfactorily. Sharonda is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider June 2, 2021

May 28, 2021 - Missed Appointment

Primary Provider June 2, 2021

June 2, 2021 - Visit 102 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain, which is unchanged from the last visit. Sharonda related symptoms of a value of 2 occasional numbness and tingling pain in the left leg. This is the same as the last visit.

Objective Findings:

Blood Oxygen: 96%

Pulse: 82 BPM

Blood Pressure: 138/86 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DPM patient was administered manipulation to C5-C6,

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T6-T8, L5, and RSI using the Diversified technique.

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Assessment:

Sharonda's condition is progressing as expected. Sharonda is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

June 7, 2021

June 4, 2021 - Visit 103 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; unchanged from the last treatment. She described a value of 2 occasional numbness and tingling pain in the left leg; this is the same as the last treatment.

Objective Findings:

Blood Oxygen: 96%

Pulse: 79 BPM

Blood Pressure: 136/82 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in mild to moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral SI joints region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, iliocostalis lumborum and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DC. She was administered manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The condition is responding as expected. It is my clinical opinion that the patient is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

June 7, 2021

June 9, 2021 - Visit 104 of 114

Subjective Complaints:

The patient experienced an increase in low back and left leg pain. She reports no reasoning for the increase in pain.

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 9 constant aching, sharp, throbbing low back pain and a value of 4 occasional numbness and tingling pain in the left leg. The low back pain is moderately worse since the previous treatment and the pain in the left leg is a little worse since the last visit.

Objective Findings:

Blood Oxygen: 95%

Pulse: 91 BPM

Blood Pressure: 136/84 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in moderate pain showing regression since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral low back to leg region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

SI Injection Procedure Summary

Consent: Risk, benefits, and alternatives reviewed. Cc _____ signed.

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Guidance: Fluoroscopic

Level(s): Right SI joint

Needle(s): 22 ga spinal

Local: 2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine (based on availability)

Injectate: 0.25% bupivacaine and Sarapin mixed 1:1, 6cc total

All patient questions were answered including the risks, benefits, alternative treatment options and prognosis. The risks include but are not limited to infection, allergic reaction, nerve damage, stroke, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, spinal cord injury and scar formation. The patient was placed prone, the injection site was marked using fluoroscopy, and the site was prepped with iodine. The overlying skin and subcutaneous tissue was anesthetized with local anesthetic.

Utilizing C-arm fluoroscopy in multiple fluoroscopic views, the procedure needle was advanced using sterile precautions. No paresthesias were encountered during needle placement or manipulation. The tip of the procedure needle was guided until contact with the sacro-iliac joint was met. The needle was then guided until tactile appreciation of entry into the joint was obtained. Following negative aspiration, 6 cc were placed into the right SI joint. The operative site was cleaned. The patient tolerated the procedure well. No complications were noted. Spinal manipulation administered by Logan Evans, DC The treatment included manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The condition is responding satisfactorily. In my clinical opinion Sharonda is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

June 11, 2021

June 11, 2021 - Visit 105 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 constant aching, sharp, throbbing low back pain, which is moderately better since the last visit. The patient also reported a value of 3 occasional numbness and tingling pain in the left leg, which is mildly improved over her last visit.

Objective Findings:

Blood Oxygen: 98%

Pulse: 94 BPM

Blood Pressure: 134/80 mmHg

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral low back to leg region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

The treatment the patient received consisted of manipulation of C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The patient's condition is improving as expected. It is my opinion that the patient is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

June 30, 2021

June 16, 2021 - Visit 106 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 constant aching, sharp, throbbing low back pain, which is at the same level of pain as last time. She also expressed indications of a value of 3 occasional numbness and tingling pain in the left leg. This is the same as the last visit.

Objective Findings:

Blood Oxygen: 98%

Pulse: 85 BPM

Blood Pressure: 110/82 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in moderate taut and tender fibers showing regression since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral low back to leg region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc elongate the spine. A rhythmic intersegmental traction

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was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and serratus posterior inferior. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DC The treatment Sharonda received included manipulation of C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Her condition is progressing as anticipated. This patient is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

June 18, 2021

June 18, 2021 - Visit 107 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 constant aching, sharp, throbbing low back pain, which is at the same level of pain as last time. She described symptoms of a value of 3 occasional numbness and tingling pain in the left leg, which is unchanged from the last treatment.

Objective Findings:

Blood Oxygen: 98%

Pulse: 85 BPM

Blood Pressure: 110/82 mmHg

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral low back to leg region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

Spinal manipulation administered by Logan Evans, DC This patient was administered manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

Ins. ID: E3150994

PAGE 23

The patient's condition is improving as expected. In my opinion she is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider June 18, 2021

June 22, 2021 - Missed Appointment

Primary Provider June 30, 2021

June 25, 2021 - Missed Appointment

Primary Provider June 30, 2021

June 28, 2021 - Visit 108 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 7 constant aching, sharp, throbbing low back pain. This is a slight worsening of the condition since the last visit. This patient also described indications of a value of 2 occasional numbness and tingling pain in the left leg; this is a little improved over the last treatment.

Objective Findings:

Blood Oxygen: 97%

Pulse: 83 BPM

Blood Pressure: 120/88 mmHg

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral low back to leg region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

Spinal manipulation administered by Logan Evans, D^o patient was provided Interferential 80-120 Hz at the

bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Manipulation was administered to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The patient's condition is improving as expected. It is my clinical opinion that Sharonda is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

June 30, 2021 - Visit 109 of 114

Examination:

General: Well groomed, well nourished, alert and oriented, overweight, African American female. No apparent distress. Speech clear and appropriate. Wearing a face mask for Covid.

Integ: Skin warm and pink. Pigmentation is normal for race. Normal appearing hair growth. Hair in braids

Head: Normocephalic, atraumatic. Face is symmetrical.

Neck: Midline trachea. Symmetric and supple with no apparent masses, lesions, or other abnormalities. Thyroid symmetric and of appropriate size. No carotid bruit.

Lymph: No cervical lymphadenopathy appreciated.

Resp: No crackles, wheeze, rhonchi, retractions or nasal flaring.

Cardiac: Regular rate and rhythm, S1/S2, no murmurs, gallops, or rubs.

PV: Pink and warm. No edema.

Psych: Mood matches affect. Linear thought pattern.

Height: 5'7"

Weight: 187 lbs.

Neck: Carotid Arteries : Normal, Thyroid : Normal

Chest: Clear

Cardiac: Regular rhythm, Normal without murmur gallop or rub

Edema: Both Legs None

Lumbar flexion: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar extension: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar lateral flexion on the left: Re-examination resulted in a mild to moderate decrease in motion with mild to moderate pain showing no change since last examination

Lumbar lateral flexion on the right: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Lumbar rotation on the left: Re-examination resulted in a mild to moderate decrease in motion with mild to moderate pain showing no change since last examination

Lumbar rotation on the right: Re-examination resulted in a moderate decrease in motion with moderate pain showing no change since last examination

Kemp's Test: Re-examination was positive on both sides with moderate pain showing no change since last examination

Valsalva Maneuver/Test: Re-examination was positive with mild to moderate pain showing no change since last examination

Minor's Sign: positive

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 7 constant aching, sharp, throbbing low back pain; the same as the last treatment. This patient also described symptoms of a value of 2 occasional numbness and tingling pain in the left leg; this is at the same level of pain as last time.

Objective Findings:

Blood Oxygen: 99%

Pulse: 101 BPM

Blood Pressure: 122/78 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral low back to leg region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and piriformis . 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

The treatment Sharonda received included manipulation of C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Medical re-exam completed today. Patient denies new medications, medical diagnoses, and new pain. She also denies changes to her medical and social history since her last exam. She continues to have low back and right leg pain. She states that the SI injections used to give her some relief but the last one she received did not help at all. Patient says that her pain is keeping her up at night and she is unable to find a comfortable position when sleeping. She states that she is using heat and ice and having no relief. She continues to work on her long term goal of being able to sit for 45 minutes without having pain. Patient would like to see if her insurance will pay for her to have PRP in her lumbar spine. A detailed description of the procedure and its benefits r/t her condition will be provided to her insurance representative. Her physical exam is consistent with her last exam and there are no new findings to report. She will continue with her treatment as scheduled until insurance provides an answer for the PRP procedure.

Alisa Walker, FNP-C

Her condition is responding as expected. In my clinical opinion the patient is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week Spinal manipulation administered by Michael Begley, DC.

Primary Provider

July 7, 2021

July 7, 2021 - Visit 110 of 114

Subjective Complaints:

No pain assessment or vitals taken at this visit

Objective Findings:

Palpation of the sacroiliac joint on the right side(s) resulted in moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral modified piriformis region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and piriformis. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Assessment:

The patient's condition is progressing as expected. The patient is feeling approximately the same. The patient is following

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

Ins. ID: E3150994

PAGE 27

recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

July 14, 2021

July 14, 2021 - Visit 111 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; this is slightly better since the last treatment. The patient reported symptoms of a value of 2 occasional numbness and tingling pain in the left leg; the same as the last treatment.

Objective Findings:

Blood Oxygen: 98%

Pulse: 68 BPM

Blood Pressure: 118/72 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral modified piriformis region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 75 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and piriformis . 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DC The treatment Sharonda received included manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

Sharonda's condition is responding as expected. Sharonda is feeling approximately the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient

RE: Ms. SHARONDA LOVE DOB: 01/08/1973 Ins. ID: E3150994 PAGE 28
is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider July 23, 2021

July 19, 2021 - Missed Appointment

Primary Provider July 23, 2021

July 19, 2021 - Missed Appointment

Primary Provider July 23, 2021

July 23, 2021 - Visit 112 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 constant aching, sharp, throbbing low back pain; this is the same as the last visit. Sharonda described symptoms of a value of 7 occasional numbness and tingling pain in the left leg, which is considerably worse since the last treatment.

Objective Findings:

Blood Oxygen: 99%

Pulse: 75 BPM

Blood Pressure: 134/87 mmHg

Palpation of the sacroiliac joint on the right side(s) resulted in moderate taut and tender fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral modified piriformis region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 75 lbs for 15 minutes.

RE: Ms. SHARONDA LOVE DOB: 01/08/1973

Ins. ID: E3150994

PAGE 29

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation administered by Logan Evans, DC This patient received manipulation to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The condition is improving satisfactorily. It is my clinical opinion that Sharonda is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation The patient is progressing as expected

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

July 29, 2021

July 28, 2021 - Visit 113 of 114

Assessment:

Patient has opted to transfer care to Dynamic Carolinas. Medical chart has been transferred

Alisa Walker, FNP-C

Primary Provider

July 29, 2021

September 10, 2021 - Visit 114 of 114

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 constant aching, sharp, throbbing low back pain. This is slightly worse since her last treatment. Sharonda also reported a value of 2 occasional numbness and tingling pain in the left leg; considerably better since the last visit.

Objective Findings:

Blood Oxygen: 98%

Pulse: 82 BPM

Blood Pressure: 138/82 mmHg

Palpation of the surrounding muscles of the lumbar spine on the right side(s) resulted in moderate taut and tender

fibers showing no change since last treatment.

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral modified piriformis region for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 75 lbs for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Right sided lumbar trigger point injections were performed in the multifidus T4-5, quadratus lumborum and gluteus maximus. 4 trigger points were identified and prepped with rubbing alcohol. 1cc of a 1:1 concentration of Sarapin and (2% lidocaine, 1% Lidocaine, or 0.25% Bupivacaine based on availability) was injected into each trigger point. Patient tolerated procedure well without complication.

Spinal manipulation performed by Dr. Logan Evans, DC Manipulation was administered to C5-C6, T6-T8, L5, and RSI using the Diversified technique.

Assessment:

The patient's condition is improving as expected. In my opinion she is feeling about the same. The patient is following recommended frequency of treatment, following treatment recommendations and as a result the patient is on track for scheduled re-evaluation. The patient is progressing as expected.

Plan of Action:

Patient is scheduled for: two visits per week

Primary Provider

October 29, 2021

Respectfully Submitted,



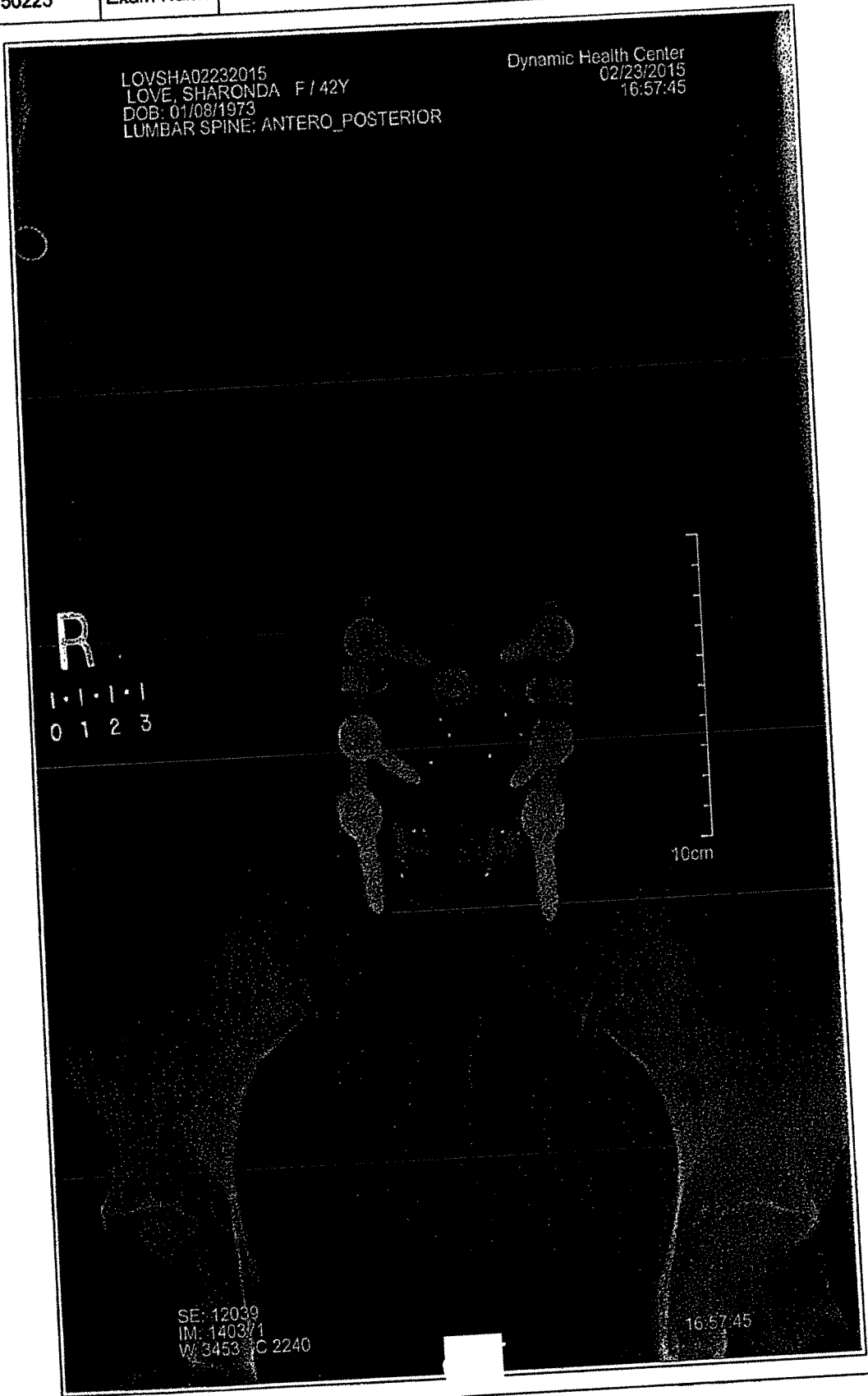
Alisa Walker, NP

Patient ID	LOVSHA02232015	LOVE^SHARONDA^^	F	Birth Date	1973/01/08
Exam Date	2015/02/23 16:57:45	Dept		Report Date	2021/11/09 12:24:57
Description	A4 Lumbar Spine Series				

[Interpretation]

Reading DR1		Reading DR2	Genesis	ACR Code	
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Pat ID	LOVSHA02232015	Pat Name	LOVE^SHARONDA^^	BirthDay	19730108	Pat Sex	F
Exam Date	20150223	Exam Name	A4 Lumbar Spine Series		BodyPart	LUMBAR SPINE	



Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Exam

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 7/19/2023

SUBJECTIVE

Work has her low back hurting

HISTORY OF PRESENT ILLNESS

The patient has no particular condition or symptoms and is just seeking general good health.

PRIMARY COMPLAINT

Low back

- Pain: 7/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 9/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

SECOND COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

The patient reports a previous injury: Surgeries in back- injured on the job.

PAST, FAMILY, SOCIAL HISTORY

Surgeries/Hospitalizations: two back surgeries- disectomy, lower spinal fusion

Allergies: Norvasac, Percoset

Medications: Myloxicam

Prior conditions: None

Father: Heart Disease, High Blood Pressure. Ankle pain- hopping

Mother: Diabetes. Dec, type 2

Brother: High Blood Pressure

Son: Asthma

REVIEW OF SYSTEMS

CARDIOVASCULAR: High blood pressure

EYES: Glasses/Contacts

MUSCULOSKELETAL: Joint Pain/Swelling, Stiffness, Muscle pain, Neck pain, Stiff neck, Back pain and Back injury

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 7/19/2023

NEUROLOGICAL: Headaches, Migraines and Disk problem

WOMEN'S HEALTH ISSUES: Hot flashes and The age of onset for menopause is 40

The following are negative: ALLERGIC-IMMUNOLOGIC, CONSTITUTIONAL, EAR/NOSE/THROAT, ENDOCRINE, GASTROINTESTINAL, GENITOURINARY, HEMATOLOGY/LYMPH, PSYCHIATRIC, RESPIRATORY and SKIN.

Migraines- severe

OBJECTIVE

VITALS

Height: 64 in Weight: 180 lbs BMI: 30.9

Temperature: 97.2°F Pulse rate: 70 BPM (relaxed)

Blood Pressure (seated): right -N/A left-159/108 mmHg

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (mild-moderate)

Right Side

- Lower Back
- Thoracic Spine (mild-moderate)

GAIT

Ambulation: Normal.

ORTHOPEDIC AND NEUROLOGICAL TESTS

Test	Left	Right	Comment
Foraminal compression test ¹	Positive	Positive	5/10 left 5/10 right
Maximal foraminal compression test ²	Positive	Positive	4/10 pain

¹Radicular pain could indicate pressure on the nerve root. Localized pain could indicate sprain or strain or foraminal encroachment.

²Increased peripheral pain could indicate radiculopathy or IVF encroachment. Local neck pain could indicate joint or muscle damage.

RANGE OF MOTION

Cervical Range of Motion (visualized)

Test	Measurement	Limited By	Comment
Flexion	25° (50% of normal)	Pain, Guarding	
Extension	45° (75% of normal)	Pain	
Right lateral flexion	40° (88% of normal)		

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 7/19/2023

recovery.

LONG-TERM GOALS

- Enable patient to walk more than 1 mile without pain..
- Enable patient to sit without pain.
- Enable patient to sit in their favorite chair as long as he/she likes..
- Enable patient to sleep more than 6 hours despite pain. .
- Enable patient to enjoy a social life without being disturbed by pain.
- Enable patient to stand without pain.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.
- New Patient evaluation and management service, 99203, was provided today.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 06:36 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 8/23/2023

SUBJECTIVE

PRIMARY COMPLAINT

Low back

- Pain: 7/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 9/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

SECOND COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 8/23/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.
- New Patient evaluation and management service, 99203, was provided today.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:40 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 9/6/2023

SUBJECTIVE

PRIMARY COMPLAINT

Low back

- Pain: 7/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 9/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

SECOND COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 9/6/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:40 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 9/8/2023

SUBJECTIVE

PRIMARY COMPLAINT

Low back

- Pain: 7/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 9/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

SECOND COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 9/8/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:41 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 9/13/2023

SUBJECTIVE

PRIMARY COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Pain: From 7 to 4/10 (30% decrease)
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: From 9 to 6/10 (30% decrease)
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 9/13/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:42 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 11/20/2023

SUBJECTIVE

PRIMARY COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Pain: 4/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 6/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 11/20/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:43 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 12/1/2023

SUBJECTIVE

PRIMARY COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Pain: 4/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; Increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 6/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; T12; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 12/1/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:44 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 12/4/2023

SUBJECTIVE

PRIMARY COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Pain: 4/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; Increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: From 6 to 3/10 (30% decrease)
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; L1; Sacrum; Ilium. **No findings: T12.**

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 12/4/2023

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:45 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 3/6/2024

SUBJECTIVE

PRIMARY COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Pain: 4/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 3/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 3/6/2024

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:45 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 3/8/2024

SUBJECTIVE

PRIMARY COMPLAINT

Neck

- Aching pain: 3/10
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Pain: 4/10
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 3/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: 4/10
- Numbness: 2/10
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 3/8/2024

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; T12; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 03/08/2024 07:46 PM

Expressed Health Spine and Wellness Center LLC
2034 Cherry Rd
Rock Hill, SC 29732-2627
(803) 620-8346

Changes since previous Note have been formatted differently.

Daily Note

Patient Name: Sharonda Love
Date of Birth: 1/8/1973

Provider: Franklin Kelly, DC
Date of Service: 3/25/2024

SUBJECTIVE

Patient reports that her low back is stiff with pain radiating from her right SI into her posterior leg

PRIMARY COMPLAINT

Neck

- Aching pain: From 3 to 4/10 (10% increase)
- Pain with motion: 3/10

SECOND COMPLAINT

Low back

- Stabbing pain: From 4 to 7/10 (30% increase)
Radiates to (posterior) low back, right hip, right upper leg (thigh) and right lower leg. Described as frequent (up to 75% of day) of slight to moderate intensity; increased by standing, sitting and working; decreased by ice, stretching, NSAIDs, increased activity and chiropractic adjustments.
- Pain with motion: 3/10
Described as constant (up to 100% of day) of severe intensity (symptom is not alleviated by any amount of modification to ADL).
- Restriction: 3/10
- Stiffness: From 4 to 7/10 (30% increase)
Described as frequent (up to 75% of day).
- Numbness: From 2 to 5/10 (30% increase)
Described as frequent (up to 75% of day).
- Tingling: 2/10

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C5; T5; T10; L1; Sacrum; Ilium.

Tenderness

Left Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Right Side

- Lower Back
- Thoracic Spine (Mild-Moderate)

Edema

Left Side

—

Right Side

- Posterior Pelvis (mild)

Love, Sharonda — DOB: 1/8/1973 — Date of Service: 3/25/2024

ASSESSMENT

DIAGNOSES

1. Cervicalgia (M54.2)
2. Lumbago with sciatica, right side (M54.41)
3. Lumbago with sciatica, left side (M54.42)

PROGNOSIS

Poor - The nature of the patient's injury and preexisting conditions bring into doubt the likelihood of full recovery.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 5 Regions (98942) consisting of diversified technique was provided specifically to C5; T5; T10; L1; Sacrum; Ilium, to reduce pain reported at initial encounter by 25-50%.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of Mackenzie low back protocol, lumbo-pelvic knee to chest stretch was provided specifically to Right Upper Leg, Right Gluteals, Back for 16 minutes (1 unit), to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce chronic myofascial pain.

Patient received care without incident.

(Electronic Signature)

Provider Name: Franklin Kelly, DC

Date: 04/08/2024 11:03 AM



ROBINSON
GRAY

Litigation + Business

NICOLAS L. HAIGLER

DIRECT 803.231.7847

nhaigler@robinsongray.com

April 26, 2024

VIA E-CASE UPLOAD

Honorable Aisha Taylor, Commissioner
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Sharonda Love v. Fresenius Medical Care Holdings, Inc.
WCC No.: 0606817
DOI: 04/21/2006
Claim No.: E3150994 4D
Our File No.: 6219/8008

Dear Commissioner Taylor:

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

cc: David Vance Benson, Esquire (via email)
Jennifer Pasztor (via email)

**South Carolina Workers' Compensation
Commission**

1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov



**PRE-HEARING BRIEF
WCC File No: 0606817**

Claimant's Name: Sharonda Love Employer's Name: Fresenius Medical Care Holdings, Inc.
Address: 274 Grassy Pond Creek Rd. Address: 1560 Healthcare Drive
City: Gaffney State: SC Zip: 29341 City: Rock Hill State: SC Zip: 29732
Home Phone: _____ Work Phone: _____ Carrier: American Casualty Company of RDG PA
Preparer's Name: Nicolas L. Haigler, Esquire 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: \$472.50 2. AWW: \$708.71 Date of Injury: 04/21/2006
3. Type of injury and body part(s): Defendants admit that the claimant sustained an injury to her back only. Defendants deny all other injuries alleged as a result of the admitted injury.
4. Facts in controversy: (1) Whether a lapse of treatment of the claimant by an authorized physician in excess of one year has occurred, and if so (2) Whether Defendants are therefore not required to provide additional medical treatment or modalities pursuant to Section 42-15-60(b)(3).
5. Legal issues involved: See No. 4 above; Section 42-15-60(b)(3).
6. Unusual aspects: (A) Defendants assert that the claimant's last authorized medical visit occurred on Oct. 14, 2022. Defendant did not withhold authorization of additional medical visits from Oct. 14, 2022, to Oct. 14, 2023. Defendants assert that the parties' May 17, 2013, Consent Order of Settlement does not contemplate the provision of lifetime medical benefits, as it specifically states Defendants will provide "continued casually related medical treatment" pursuant to Section 42-15-60. Finally, there is no evidence to suggest that the claimant made reasonable attempts to obtain further treatment during this period but was estopped from doing so; (B) Defendants reserve the right to move to adjourn or postpone the hearing as scheduled to appropriately exercise their due process rights to investigate, cross-examine, respond to, or otherwise oppose any evidence as submitted by the claimant.
7. Witnesses (designate if expert):* Claimant, if necessary; Any witness(es) listed by the claimant; Defendants reserve the right to call additional witnesses to rebut the claimant's Hearing testimony and/or APA submissions.
8. Exhibits: (A) May 17, 2013, Approved Consent Order of Settlement; Defendants reserve the right to rely upon any exhibit(s) listed by the claimant, and to submit any additional evidence to rebut the claimant's Hearing testimony and/or APA submissions.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS
10. Name, address, and specialty, if any, of the treating physician: To be supplemented.
11. Impairment rating(s); body part(s); physician and date of opinion: 10% to the back, Dr. Michael Cowan of Carolina Neurosurgery & Spine Associates.
12. I am amending my Form 50/51 in the following manner: N/A

☐ **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.

**I certify I have served this document pursuant to R. 67-211 by delivering a copy to: see attached certificate of 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 7, 2024

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.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love	)		
	)	Claimant,	)
	)		
vs.	)		
	)		
Fresenius Medical Care Holdings,	)		
Inc.	)		
	)	Employer,	
	)		
and	)		
	)		
American Casualty Company of RDG	)		
PA	)		
	)	Carrier,	
	)		
	)	Defendants.	
	)		

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS TO
BE INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF
DEFENDANTS

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
DAVID VANCE BENSON, 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.	To be supplemented			

	Exhibits	Date of Reports	Page Numbers
A.	May 17, 2013, Approved Consent Order of Settlement	05/17/2013	1 - 3

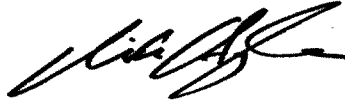
Unusual Problems: (A) Defendants assert that the claimant's last authorized medical visit occurred on Oct. 14, 2022. Defendant did not withhold authorization of additional medical visits from Oct. 14, 2022, to Oct. 14, 2023. Defendants assert that the parties' May 17, 2023, Consent Order of Settlement does not contemplate the provision of lifetime medical benefits, as it specifically states Defendants will provide "continued casually related medical treatment" pursuant to Section 42-15-60. Finally, there is no evidence to suggest that the claimant made reasonable attempts to obtain further treatment during this period but was estopped from doing so; (B) Defendants reserve the right to move to adjourn or postpone the hearing as scheduled to appropriately exercise their due process rights to investigate, cross-examine, respond to, or otherwise oppose any evidence as submitted by the claimant.

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: **Claimant, if necessary; Any witness(es) listed by the claimant; Defendants reserve the right to call additional witnesses to rebut the claimant's Hearing testimony and/or APA submissions.**

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

April 26, 2024

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 electronic service 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 Aisha Taylor, Commissioner
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

VIA E-MAIL
David V. Benson, Esquire
Elrod Pope Law Firm
PO Box 11091
Rock Hill, SC 29731
dbenson@elrodpope.com



Emily Andrews

Columbia, South Carolina

April 26, 2024

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	
Fresenius Medical Care Holdings,	)	NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS
Inc.	)	
	)	
Employer,	)	
	)	
and	)	
	)	
American Casualty Company of RDG	)	
PA	)	
	)	
Carrier,	)	
	)	
Defendants.	)	
	)	

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
DAVID VANCE BENSON, 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.	To be supplemented			

	Exhibits	Date of Reports	Page Numbers
A.	May 17, 2013, Approved Consent Order of Settlement	05/17/2013	1 - 3

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love,

Claimant,

vs.

Fresenius Medical Care Holdings, Inc.,

Employer,

American Casualty Company of Reading, PA,

Carrier,

Defendants.

CONSENT ORDER OF SETTLEMENT

APPROVED

MAY 17 2013

S. C. Workers' Comp. Comm.

Sharonda Love ("claimant"), while an employee of Fresenius Medical Care Holdings, Inc., sustained an admitted accident arising out of and in the course of her employment on April 21, 2006, resulting in an injury to her back. At the time of the accident, the employer was covered for workers' compensation under a policy issued by American Casualty Company of Reading, PA ("carrier"). The employer and carrier ("defendants") have accepted this claim as compensable and have provided certain medical care. Specifically, the claimant was evaluated and/or treated for her injuries by Michael A. Cowan, M.D., and Domagoj Coric, M.D., of Carolina Neurosurgery & Spine Associates. Dr. Cowan gave the opinion that the claimant reached maximum medical improvement on November 13, 2007, with ten (10%) percent impairment of the back.

Pending a Hearing, the parties have carried on negotiations for settlement and have now agreed to resolve all past, present and future issues related to this claim as follows:

1. Defendants, to be relieved from any and all further liability for permanent disability/indemnity arising out of or related to the admitted accident on April 21, 2006, while the claimant was an employee of Fresenius Medical Care Holdings, Inc., and causing injury

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SC Workers' Comp Comm

to the claimant's back, have agreed to pay the claimant the lump sum amount of Thirty-Four Thousand Three Hundred and Fifty-Two and 94/100 (\$34,352.94) Dollars. This amount is based upon the claimant's compensation rate of \$472.50 per week, which equates to 109.06 weeks of benefits to the claimant.

2. The parties agree that, pursuant to Section 42-15-60 of the South Carolina Code of Laws, the claimant is entitled to continued causally-related medical treatment for her back only as recommended by Dr. Coric.
3. The parties reserve the right to establish a Medicare Set-Aside Trust (MSA) to resolve lifetime causally-related medical care, contingent upon approval by the Centers for Medicare and Medicaid Services (CMS), provided the claimant has no liability to the Social Security Administration. However, the defendants reserve the following rights with regarding to the MSA:
 - a. If the MSA proposal submitted by the defendants is not accepted by CMS or if a counter-proposal is submitted to the defendants by CMS, the defendants reserve the right to resolve indemnity only and continue authorization of causally-related medical treatment pursuant to Section 42-15-60 and as recommended by Dr. Coric as stated in paragraph #2 above; or
 - b. If defendants dispute the amount of any Medicare lien causally-related to this claim, the defendants reserve the right to resolve indemnity only and continue authorization of causally-related medical treatment pursuant to Section 42-15-60 and as recommended by Dr. Coric as stated in paragraph #2 above.
4. The claimant is represented by David V. Benson, Esquire. The claimant hereby represents that she has been fully advised of her rights under the South Carolina Workers' Compensation Act and that she is of the opinion that the proposed Consent Order of Settlement is reasonable and fair. Claimant's counsel represents that he concurs in the opinion that the agreement is reasonable and fair. The parties acknowledge that the Commission relies upon the representation of counsel for the claimant that the claimant has been fully apprised of his rights under the laws of the South Carolina Workers' Compensation Act.
5. This Consent Order of Settlement is binding upon approval by the South Carolina Workers' Compensation Commission.
6. The Commission hereby approves the allocation of the aforementioned proposed settlement sum as follows: Seven Thousand One Hundred Twenty-Nine and 29/100 (\$7,129.29) Dollars to David Vance Benson, attorney at law, as attorney's fees of 21%; Two Thousand Two Hundred Twenty-Three and 65/100 (\$2,223.65) Dollars to David Vance Benson, attorney at law, as reimbursement of costs and expenses; Twenty-Five Thousand and No/100 (\$25,000.00) Dollars to Sharonda Love in compromise settlement of future disability benefits commencing as of May 13, 2013, for a period of 2,166 weeks, the life

MAY 16 2013

expectancy of Ms. Love (41.65 years – DOB: 01/08/73) at the rate of Eleven and 54/100 (\$11.54) Dollars per week, pursuant to Social Security Act, 42 U.S.C. §424a and Section 42-9-10 and Section 42-9-20 of the 1976 Code of Laws as interpreted by the South Carolina Supreme Court in the decision of *James v. Anne's, Inc.*, 390 S.C. 188, 701 S.E.2d 730 (2010).

7. It is expressly understood that the defendants take no position and make no representation as to the requested allocation of the proposed settlement sum as set forth herein above.

IT IS THEREFORE, ORDERED, ADJUDGED, AND DECREED that this claim is resolved pursuant to the terms specified in this Consent Order of Settlement, and defendants are hereby released from any further benefits owed to claimant other than as specifically referenced above.

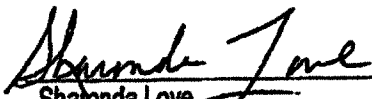
AND IT IS SO ORDERED.



Commissioner

_____, 2013

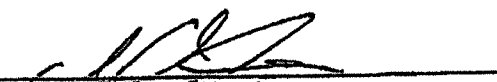
WE CONSENT:



Sheronda Love
Claimant-Employee



David Vance Benson, Esquire
Attorney for Claimant-Employee



Nicolas L. Haigler, Esquire
Attorney for Fresenius Medical Care Holdings,
Inc., and American Casualty Company of
Reading, PA

FEE SUBJECT TO FORM 61

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ROBINSON
GRAY

Litigation + Business

NICOLAS L. HAIGLER

DIRECT 803.231.7847

nhaigler@robinsongray.com

May 6, 2024

VIA E-CASE UPLOAD

Honorable Aisha Taylor, Commissioner
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Sharonda Love v. Fresenius Medical Care Holdings, Inc.
WCC No.: 0606817
DOI: 04/21/2006
Claim No.: E3150994 4D
Our File No.: 6219/8008

Dear Commissioner Taylor:

Please find enclosed a SUPPLEMENTAL Pre-Hearing Brief which we are submitting on behalf of the defendants in the above-referenced matter.

In addition, we are enclosing our SUPPLEMENTAL Notice of Witnesses and SUPPLEMENTAL 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

cc: David Vance Benson, Esquire (via email)
Jennifer Pasztor (via email)

**South Carolina Workers' Compensation
Commission**

1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov



**SUPPLEMENTAL
PRE-HEARING BRIEF
WCC File No: 0606817**

Claimant's Name: Sharonda Love Employer's Name: Fresenius Medical Care Holdings, Inc.
Address: 274 Grassy Pond Creek Rd. Address: 1560 Healthcare Drive
City: Gaffney State: SC Zip: 29341 City: Rock Hill State: SC Zip: 29732
Home Phone: _____ Work Phone: _____ Carrier: American Casualty Company of RDG PA
Preparer's Name: Nicolas L. Haigler, Esquire 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: \$472.50 2. AWW: \$708.71 Date of Injury: 04/21/2006
3. Type of injury and body part(s): Defendants admit that the claimant sustained an injury to her back only. Defendants deny all other injuries alleged as a result of the admitted injury.
4. Facts in controversy: (1) Whether a lapse of treatment of the claimant by an authorized physician in excess of one year has occurred, and if so (2) Whether Defendants are therefore not required to provide additional medical treatment or modalities pursuant to Section 42-15-60(b)(3).
5. Legal issues involved: See No. 4 above; Section 42-15-60(b)(3).
6. Unusual aspects: (A) Defendants assert that the claimant's last authorized medical visit occurred on Oct. 14, 2022. Defendant did not withhold authorization of additional medical visits from Oct. 14, 2022, to Oct. 14, 2023. Defendants assert that the parties' May 17, 2013, Consent Order of Settlement does not contemplate the provision of lifetime medical benefits, as it specifically states Defendants will provide "continued casually related medical treatment" pursuant to Section 42-15-60. Finally, there is no evidence to suggest that the claimant made reasonable attempts to obtain further treatment during this period but was estopped from doing so; (B) Defendants reserve the right to move to adjourn or postpone the hearing as scheduled to appropriately exercise their due process rights to investigate, cross-examine, respond to, or otherwise oppose any evidence as submitted by the claimant.
7. Witnesses (designate if expert):* Claimant, if necessary; Any witness(es) listed by the claimant; Defendants reserve the right to call additional witnesses to rebut the claimant's Hearing testimony and/or APA submissions.
8. Exhibits: (A) May 17, 2013, Approved Consent Order of Settlement; Defendants reserve the right to rely upon any exhibit(s) listed by the claimant, and to submit any additional evidence to rebut the claimant's Hearing testimony and/or APA submissions.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS
10. Name, address, and specialty, if any, of the treating physician: To be supplemented.
11. Impairment rating(s); body part(s); physician and date of opinion: 10% to the back, Dr. Michael Cowan of Carolina Neurosurgery & Spine Associates.

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

N/A

☐ **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.

**I certify I have served this document pursuant to R. 67-211 by delivering a copy to: see attached certificate of 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 7, 2024

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.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love	)		
	)	Claimant,	
	)		
vs.	)		
	)		
Fresenius Medical Care Holdings, Inc.	)		
	)	Employer,	
	)		
and	)		
	)		
American Casualty Company of RDG PA	)		
	)	Carrier,	
	)		
	)	Defendants.	
	)		

SUPPLEMENTAL NOTICE OF
WITNESSES AND SUPPLEMENTAL
WRITTEN MEDICAL REPORTS TO
BE INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF
DEFENDANTS

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
DAVID VANCE BENSON, 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.		Dynamic Health Medical Group	10/14/2022	1 - 2

	Exhibits	Date of Reports	Page Numbers
A.	May 17, 2013, Approved Consent Order of Settlement	05/17/2013	1 - 3

Unusual Problems: (A) Defendants assert that the claimant's last authorized medical visit occurred on Oct. 14, 2022. Defendant did not withhold authorization of additional medical visits from Oct. 14, 2022, to Oct. 14, 2023. Defendants assert that the parties' May 17, 2023, Consent Order of Settlement does not contemplate the provision of lifetime medical benefits, as it specifically states Defendants will provide "continued casually related medical treatment" pursuant to Section 42-15-60. Finally, there is no evidence to suggest that the claimant made reasonable attempts to obtain further treatment during this period but was estopped from doing so; (B) Defendants reserve the right to move to adjourn or postpone the hearing as scheduled to appropriately exercise their due process rights to investigate, cross-examine, respond to, or otherwise oppose any evidence as submitted by the claimant.

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: **Claimant, if necessary; Any witness(es) listed by the claimant; Defendants reserve the right to call additional witnesses to rebut the claimant's Hearing testimony and/or APA submissions.**

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 6, 2024

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 electronic service to the following address(es):

Pleading(s): **SUPPLEMENTAL FORM 58 AND SUPPLEMENTAL NOTICE OF WITNESSES AND SUPPLEMENTAL MEDICAL REPORTS TO BE INTRODUCED AS EVIDENCE ON BEHALF OF THE DEFENDANTS**

Parties Served: **VIA E-CASE UPLOAD**
Honorable Aisha Taylor, Commissioner
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

VIA E-MAIL
David V. Benson, Esquire
Elrod Pope Law Firm
PO Box 11091
Rock Hill, SC 29731
dbenson@elrodpope.com



Emily Andrews

Columbia, South Carolina

May 6, 2024

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	
Fresenius Medical Care Holdings,	)	SUPPLEMENTAL NOTICE OF WITNESSES AND SUPPLEMENTAL WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS
Inc.	)	
	)	
Employer,	)	
	)	
and	)	
	)	
American Casualty Company of RDG	)	
PA	)	
	)	
Carrier,	)	
	)	
Defendants.	)	
	)	

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
DAVID VANCE BENSON, 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.		Dynamic Health Medical Group	10/14/2022	1 - 2

	Exhibits	Date of Reports	Page Numbers
A.	May 17, 2013, Approved Consent Order of Settlement	05/17/2013	1 - 3

Dynamic Health Medical Group
4705 South Blvd
Charlotte, NC 28217-2117
(704) 525-6288

RE: Ms. Sharonda Love

Ins. ID: E3150994

Account: 528M

Sex: Female DOB: 01/08/1973 Age: 49 on 10/14/22

October 14, 2022 - Visit 27 of 27

Subjective Complaints:

The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 4 constant aching low back pain; this is the same as the last visit.

Objective Findings:

Blood Oxygen: 99%

Pulse: 77 BPM

Blood Pressure: 126/70 mmHg

Treatment:

Therapeutic exercises (See scanned sheet for specific exercise protocols) were performed while the patient was provided TheraStim 15000 Hz to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region. Therastim was performed using Lumbar protocol therapeutic exercises at the bilateral modified piriformis region for 15 minutes.

The patient was provided Interferential 80-120 Hz at the bilateral low back region for 15 minutes to decrease swelling and muscle spasms, break up adhesions and scar tissue, while increasing range of motion in that specific joint and region.

Mechanical traction was utilized to rehydrate the disc and elongate the spine. A rhythmic intersegmental traction was performed at the lumbar vertebral region at L5 at 70 lbs for 15 minutes.

Vibration therapy: Lumbar protocol therapeutic exercises (See scanned sheet for specific exercise protocols) were performed for 15 minutes while the patient received vibration therapy to affect fascia, joints, bones, nerve, muscle and vascular tissue of the specified region and the body as a whole.

SI Injection Procedure Summary

Consent: Risk, benefits, and alternatives reviewed. Consent signed.

Guidance: Fluoroscopic

Level(s): Left SI joint

Needle(s): 22 ga spinal

Local: 2% lidocaine or 1% Lidocaine (based on availability)

Injectate: 2% lidocaine at 5cc total for each side.

All patient questions were answered including the risks, benefits, alternative treatment options and prognosis. The risks include but are not limited to infection, allergic reaction, nerve damage, stroke, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, spinal cord injury and scar formation. The patient was placed prone, the injection site was marked using fluoroscopy, and the site was prepped with iodine. The overlying skin and subcutaneous tissue was anesthetized with local anesthetic.

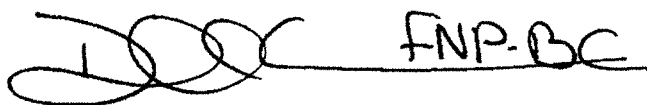
Utilizing C-arm fluoroscopy in multiple fluoroscopic views, the procedure needle was advanced using sterile

precautions. No paresthesia's were encountered during needle placement or manipulation. The tip of the procedure needle was guided until contact with the sacro-iliac joint was met. The needle was then guided until tactile appreciation of entry into the joint was obtained. Following negative aspiration, 5 cc were placed into the left SI joint. The operative site was cleaned. The patient tolerated the procedure well. No complications were noted.

Spinal manipulation performed by Dr. Logan Evans, DC

Sharonda was administered manipulation to C5-C6, T6-T8, L5, and RSI using the PulStar technique. MLS Laser was performed using lumbar pain protocol at the low back region with CPW off for 8 minutes.

Respectfully Submitted

 FNP-BC

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love,

Claimant,

vs.

Fresenius Medical Care Holdings, Inc.,

Employer,

American Casualty Company of Reading, PA,

Carrier,

Defendants.

CONSENT ORDER OF SETTLEMENT

APPROVED

MAY 17 2013

S. C. Workers' Comp. Comm.

Sharonda Love ("claimant"), while an employee of Fresenius Medical Care Holdings, Inc., sustained an admitted accident arising out of and in the course of her employment on April 21, 2006, resulting in an injury to her back. At the time of the accident, the employer was covered for workers' compensation under a policy issued by American Casualty Company of Reading, PA ("carrier"). The employer and carrier ("defendants") have accepted this claim as compensable and have provided certain medical care. Specifically, the claimant was evaluated and/or treated for her injuries by Michael A. Cowan, M.D., and Domagoj Coric, M.D., of Carolina Neurosurgery & Spine Associates. Dr. Cowan gave the opinion that the claimant reached maximum medical improvement on November 13, 2007, with ten (10%) percent impairment of the back.

Pending a Hearing, the parties have carried on negotiations for settlement and have now agreed to resolve all past, present and future issues related to this claim as follows:

1. Defendants, to be relieved from any and all further liability for permanent disability/indemnity arising out of or related to the admitted accident on April 21, 2006, while the claimant was an employee of Fresenius Medical Care Holdings, Inc., and causing injury

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(FRONT DESK)
SC Workers' Comp Comm

to the claimant's back, have agreed to pay the claimant the lump sum amount of Thirty-Four Thousand Three Hundred and Fifty-Two and 94/100 (\$34,352.94) Dollars. This amount is based upon the claimant's compensation rate of \$472.50 per week, which equates to 109.06 weeks of benefits to the claimant.

2. The parties agree that, pursuant to Section 42-15-60 of the South Carolina Code of Laws, the claimant is entitled to continued causally-related medical treatment for her back only as recommended by Dr. Coric.
3. The parties reserve the right to establish a Medicare Set-Aside Trust (MSA) to resolve lifetime causally-related medical care, contingent upon approval by the Centers for Medicare and Medicaid Services (CMS), provided the claimant has no liability to the Social Security Administration. However, the defendants reserve the following rights with regarding to the MSA:
 - a. If the MSA proposal submitted by the defendants is not accepted by CMS or if a counter-proposal is submitted to the defendants by CMS, the defendants reserve the right to resolve indemnity only and continue authorization of causally-related medical treatment pursuant to Section 42-15-60 and as recommended by Dr. Coric as stated in paragraph #2 above; or
 - b. If defendants dispute the amount of any Medicare lien causally-related to this claim, the defendants reserve the right to resolve indemnity only and continue authorization of causally-related medical treatment pursuant to Section 42-15-60 and as recommended by Dr. Coric as stated in paragraph #2 above.
4. The claimant is represented by David V. Benson, Esquire. The claimant hereby represents that she has been fully advised of her rights under the South Carolina Workers' Compensation Act and that she is of the opinion that the proposed Consent Order of Settlement is reasonable and fair. Claimant's counsel represents that he concurs in the opinion that the agreement is reasonable and fair. The parties acknowledge that the Commission relies upon the representation of counsel for the claimant that the claimant has been fully apprised of his rights under the laws of the South Carolina Workers' Compensation Act.
5. This Consent Order of Settlement is binding upon approval by the South Carolina Workers' Compensation Commission.
6. The Commission hereby approves the allocation of the aforementioned proposed settlement sum as follows: Seven Thousand One Hundred Twenty-Nine and 29/100 (\$7,129.29) Dollars to David Vance Benson, attorney at law, as attorney's fees of 21%; Two Thousand Two Hundred Twenty-Three and 65/100 (\$2,223.65) Dollars to David Vance Benson, attorney at law, as reimbursement of costs and expenses; Twenty-Five Thousand and No/100 (\$25,000.00) Dollars to Sharonda Love in compromise settlement of future disability benefits commencing as of May 13, 2013, for a period of 2,166 weeks, the life

MAY 16 2013

expectancy of Ms. Love (41.65 years – DOB: 01/08/73) at the rate of Eleven and 54/100 (\$11.54) Dollars per week, pursuant to Social Security Act, 42 U.S.C. §424a and Section 42-9-10 and Section 42-9-20 of the 1976 Code of Laws as interpreted by the South Carolina Supreme Court in the decision of *James v. Anne's, Inc.*, 390 S.C. 188, 701 S.E.2d 730 (2010).

7. It is expressly understood that the defendants take no position and make no representation as to the requested allocation of the proposed settlement sum as set forth herein above.

IT IS THEREFORE, ORDERED, ADJUDGED, AND DECREED that this claim is resolved pursuant to the terms specified in this Consent Order of Settlement, and defendants are hereby released from any further benefits owed to claimant other than as specifically referenced above.

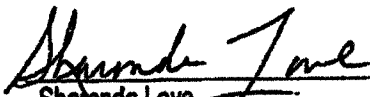
AND IT IS SO ORDERED.



Commissioner

_____, 2013

WE CONSENT:


Sheronda Love
Claimant-Employee


David Vance Benson, Esquire
Attorney for Claimant-Employee


Nicolás L. Haigler, Esquire
Attorney for Fresenius Medical Care Holdings,
Inc., and American Casualty Company of
Reading, PA

FEE SUBJECT TO FORM 61

RECEIVED

MAY 16 2013

(FRONT DESK)
SC Workers' Comp Comm

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION COMMISSION
COUNTY OF YORK	)	
	)	
Sharonda Love,	)	
Claimant,	)	
	)	
-vs-	)	
	)	<u>NOTICE OF WITNESSES AND</u>
Fresenius Medical Care Holding,	)	<u>WRITTEN REPORT(S)/PHYSICIAN</u>
	)	<u>OR OTHER EVIDENCE TO BE</u>
	)	<u>INTRODUCED ON BEHALF OF</u>
Employer,	)	<u>SHARONDA LOVE, CLAIMANT</u>
	)	
and	)	
	)	WCC FILE NO. 0606817
American Casualty Co. of Rdg. PA	)	
	)	
	)	SUPPLEMENT ONE
Carrier,	)	
	)	
Defendants.	)	
	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND GRADY L. BEARD,
ESQUIRE, AND NICOLAS L. HAIGLER ATTORNEYS FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, SHARONDA LOVE, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), and Rule 67-612, herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

<u>NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT(S)</u>	<u>PAGES</u>
<u>EXHIBITS:</u>		
Exhibit 1: Email correspondence with Defense Attorney	03-28-2023 - 03-29-2023	70 - 71
Exhibit 2: Email correspondence with Defense Attorney	12-15-2023 - 12-17-2023	72 - 74
Exhibit 3: Email correspondence with Defense Attorney	12-17-2023	75 - 76
Exhibit 4: Transcribed Voicemail		77 - 78

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), 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, will be submitted at the hearing before Honorable Aisha Taylor, Commissioner, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.

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

Sharonda Love
274 Grassy Pond Creek Rd
Gaffney, SC 29341

Family members, friends, co-workers,
former co-workers and neighbors.

ELROD POPE LAW FIRM

By: David V. Benson
David Vance Benson, Esquire
P. O. Drawer 11091
Rock Hill, South Carolina 29731
(803) 324-7574
ATTORNEYS FOR CLAIMANT

Rock Hill, South Carolina

May 13, 2024

CERTIFICATE OF SERVICE

WCC FILE NO. 0606817

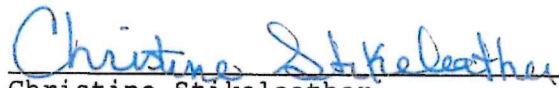
The undersigned hereby certifies that she is a secretary to the attorney for the employee-claimant in the above-entitled action and that the foregoing **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF SHARONDA LOVE, CLAIMANT, SUPPLEMENT ONE** was served to the following address:

Email: gbeard@robinsongray.com

Grady L. Beard, Esquire
ROBINSON GRAY STEPP & LAFFITTE, LLC
PO Box 11449
Columbia, SC 29211

Email: nhaigler@robinsongray.com

Nicolas L. Haigler, Esquire
ROBINSON GRAY STEPP & LAFFITTE, LLC
PO Box 11449
Columbia, SC 29211


Christine Stikeleather
Paralegal to David V. Benson

Rock Hill, South Carolina

May 13, 2024

Christine Stikeleather

From: David Benson
Sent: Wednesday, March 29, 2023 1:44 PM
To: Christina Futrell
Cc: fourlove96@yahoo.com
Subject: RE: CNA Alive and Well Check Sharonda Love Claim#E3150994

Feel free to contact Sharonda.



David Vance Benson

Partner
Circuit Court Mediator

p: 803.324.7574
f: 803.324.7545
212 E. Black Street (29730)
P.O. Box 11091
Rock Hill, S.C. 29731
www.elrodpope.com

[Call Us!](tel:8033247574)

[Visit Us!](http://www.elrodpope.com)

This message may contain information that is confidential or privileged under an attorney-client relationship. It is intended only for use of the individual or entity to which it is addressed, and any other dissemination, distribution, or copying of this communication is strictly prohibited and may be illegal under federal or state law. If you have received this in error, please notify us immediately by replying to this email and by deleting the original message and any copies. Thank you.

From: Christina Futrell <cfutrell@ethosrisk.com>
Sent: Tuesday, March 28, 2023 5:22 PM
To: David Benson <dbenson@elrodpope.com>
Subject: CNA Alive and Well Check Sharonda Love Claim#E3150994

Mr. Benson,

I am reaching out to you on behalf of CNA. I need to obtain your approval to conduct an alive and well check on Ms. Love. Is this something your office allows?

Regards

Christina Futrell

Christine Stikeleather

From: David Benson
Sent: Sunday, December 17, 2023 9:30 PM
To: Nick Haigler
Subject: RE: Sharonda Love

Adjuster's name and number are?



David Vance Benson

Partner
Circuit Court Mediator

p: 803.324.7574
f: 803.324.7545
212 E. Black Street (29730)
P.O. Box 11091
Rock Hill, S.C. 29731
www.elrodpope.com

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From: Nick Haigler <nhaigler@robinsongray.com>
Sent: Sunday, December 17, 2023 8:44 AM
To: David Benson <dbenson@elrodpope.com>
Subject: RE: Sharonda Love

David, she can call the adjuster directly



NICK HAIGLER MEMBER

DIRECT 803.251.7847
[VCARD](#) [VIEW BIO](#)
ROBINSONGRAY.COM

2151 Pickens Street
Suite 500
PO Box 11449 (29211)
Columbia, SC 29201

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Supporting Green print wisely.

From: David Benson <dbenson@elrodpope.com>
Sent: Friday, December 15, 2023 10:14 AM
To: Nick Haigler <nhaigler@robinsongray.com>
Subject: Sharonda Love

Nick:

I asked for treatment for Sharonda on 12/4 and have not heard back from you. I will request a hearing if your client does not cooperate. Sharonda is in pain and needs help now. Please, set an appointment for her ASAP. I'll file 50 after Christmas. Thank you and Merry Christmas, David



David Vance Benson

*Partner
Circuit Court Mediator*

p: 803.324.7574
f: 803.324.7545

212 E. Black Street (29730)
P.O. Box 11091
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Christine Stikeleather

From: David Benson
Sent: Sunday, December 17, 2023 9:33 PM
To: four love
Subject: Your case

Sharonda:

According to the defense attorney you can call the adjuster directly if you have name and number. If not, I asked the defense attorney for name and number. Thank you and Merry Christmas. David



David Vance Benson

Partner
Circuit Court Mediator

p: 803.324.7574
f: 803.324.7545
212 E. Black Street (29730)
P.O. Box 11091
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Hey Ms. Love...this is Christina...(unintelligible)...on behalf of CNA. Please give me a call. I know you spoke with the other investigator who left a card on your door. Give me a call so we can schedule the virtual alive and well check with you, uh, again like I said before only takes ten minutes at the most...(unintelligible)...get that scheduled. Again 317 478 1959. Thank you, bye.

South Carolina 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 #: 0606817
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Sharonda Love SSN: 146-88-4599 Employer's Name: Fresenius Medical Care Holding
Address: 274 Grassy Pond Creek Rd Address: 2115 Ebenezer Road
City: Gaffney State: SC Zip: 29341 City: Rock Hill State: SC Zip: 29732

Home Phone: _____ Work Phone: _____ Insurance Carrier: American Casualty Co Of Rdg PA
Preparer's Name: David Vance Benson Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324-7574

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 4/28/2006

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

1. Did the hearing Commissioner err in Finding of Fact 7 by finding Ethos Risk is not the insurance carrier or any agent thereof when evidence was not presented by defendants that Ethos Risk was not the insurance carrier or an agent thereof?
2. Did the hearing Commissioner err in Finding of Fact 8 in finding Sharonda Love was not entitled to lifetime medical benefits in spite of the clear wording of the original unappealed order?
3. Did the hearing Commissioner err in Finding of Fact 8 that Ms. Love did not comply with Section 42-15-60 when the order clearly provides for lifetime medical benefits?
4. Did the hearing Commission err in Finding of Fact 9 in finding Sharonda Love did not make reasonable attempts to obtain further treatment when this finding is not supported by testimony and is against the greater weight of the evidence?
5. Did the hearing Commissioner err in Findings of Fact 7-10 that Ms. Love did not meet her burden of proof when the order clearly states she has lifetime medical benefits and the defendants did not follow the order and provide her with a Medicare Set Aside Agreement?
6. Did the hearing Commissioner err in finding Ms. Love had not met her burden when the order provides the only way defendants can absolve themselves of lifetime medical benefits by providing an MSA which was not done?
7. Did the hearing Commissioner err in finding Ms. Love was not entitled to lifetime medical benefits when Section 42-15-60 (B)(3)(a) provides for lifetime medical benefits because the Order clearly provides for lifetime medical benefits?

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.

(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.

David V. Benson
David Vance Benson, Esquire

Attorney for Claimant
Title

dbenson@elrodpoole.com
Email

11/15/24
Date

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

Deller, Valerie

From: WCC Appeals,
Sent: Friday, November 22, 2024 3:42 PM
To: Deller, Valerie
Subject: FW: [External] Form 30 - Love , Sharonda - 0606817
Attachments: SubmissionReview.pdf; UploadedFiles.zip

Pd
6/2495
569464

Eugenia Hollmon
Judicial Docketing Director
South Carolina Workers' Compensation Commission Ph - 803-737-5737 Fax - 803-737-1281 ehollmon@wcc.sc.gov

-----Original Message-----

From: noreply@sc.accessgov.com <noreply@sc.accessgov.com>
Sent: Friday, November 15, 2024 10:37 AM
To: WCC Appeals, <appeals@wcc.sc.gov>
Subject: [External] Form 30 - Love , Sharonda - 0606817

Submission Date: 11/15/2024 10:36:07 AM

Submission ID is: 4beb7868-a7c6-4b2d-a28f-448fa2f461c3

You are requesting commission review on behalf of: Claimant

Is the Claimant Represented by an Attorney: Yes

Is the Employer Represented by an Attorney:

Are you requesting oral arguments? Yes

WCC Number: 0606817

Claimant First Name: Sharonda

Claimant Last Name: Love

Date of Injury: 04-28-2006

Submitter First Name: Christine

Submitter Last Name: Stikeleather

Law Firm (if applicable): Elrod Pope Law Firm

Submitter Email: christine@elrodpope.com

Submitter Phone Number: (803) 324-6141

Cost of Sale: 150.00

Payment Order Id: 163313946

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION COMMISSION
COUNTY OF YORK	)	
	)	
Sharonda Love,	)	
Claimant,	)	
	)	
-vs-	)	
	)	<u>BRIEF OF APPELLANT</u>
Fresenius Medical Care Holding,	)	
	)	
Employer,	)	
	)	
and	)	
	)	
American Casualty Co Of Rdg PA,	)	
	)	WCC FILE NO. 0606817
	)	
Carrier,	)	
	)	
Defendants.	)	
	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
NICOLAS L. HAIGLER, ESQUIRE, ESQUIRE, ATTORNEY FOR DEFENDANTS:

STATEMENT OF THE CASE

Sharonda Love injured her back on April 21, 2006, and her claim was resolved by consent order dated May 16, 2013. The order provided for lifetime medical treatment for Sharonda's injury and provided the avenue for defendants to be relieved of providing lifetime medical by providing an MSA. Defendants did not avail themselves of this option and provided medical treatment for Sharonda until this action was instituted. By order, the hearing commissioner denied Ms. Love's right to lifetime medical.

QUESTIONS PRESENTED

1. Did the hearing commissioner err in Finding of Fact 7 when she found that Ethos was not an insurance carrier? (Questions Presented 1 & 4)

Sharonda Love testified she left messages for Jennifer Lynch and

corresponded with EthosRisk, and the commissioner found as a fact that EthosRisk was not the insurance carrier or an agent of the carrier. She did not reference any testimony or documentation other than Ms. Love's testimony. Sharonda did present emails as proof of her position about correspondence with defendants (FoF 6). The hearing commissioner found as a fact that EthosRisk was not an agent of defendants without a shred of testimony or documentation that contradicted Sharonda's testimony. The hearing commissioner did not find Sharonda was not credible or believable, yet she ignored her testimony.

That Sharonda needs medical treatment is not contested. That Sharonda Love has a work-related injury is not contested. That Sharonda Love has retained hardware is also not contested. The purpose of the South Carolina Worker's Compensation Commission is to protect injured workers like Sharonda. The hearing commissioner did not protect Sharonda with any evidence to support her decision.

Sharonda submitted emails and a copy of a voice mail that support her testimony about speaking to the adjuster personally and about a man who came and left a card requesting she call. Sharonda got hurt at work and still needs medical treatment. We are not arguing about compensability, we are arguing about what is right, and we are arguing about the purpose of the Act to help injured workers. How are the purposes of the Act furthered by denying this woman treatment who had been treating for sixteen years? Clearly, they are not. Sharonda got hurt and doesn't get treatment. How in the world is that fair?

2. Did the hearing commissioner err in finding that Sharona was not entitled to lifetime medical benefits? (Questions Presented 2, 3, 5, 6, & 7)

The original order in the third paragraph states, "The parties reserve the right to establish a Medicare Set-Aside Trust (MSA) to resolve lifetime causally related medical care...." The order clearly establishes the method for defendants to shed lifetime medical benefits by establishing an MSA which defendants never did. Defendants had the ability at any time to obtain an MSA but did not do so. It continued providing medical treatment for Sharonda for sixteen years without interruption. Were there other periods Sharonda went without treatment for over one year? The record is silent. Like clockwork, defendants provided medical treatment for Sharonda and never once mentioned an MSA.

The hearing commissioner ignored this provision of the original order. She did state Sharonda could have done differently. The hearing commissioner did ignore Sharonda's testimony and the Supplemental APA submissions.

When an order details instructions about lifetime medical treatment, the order must be followed. It was not followed, and this commission cannot condone ripping away lifetime medical benefits in the face of this sixteen-year-old unappealed order. Lifetime medical does not mean sixteen years of medical, it means what it says, lifetime medical care. By denying Sharonda treatment, this commission will be condoning delay and deny tactics of this insurance carrier. Sharonda called and called,

and defendants sent someone to her home verified by the voicemail. Defendants even verified in an email the procedure: Sharonda may call adjuster directly cutting out the lawyers. Denying Sharonda Love is unequitable and plain and simply wrong.

3. Did the hearing commissioner err in not applying Code Section 42-15-60(B)(3)(a)?

This code section allows a carrier to suspend medical treatment after one year unless the "commission order provides otherwise." This order as above stated set out exactly how Sharonda's bargained for lifetime medical benefits could be suspended. Clearly a Medicare Set Aside Trust was never offered, but continued medical treatment was. From defendant's email allowing direct contact between Sharonda and the insurance company, continuing medical treatment was clearly contemplated. The order provides otherwise, and the hearing commissioner was not free to ignore it.

This case cries out for reversal, and Sharonda Love requests that this Commission reverse the hearing commissioner's order and reinstate her lifetime medical.

ELROD POPE LAW FIRM

By: David V Benson
David Vance Benson, Esquire
P. O. Drawer 11091
Rock Hill, South Carolina 29731
(803) 324-7574
ATTORNEYS FOR CLAIMANT

Rock Hill, South Carolina

January 14, 2025

CERTIFICATE OF MAILING

WCC FILE NO. 0606817

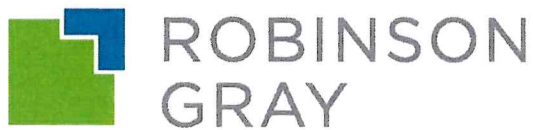
The undersigned hereby certifies that he is a secretary to the attorney for the employee-claimant in the above-entitled action and that the foregoing **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF SHARONDA LOVE, CLAIMANT,** was served to the following address:

NICOLAS L. HAIGLER, ESQUIRE
Robinson Gray Stepp & Laffitte, LLC
PO Box 11449
Columbia, SC 29211
Email: nhaigler@robinsongray.com


Christine Stikeleather
Paralegal to David Vance Benson

Rock Hill, South Carolina

January 14, 2025



NICOLAS L. HAIGLER
DIRECT 803.231.7847
nhaigler@robinsongray.com

Litigation + Business

January 29, 2025

VIA E-CASE UPLOAD

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Sharonda Love v. Fresenius Medical Care Holdings, Inc.
WCC No.: 0606817
DOI: 04/21/2006
Claim No.: E3150994 4D
Our File No.: 6219/8008

Dear Ms. Bracy:

Enclosed please find the Respondents' Brief to the Full Commission in support of our position on behalf of the employer/carrier in the above-referenced matter.

With a copy of this letter, we are hereby serving a copy of the brief on counsel for the claimant.

With kindest personal regards, I remain

Very truly yours,

Nicolas L. Haigler, Esquire

cc: David Vance Benson, Esquire (via email)
Jennifer Pasztor (via email)

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0606817

Sharonda Love)
Claimant,)
vs.)
Fresenius Medical Care Holdings, Inc.)
Employer,)
and)
American Casualty Company of RDG PA)
Carrier,)
Defendants.)
_____)

**RESPONDENTS' BRIEF TO THE
FULL COMMISSION**

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; DAVID V.
BENSON, ESQUIRE, ATTORNEY FOR THE APPELLANT/CLAIMANT:**

STATEMENT OF THE CASE

This matter comes before the Full Commission on appeal from claimant regarding the Hearing Commissioner's Decision and Order, dated November 13, 2024, finding the claimant failed to meet her burden of proving her entitlement to additional benefits under the Act, and is therefore not entitled to further medical treatment.

Claimant contends she is entitled to lifetime medical treatment per a Consent Order of Settlement dated May 17, 2013. At the Hearing before the Single Commissioner, defendants took the position that the Consent Order did not contemplate the provision of lifetime medical benefits, because the Order specifically states that defendants would provide "continued causally related medical treatment" pursuant to Section 42-15-60. Further, defendants contend the claimant's last authorized medical visit occurred on October 14, 2022, and defendants did not withhold medical treatment from her last authorized visit through October 14, 2023, pursuant to the above-referenced statute.

Claimant presented medical records that showed she had visited unauthorized medical appointments in July of 2023, and March of 2024. Further, on March 28, 2023, Christina Futrell of EthosRisk reached out to claimant's counsel to conduct an "alive and well check" on the claimant. In December of 2023, claimant's counsel exchanged emails with defendants' counsel where it was explained that the claimant could contact the adjuster herself. Claimant also received a voicemail stating that "Christina...on behalf of CNA," was reaching out for a "virtual alive and well check."

At the Hearing, the claimant testified that she reached out to an "adjuster for Fresenius," in June or July of 2023 that she wanted continued stem cell treatment. She said she called that adjuster "several times," but never got an answer. She further explained that she had received phone calls and emails that were not produced ahead of the Hearing. Once supplemented after the Hearing, the records produced showed that the correspondence was with a third-party company, EthosRisk, which was not the insurance company, the employer, or any other confirmed agent of the two. Further, those correspondence only discussed a well check, not additional treatment.

The Hearing Commissioner ruled the claimant had not met her burden of proof that she was entitled to further medical care pursuant to the Consent Order. The Commissioner found that the claimant did not comply with the provisions of Section 42-15-60 regarding the requirement of annual medical treatment. The Commissioner found the Consent Order did not provide for lifetime medical treatment and ,therefore, the one year lapse in treatment or the request for treatment precludes her from further authorized treatment. Importantly, the Commissioner also found the claimant did not make reasonable attempts to obtain further treatment in compliance with the Act, and that her conversations with EthosRisk did not contemplate treatment.

Claimant then appealed this finding by the Hearing Commissioner. Defendants maintain the Hearing Commissioners' findings are correct as a matter of law and supported by the greater weight of the evidence in the record. Therefore, they should be upheld by this Appellate Panel.

ARGUMENT

I. THE HEARING COMMISSIONER PROPERLY FOUND THAT THE CONSENT ORDER DID NOT PROVIDE FOR LIFETIME MEDICAL TREATMENT.

“In South Carolina jurisprudence, settlement agreements are viewed as contracts,” and it is the “court’s duty to enforce the contract...regardless of its wisdom or folly.” *Nichols Holding, LLC v. Divine Capital Grp.*, 416 S.C. 327, 335, 785 S.E.2d 613, 615 (Ct. App. 2016). When the “language is plain and capable of legal construction, that language alone determines the instrument’s force and effect.” *Stevens & Wilkinson of S.C., Inc. v. City of Columbia*, 409 S.C. 568, 577, 762 S.E.2d 696, 700 (2014) (quoting *Jordan v. Sec. Grp., Inc.*, 311 S.C. 227, 230, 428 S.E.2d 705, 707 (1993)).

Here, the Consent Order of Settlement clearly and unequivocally states the “parties agree that pursuant to Section 42-15-60 of the South Carolina Code of Laws, the claimant is entitled to continued causally related medical treatment for her back only as recommended by Dr. Coric.” (See Def. Exhibit A) (*emphasis added*). There is nothing ambiguous or unclear about this term of the agreement. Moreover, the Consent Order does not state anywhere therein that the claimant is entitled to lifetime medical care pursuant to Section 42-15-60(3), which provides for lifetime medical treatment regardless of any lapses as a result of a finding of permanent and total disability, which is not the case here. The fact the claimant treated consistently for more than 10 years does not establish an entitlement to lifetime benefits. The Act still requires she comply with (B)(1-3) of Section 42-15-60 to avoid losing her right to continued treatment.

Interestingly, the claimant attempts to equate the subsequent provision of the Consent Order governing the defendants’ right to offer a Medicare Set-Aside (MSA) to resolve future medical treatment with an admission of irrevocable lifetime medical treatment. This attempt is without merit, for two reasons. First, the only way a claimant is entitled to irrevocable lifetime medical treatment under the Act is if the claimant is found permanently or totally disabled for such irrevocable treatment is specifically and clearly outlined in an agreement. Clearly, neither is the case here. Second, the

requirements to comply with the Centers for Medicaid and Medicare Services (CMS), as it pertains to securing an approved Medicare Set-Aside, include determining the possible lifetime treatment that Medicare could be reasonable for if not for the MSA. The fact CMS requires such a consideration does not mean the defendants are necessarily required to provide lifetime treatment under the Act.

In sum, the Consent Order clearly states she is entitled to medical care pursuant to § 42-15-60, but clearly does not contemplate irrevocable lifetime medical treatment. Therefore, the Hearing Commissioner's ruling that the Consent Order does not provide for lifetime medical care, and § 42-15-60(B) applies, should be affirmed.

II. THE HEARING COMMISSIONER PROPERLY FOUND THE CLAIMANT DID NOT MEET HER BURDEN OF PROOF DEMONSTRATING ENTITLEMENT TO ADDITIONAL MEDICAL BENEFITS UNDER THE ACT.

Under § 42-15-60(B)(3), the defendants are not required to provide “medical treatment or modalities” where there is a lapse of treatment for more than one year, unless: “(a) the settlement agreement...provides otherwise; or, (b) the employee has made reasonable attempts to obtain further treatment or modality from an authorized physician, but through no fault of the employee's own, is unable to obtain such treatment or modalities.” The first exception has already been addressed in Section I above. The claimant also fails on the second exception because she did not meet her burden of proof in showing she was unable to obtain authorized treatment through no fault of her own.

While it is true she did obtain medical treatment, the treatment was not authorized as is required by the Act to meet the exception. Further, there is no evidence she made a reasonable effort to communicate with her employer or the insurance carrier regarding seeking additional treatment in the year following her final authorized appointment on October 14, 2022. The Hearing Commissioner properly held that EthosRisk was not the insurance carrier, nor was it the employer. Instead, it was a third-party service performing “well-checks.” Despite claimant's testimony that she requested additional treatment within the necessary timeframe, none of those alleged conversations reflect a

request for treatment and instead are solely focused on the well-check. This fact is not in dispute. In fact, the record reflects that defendants' counsel informed claimant's counsel that claimant could contact the adjuster directly to schedule additional medical treatment within the one-year time frame. However, there is no evidence she ever did so. Instead, the claimant sought unauthorized medical treatment, which is not considered under the Act as a reasonable attempt required to continue treatment authorized by defendants. Through her own inaction, she failed to comply with the Act and allowed the one-year window to lapse before bringing the claim, filed on March 15, 2024 – well beyond the time laid out in the Act. Therefore, the claimant does not meet either exception provided for in the Act.

III. THE HEARING COMMISSIONER DID NOT ERR IN FAILING TO APPLY SECTION 42-15-60(B)(3)(a).

The claimant asserts the Consent Order provides that the claimant's alleged lifetime medical benefits could only be suspended by providing her with a Medicare Set-Aside. This is simply incorrect. First, and as argued above, the Consent Order does not provide for lifetime medical benefits. Second, the Consent Order did not "require" future medical benefits to be resolved by a MSA, but instead provided that the defendants reserved the right to secure an MSA, if appropriate. The defendants have already addressed the relevance of the MSA and CMS's requirements as it pertains to securing a MSA in Section II above. The claimant is now asking the Commission to require the defendants to secure a MSA to "suspend" medical treatment irrespective of the other applicable sections of Section 42-15-60, a request that is outside of the jurisdiction of the Commission. The Commission cannot force the parties to secure a MSA in any case. The defendants assert the claimant's argument in this instance is flawed as a matter of law and fact.

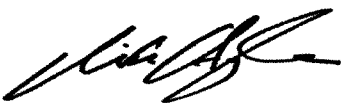
CONCLUSION

For the foregoing reasons, defendants respectfully request the Hearing Commissioner's Order dated November 13, 2024, be affirmed in its entirety. The greater weight of the evidence supports

there was a one-year lapse in authorized medical treatment and the claimant failed to reasonable protect her right to continued authorized treatment. As such, further treatment was properly denied pursuant to Section 42-15-60 of the Act.

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
January 29, 2025

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 the Commission and counsel of record with the foregoing document(s) by electronic service to the following address(es):

Pleading(s): **RESPONDENTS' BRIEF TO THE FULL COMMISSION**

Person/Party Served: **VIA E-CASE UPLOAD**
Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

VIA E-MAIL
David V. Benson, Esquire
Elrod Pope Law Firm
PO Box 11091
Rock Hill, SC 29731
dbenson@elrodpope.com



Emily Andrews

Columbia, South Carolina
January 29, 2025

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0606817

Shronda Love,)
)
Claimant,)
)
v.)
)
Fresenius Medical Care Holdings,)
Incorporated,)
)
Employer,)
)
and)
)
American Casualty Company of)
Reading, Pennsylvania,)
)
Carrier/Defendants.)
-----)

COMMISSION HEARING

Tuesday, May 7, 2024
11:58 a.m. - 12:26 a.m.

The Commission Hearing was heard before Commissioner Aisha G. Taylor, at the York County Family Court, 1555 West Main Street, Courtroom 4, Rock Hill, South Carolina on the 7th day of May, 2024, before Elizabeth L. Holt, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / contact@creelreporting.com

APPEARANCES

David V. Benson, Esquire

Elrod Pope Law Firm
212 East Black Street
Post Office Box 11091 (29731)
Rock Hill, South Carolina 29730
Attorney for the Claimant

Nicolas L. Haigler, Esquire

Robinson Gray Stepp & Laffitte, LLC
2151 Pickens Street, Suite 500
Post Office Box 11449 (29211)
Columbia, South Carolina 29201
Attorney for the Carrier/Defendant

Also present:

Shronda Love

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MR. HAIGLER . . . CROSS-EXAMINATION 16
MR. BENSON . . . REDIRECT EXAMINATION 32
Certificate 34

EXHIBITS

(No Exhibits were marked during this hearing.)

STIPULATIONS

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



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CALL TO ORDER:

COMMISSIONER TAYLOR: Today is Tuesday, May 7th, 2024. We are here in Workers' Compensation File Number 0606817. This is the claim of Ms. Shronda Love, who is present here today and represented by Attorney David Benson. The Employer is Fresenius Medical Care Holdings, Incorporated, and the Carrier is American Casualty Company of Reading, Pennsylvania. Both the Employer and Carrier are represented today by Attorney Nicolas Haigler.

We are here today on the Claimant's Form 50 request for hearing. I did have a brief pre-hearing conference with the attorneys. Are there any objections to any of the proposed APAs, jurisdiction, venue, or any other items? Mr. Benson?

MR. BENSON: No, ma'am.

COMMISSIONER TAYLOR: All right. Mr. Haigler?

MR. HAIGLER: None, Your Honor.

COMMISSIONER TAYLOR: All right. Thank you.

Without objection, the Commission File becomes a part of the record, with the exception of self-serving declarations and unstipulated medical reports.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / contact@creelreporting.com

1 Mr. Benson, your position statement for
2 the record, please.

3 **CLAIMANT'S POSITION STATEMENT:**

4 **MR. BENSON:** Thank you, Commissioner. Our position
5 is that Shrona's entitled to a lifetime
6 medical, based on the order and based on the
7 fact that in 2023, she requested medical
8 treatment and was getting medical treatment
9 that she thought was being paid for by the
10 Carrier. Did not know until recently that it
11 was not being paid. And so we feel like the
12 order is very clear. You don't put a statement
13 in an order about lifetime medical treatment,
14 making an MSA to do with lifetime medical
15 treatment, unless there's an issue of lifetime
16 medical treatment.

17 And also, under the statute, the last
18 section is, unless the -- through no fault of
19 her own, she can't get medical treatment and
20 that's what we're here today. Number one is
21 the order. To me, it is very clear. I agree
22 with Nick. And number two is she did request
23 medical treatment directly from the Carrier,
24 and that she'll testify about. So we think
25 she's entitled to get the medical that she



1 needs.

2 **COMMISSIONER TAYLOR:** Okay. Thank you, sir. Mr.
3 Haigler?

4 **EMPLOYER/CARRIER'S POSITION STATEMENT:**

5 **MR. HAIGLER:** Yes, Commissioner. We believe that
6 there was a -- a lapse in treatment of one
7 year, pursuant to 42-15-60, section --
8 subsection B(3), and that as a result of that
9 lapse of treatment for one year, which I do not
10 believe is at dispute, we're entitled to stop
11 the medical treatment as it pertains to this
12 particular claim.

13 I -- I have read the consent order that --
14 that -- you know, what's interesting about,
15 actually, 42-15-60 is it says that future
16 medical care must be set forth as -- with as
17 much specificity as possible, which I think we
18 did fairly clearly.

19 And number two, paragraph two, when we
20 outlined the -- the future medical care that
21 she would be entitled to, which says very
22 clearly, continue causally-related medical
23 treatment for her back only as recommended by
24 Dr. Coric, which we provided, and then
25 subsequently provided chiropractic treatment,



1 which she received until October 2022. There
2 then, according to the APAs, was then a lapse
3 of treatment between October of '22 and when
4 she evidently went to see this other provider
5 in July of '23, which is subsequently, or, I
6 guess -- I guess, contemporaneous to that --
7 that beginning of that treatment, I get an
8 email from David asking to resolve future
9 medical, or asking if we would consider that,
10 which certainly was not a request for treatment
11 or authorization of treatment. In fact, I did
12 not know that she treated at that provider
13 until I received his APAs 15 days ago. So I
14 think -- I think there has been zero attempt,
15 at least in as far as I can tell, between two
16 represented parties to communicate between
17 lawyers about the need for medical care. At no
18 point between October of '22 and December of
19 '23 did I receive any correspondence other than
20 an email in December of '23 asking for the
21 author- -- authorization of treatment. And at
22 no point did my client have any understanding
23 that she was asking for medical treatment,
24 until yesterday, when that provider called and
25 asked us to authorize this care that she's been



1 receiving, evidently, since July of '23.

2 So, the statute requires that there be a
3 lapse, which I think there clearly is. The
4 statute then requires that the employee has
5 made reasonable attempts. Not one attempt.
6 Attempts. And that has not occurred and there
7 is no evidence that has occurred. It's not
8 occurred -- it's not occurred in any way, shape
9 or form. There's no evidence that has been
10 requested in any way, shape or form, other than
11 what she's probably going to testify here to
12 today, that she made a phone call. That her
13 lawyer didn't email me, she didn't call me, so
14 I -- I have -- there's zero evidence that that
15 actually happened. And -- and more than that,
16 she has to make more than one attempt,
17 according to the statute, and she didn't do
18 that. So I don't believe -- I don't believe
19 there's an- -- I don't believe there's any
20 question that there was a lapse of treatment,
21 and I don't believe there's any question that
22 there's not been an attempt made. There's no
23 facts or -- or evidence to show that she made
24 any attempt at to get this medical treatment,
25 so I believe we're entitled to stop benefits



1 under the act. And I do not believe that
2 subsequent language in a consent order about
3 CMS and MSA -- which actually has nothing to do
4 with the workers' comp act, in fact, the
5 workers' comp act doesn't even govern those two
6 issues -- can keep us from being able to stop
7 benefits when there's been a lapse in treatment
8 one year. Thank you, Commissioner.

9 **COMMISSIONER TAYLOR:** All right. Thank you. Madam
10 Court Reporter, will you please place Ms. Love
11 under oath?

12 **COURT REPORTER:** Ms. Love, please raise your right
13 hand. Do you solemnly swear the testimony
14 you're about to give in this matter is the
15 truth, the whole truth, and nothing but the
16 truth, so help you God?

17 **MS. LOVE:** Yes.

18 **COURT REPORTER:** Thank you.

19 **COMMISSIONER TAYLOR:** Mr. Benson?

20 **SHRONDA LOVE - DIRECT EXAMINATION BY MR. BENSON:**

21 Q: Shronda, please state your name.

22 A: Shronda Azalee Love.

23 Q: All right. And you're married?

24 A: Yes, I am.

25 Q: And you have how many children?



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1 A: I have three children.

2 Q: Okay. When is the last time you worked?

3 A: I haven't -- I -- I went from 2006 all the way
4 into 20-- 2019, where I did volunteer work.
5 And then I did, like, when I went from
6 volunteer, then we went to two days I did a
7 week at Cherokee Pregnancy Center, and I hadn't
8 worked there since June of last year.

9 Q: Because?

10 **MR. HAIGLER:** Commissioner, I -- I need to object.
11 None of these questions are on the Form 50.

12 **MR. BENSON:** He -- he made a ref- -- reference to
13 her getting hurt at work, and so we need to
14 establish that she didn't get hurt at work.

15 **MR. HAIGLER:** But I -- I think the issue, though,
16 Commissioner, is that the Form 50 is proper.
17 I mean, I looked at it and says the only place
18 she's worked is my client.

19 **MR. BENSON:** Right.

20 **MR. HAIGLER:** Well, that isn't true. And so how am
21 I supposed to investigate when we're dealing
22 with this issue what's going on if Form 50's is
23 not accurate?

24 **COMMISSIONER TAYLOR:** Okay. I will note the
25 objection for the record. It's preserved for



1 the hearing, but I'm gonna allow the testimony
2 to continue.

3 **MR. HAIGLER:** Well, then, Commissioner, I would ask
4 that I have the right to investigate this,
5 post-hearing.

6 **COMMISSIONER TAYLOR:** Okay. Let's revisit it again
7 before we ---

8 **MR. HAIGLER:** Okay.

9 **COMMISSIONER TAYLOR:** --- close the record. Okay?

10 Q: Shronda, did you file a claim of any sort for
11 getting hurt at work at?

12 A: At where I got hurt at? At Fresenius? Yes.

13 Q: Yeah. But after that?

14 A: Oh, no.

15 Q: Did you have any medical treatment because of
16 that?

17 A: I had medical treatment at -- from the incident
18 that I got hurt at Fresenius, yes ---

19 Q: Yeah. But no other?

20 A: No.

21 Q: Okay. So -- and tell me about in June or July
22 of 2023, you had a conversation with the
23 adjuster for Fresenius, right?

24 A: Yes. Uh-huh.

25 Q: Tell me about that.



1 A: Yes. I had a stem cell treatment that I had to
2 go to them, continue to put in for 'cause I was
3 in continuous pain, continuous to go through
4 you, continuous to go through different doctors
5 to let them know that that treatment was very
6 necessary for me to help me with my pain. They
7 denied it. They wouldn't do it and it just
8 went around, went around, went around. And
9 then finally, in January, '22, it got approved.
10 In February -- I think I got it done in
11 February. And then after that, I had a flare
12 up, and I went to my provider, Dynamic Health
13 Medical Care, which did the stem cell
14 treatment. And I was going, as I always do,
15 call them to get more treatment done. And I
16 said, I need to get appointment, I have a flare
17 up, I -- and they said they could no longer
18 give me any treatment because they had been
19 denied by Fresenius and they hadn't renewed my
20 treatment.

21 Q: When was that?

22 A: And that was in 2022.

23 Q: Okay. And so where did you go for medical
24 treatment after that?

25 A: After that, I kept trying to get in contact



1 with them about getting treatment. They had
2 someone come by my house and left a card. I
3 talked to that gentleman ---

4 Q: When was that?

5 A: And that was in 2023 or 2022 -- 2022. And I
6 talked to him, I told him, he told me to call
7 the adjuster ---

8 **MR. HAIGLER:** Commissioner, I object to what he
9 said. I don't even know who this person is.

10 **COMMISSIONER TAYLOR:** Okay. You can't tell me what
11 he said right now, but ---

12 Q: What did you do based on what he said?

13 A: He told me to call the ---

14 **MR. HAIGLER:** Commissioner ---

15 A: --- adjuster for CNA ---

16 **MR. HAIGLER:** --- I need to ---

17 **COMMISSIONER TAYLOR:** Ms. -- Ms. ---

18 A: --- and I called her.

19 **COMMISSIONER TAYLOR:** Ms. Love -- Ms. Love, you
20 can't tell me what somebody else told you.

21 **MS. LOVE:** Oh, oh. Okay.

22 **COMMISSIONER TAYLOR:** Okay?

23 **MS. LOVE:** I'm sorry.

24 **COMMISSIONER TAYLOR:** Just -- if you listen to the
25 question that your attorney asked specifically,



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1 just answer that specific question and that
2 will get what we need.

3 **MS. LOVE:** Okay.

4 **Q:** What did you do as a result of the man that
5 came by your house and left a card?

6 **A:** I called the adjuster for Fresenius Healthcare.

7 **Q:** And when was that?

8 **A:** I called them in 2022 and 2023.

9 **Q:** Okay. And did you -- do you -- do you recall
10 conversations with them in the summer of 2023
11 and then in the fall of 2023?

12 **A:** I did email ---

13 **MR. HAIGLER:** Commissioner, I need to object ---

14 **A:** --- and calls ---

15 **MR. HAIGLER:** --- to a leading question.

16 **A:** --- to Fresenius to the --- adjuster.

17 **COMMISSIONER TAYLOR:** Sustained.

18 **MR. BENSON:** Hold on.

19 **COMMISSIONER TAYLOR:** Hold on.

20 **MR. HAIGLER:** I need to object to leading. That was
21 an absolute leading question.

22 **COMMISSIONER TAYLOR:** Sustained. You can rephrase.

23 **Q:** So what did you do again?

24 **A:** I called the adjuster for Fresenius care, and
25 I left messages and told her I needed



1 treatment. Dynamic Healthcare has the -- said
2 that y'all have denied my treatment and you
3 haven't renewed it, and I needed treatment and
4 I was trying to figure out what was going on.

5 Q: And why did Dynamic Healthcare tell you they
6 wouldn't treat you anymore?

7 A: Because they had not paid the bill.

8 Q: Okay. And so, where did you go for treatment?

9 A: I went to Expressed Health.

10 Q: Okay. And what did you tell Expressed Health
11 when you went there?

12 A: I told him I was under working -- working comp,
13 I had been hurt on the job, and I needed
14 treatment. And I said, I -- the provider that
15 usually provide my treatment said that they no
16 longer can give me treatment and I need
17 treatment. I was hurting. I had a flare up,
18 and I was really hurting, really bad.

19 Q: Did you ever get a bill from ---

20 A: No.

21 Q: --- Expressed? They never asked you to pay
22 them?

23 A: No.

24 Q: And did you give them the information from --
25 of your insurance carrier for workers'



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1 compensation?

2 A: Yes.

3 Q: Okay. And do you recall the conversation you
4 and I had in June/July of 2023 about you
5 talking directly to the adjuster?

6 A: Yes.

7 Q: Okay. And based on that conversation, what did
8 you begin to do?

9 A: I called the adjuster to ask for treatment.

10 Q: And did you get it?

11 A: No.

12 Q: Okay. But you went on your own and got it?

13 A: Yes.

14 Q: How many times did you call her, do you think?

15 A: I called her several times.

16 Q: Five, six?

17 A: It may have been. We went back and -- she
18 would email, but she never would pick up the
19 phone. She never would pick up the phone. She
20 never -- never did respond.

21 Q: Okay. And that's why, finally, you called me
22 in December?

23 A: Yes.

24 **MR. BENSON:** That's all, Commissioner.

25 **COMMISSIONER TAYLOR:** All right. Thank you. Mr.



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1 Haigler?

2 **SHRONDA LOVE - CROSS-EXAMINATION BY MR. HAIGLER:**

3 Q: Ms. Love, where are the emails that she sent
4 you?

5 A: I have them in my phone.

6 Q: You do?

7 A: I do. She said they were trying to get in
8 contact with me, and I -- affidavit gave
9 permission for her to speak with me, and I
10 emailed her my -- 'cause she was emailing me on
11 another email address, and I gave her the new
12 email that she can directly contact me and my
13 phone number.

14 Q: Why did you not submit those today so we can
15 see them?

16 A: Because you didn't ask for that.

17 Q: Well, I -- it's not -- I can't talk to you, so.

18 A: Oh, well, I didn't know.

19 Q: So you're saying there's emails between you --
20 who is the -- who was the adjuster ---

21 A: It's email ---

22 Q: --- you've been speaking to?

23 A: --- between my attorney and the adjuster.

24 Q: And who is that?

25 A: Jennifer Lynch.



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- 1 Q: Okay. And those emails are from when, last
2 summer?
- 3 A: Yes.
- 4 Q: Okay. But you didn't present those to me
5 today?
- 6 A: No.
- 7 Q: All right. And when did you stop working for
8 Fresenius?
- 9 A: I stopped working in 2000- -- 2006. 2006.
- 10 Q: You have not worked for my client since 2006?
- 11 A: No.
- 12 Q: Okay. Where have you worked since 2006?
- 13 A: I didn't work all the way up into 2019.
- 14 Q: All right. That's what I thought you said.
15 And then -- and then you said you were a
16 volunteer?
- 17 A: I was a volunteer.
- 18 Q: Well, who were you volunteering for?
- 19 A: Cherokee Pregnancy Center.
- 20 Q: All right. How long did you volunteer for
21 them?
- 22 A: I volunteered -- I did, like, one day a week
23 for maybe two -- two years.
- 24 Q: Okay. When did you stop working for them?
- 25 A: Twenty- -- June of 2023.



1 Q: Okay.

2 A: And I didn't work full-time. It was two days
3 a week, five hours.

4 Q: And was that the only job you've had since you
5 ---

6 A: It's the only job I have had. Five hours, two
7 days a week.

8 Q: Okay. Did you get paid at all for doing that?

9 A: It -- I worked for them.

10 Q: Well, you said you were a volunteer.

11 A: I was a volunteer before I worked for them.

12 Q: Gotcha. Okay. And you stopped working for
13 them. So -- so you were there between sometime
14 in '21 and June of '23, is that correct?

15 A: Yes.

16 Q: And -- well, what kind of work were you doing
17 for them?

18 A: I did bookkeeping.

19 Q: All right. And you had problems with your back
20 as a result of that job, correct?

21 A: No, I did not. I had problems with my back
22 from the job that I got hurt on at Fresenius
23 Medical Center.

24 **MR. HAIGLER:** Commissioner, I'm on page 44.

25 **COMMISSIONER TAYLOR:** Uh-huh.



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1 Q: You went to see ---

2 **MR. HAIGLER:** --- Claimant's APA.

3 Q: You went to see Expressed Health Spine and
4 Wellness in July of '23, is that right?

5 A: That -- I went because I did not get any
6 treatment from Dynamic ---

7 Q: That's not what I asked you.

8 A: --- because ---

9 Q: I just said you went to see them in July of
10 '23, is that correct?

11 A: July of 2023. I went to see them because I was
12 denied medical care.

13 Q: Okay.

14 A: And I needed to get medical care.

15 Q: I -- I'll get there in a second. But you --
16 I'm just simply asking, that's when you first
17 went to see them, is that right?

18 A: I went to see them.

19 Q: And that was -- were you still in -- were you
20 still working for the pregnancy center?

21 A: I stopped working for them in 2023.

22 Q: Okay. 'Cause the -- and when you told them --
23 when you went in there, you told them that your
24 -- that your -- that your job had your low back
25 hurting, is that what you told them?



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1 A: No, I told him that I had a working comp case
2 where I got injured on my job in two thousand
3 -- twen- -- two thou- -- '06, and that injury
4 still exists. And when I worked for Cherokee
5 Pregnancy Center, I was a disabled worker, and
6 they know that I was a hurt and disabled worker
7 with a back injury.

8 Q: Okay. So if your -- if -- if the report, the
9 very first report from the Expressed Healthcare
10 place says that your back was hurting because
11 of your job, you're saying that's ---

12 A: Because the job that I worked on at Fresenius
13 Medical Healthcare, I got my -- back got hurt.
14 I never had that problem until I got hurt.

15 Q: I understand. I'm s- -- what I'm saying is, if
16 there -- if this report reads as though the job
17 that you've had as the pregn- --

18 A: No, not the job that I was ---

19 Q: Let me finish my question.

20 A: --- working at. Fresenius -- and I told him
21 that, Fresenius Medical.

22 Q: Okay. All right. So your testimony is that
23 you had some treatment done with -- some stem
24 cell treatment done at Dynamic ---

25 A: Yes.



1 Q: --- in 2021?

2 A: No.

3 Q: '22?

4 A: '22.

5 Q: Okay. And then that -- then you stopped
6 treating there -- the last report I have from
7 there is October of '22, does that sound about
8 right?

9 A: October of '22?

10 Q: Is the last time you saw Dynamic?

11 A: No, it was probably before then, because they
12 had stopped paying for it.

13 Q: Okay. Well, that's not what the records show.
14 The records show you went in there on October
15 the 14th, 2022, is that not accurate?

16 A: Well, I just know that they been stopped,
17 because they already had said that they didn't
18 pay the bills and they didn't renew the order.

19 Q: Okay. Well, the rea- -- the reason I'm asking
20 is ---

21 **MR. HAIGLER:** --- I'm on page one of Defendant's
22 APAs.

23 Q: I'm gonna show this to you, if I may.

24 A: I'll have to look back.

25 Q: Yeah, take your time. I know you may not have



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1 seen this. Is that your name at the top of
2 that report?

3 A: That's my name.

4 Q: Okay. And that's your date of birth?

5 A: That's my date of birth.

6 Q: And that date of that report is October 14th,
7 2022, is it not?

8 A: That's what it says.

9 Q: Okay. And you're saying that may not have been
10 accurate?

11 A: I'm just saying I don't know exactly when was
12 the last date. I just know that I had a stem
13 cell in January, and I know after my stem cell,
14 it was tough trying to get them to renew, and
15 they said they was not gonna do any more
16 treatment because y'all -- for Fresenius did --
17 wasn't paying the bills.

18 Q: Okay. And ---

19 A: So I don't know the exact date.

20 Q: All right. Were you supposed to receive
21 treatment after that date right there?

22 A: After what, 2014? I was supposed to con- --
23 always receive treatment.

24 Q: My -- my question is, were you supposed to
25 continue treating -- your -- your testimony is



- 1 you were supposed to continue treating with
2 Dynamic after the last time you saw them, which
3 is this date here ---
- 4 A: Yes, but they ---
- 5 Q: --- and -- and -- but ---
- 6 A: --- they said that they could not see me
7 because Fresenius had not paid the bill, and
8 they had to reauthorize treatment for me to be
9 seen.
- 10 Q: All right. Because this report, if you'll look
11 at the top, says visit 27 out of 27. Is that
12 right?
- 13 A: That's what it says.
- 14 Q: Okay. So according to that report, there were
15 no visits scheduled after this ---
- 16 A: No, because you didn't -- they didn't renew.
- 17 Q: Who didn't ---
- 18 A: That's what ---
- 19 Q: --- renew?
- 20 A: --- I'm saying -- I have, like -- I've been at
21 Dynamic ever since I've had my injury. I've
22 al- -- they've -- anytime I need more treatment
23 ---
- 24 Q: Okay.
- 25 A: --- they always call to upgrade to get more



1 treatment. When they call the representative
2 -- the adjuster that time after that, they said
3 they were no longer approving ---

4 Q: Okay.

5 A: --- any more treatment for me.

6 Q: Where is the evidence of that?

7 A: Well, I can just tell you. I called Dynamic
8 several times. I called them trying to get
9 treatment. They called your adjuster several
10 times.

11 Q: And who is here from Dynamic to testify to
12 that?

13 A: Well, no one here is from ---

14 Q: All right. Who ---

15 A: --- Dy- -- but I'm here, and I know what --
16 they didn't -- I've never had problem getting
17 treatment at Dynamic Healthcare. Never.

18 Q: I'm not asking that question. All I'm asking
19 you is, where is a letter or a referral or a
20 phone call or a human being from Dynamic that
21 says that they were trying to reach Jennifer
22 Lynch and they could not reach her to get
23 authorization? Where is that information?

24 A: Well, I don't have that.

25 Q: 'Cause it's been ---



1 A: But I know ---

2 Q: It's been your -- okay.

3 A: But I know -- I know that I called. Why would
4 I be having treatment all these years and then
5 all of a sudden I don't get treatment?

6 Q: Okay.

7 A: It's because you -- they did not renew my
8 treatment.

9 Q: I understand that, but -- but it's not that
10 simple, Ms. Love. Where -- you said that they
11 were trying to call and try to get renewal,
12 that's all they ever have to do, but where's --
13 where is anything that shows that they were
14 trying to call my client and get -- and get
15 authorization and that she was saying no?
16 Where is that -- where is that evidence? Do
17 you have anything that says that?

18 A: I'm gonna have to look, 'cause I'm gonna -- I'm
19 gonna look through my ---

20 Q: Do you have anything today that says you have
21 that?

22 A: I'm gonna look. I -- I didn't think I needed
23 that or -- 'cause I definitely would've called
24 them and I would've had one of them say what
25 was being said time and time again ---



1 Q: Okay.

2 A: --- that they did not renew, they couldn't see
3 me because you didn't renew treatment and you
4 didn't pay the pre- -- they didn't pay the
5 previous.

6 Q: Okay. But you don't have anything in writing
7 to give to the Commissioner today that says
8 this, is that correct?

9 A: I don't have anything.

10 Q: All right.

11 A: I didn't know. I don't have anything ---

12 Q: And then ---

13 A: --- in writing.

14 Q: And then nothing happened on your case for nine
15 months, until you, apparently, then decided in
16 July of '23 that you wanted more treatment, is
17 that right?

18 A: I could not get in. I've always went to
19 Dynamic ---

20 Q: Can -- can you answer my question first and
21 then -- and then explain what you're saying?
22 Did you do anything between October of '22,
23 when this report was last -- when the 27th of
24 27 visits that were apparently authorized
25 occurred, between October 14th of '22 and when



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1 you apparently started treating in this other
2 place in July of '23, did you do anything
3 during that period of time to ask for -- for
4 treatment?

5 A: Oh, yes.

6 Q: Okay. Do you have any evidence of that?

7 A: I call- -- I -- I know I text -- I emailed my
8 attorney, and I told him.

9 Q: But you ---

10 A: And I know that my attorney talked to Jennifer
11 Lynch, and he said that I was ---

12 Q: Well ---

13 A: --- want- -- needing treatment and have not
14 been provided treatment. And she -- he gave
15 her permission to talk to me and I called her.
16 I called her.

17 Q: All right. Well, show that to me.

18 A: (Witness complies.) Here you go, right -- I'm
19 so glad I went to my phone to show it. It say
20 right here.

21 Q: Can I see it?

22 A: Yeah, you can see it. You can see it.

23 Q: Now you got me curious.

24 A: Well, you -- okay. What that say right there?
25 On behalf of CNA, please give me a call. I



1 know you spoke with the other guy who card was
2 on your door ---

3 Q: Uh-huh.

4 A: --- that I said. Give me a call so we can
5 schedule a virtual live meeting. And I called
6 her, and she said it would take ten minutes,
7 and she never called me back.

8 Q: Okay. And that happened on what day?

9 A: And I had been calling her ---

10 Q: Yeah. What day ---

11 A: --- since then. That was on June 22.

12 Q: All right. And how -- and where's -- show me
13 the calls where you called her after that.

14 A: I called her -- I -- this is what she left. I
15 can't pull up my calls anymore, but this is the
16 voicemail that she left me because I had been
17 trying to call her, and just like I said, when
18 that gentleman left that card on my door, and
19 when I called her, and she said, the gentle- --
20 just like she said, the -- the man who left the
21 card on the door so we can schedule a virtual.
22 And she ain't say nothing about authorizing my
23 treatment, because she know I had been calling.
24 She said so we can schedule a virtual check.
25 Okay. I'm -- called her after that



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1 (indicating). Why didn't I never hear back
2 from her to tell -- to talk to her about the
3 treatment? So that go to show you that that
4 guy did come by there and he told me to get in
5 contact with her. And I got in contact with
6 her, but she never -- she just left this
7 voicemail. But after that, when I called her,
8 she never picked up the phone.

9 Q: Okay. Who -- okay. I understand. Who was the
10 guy?

11 A: I don't know the guy. I don't know -- I don't
12 know him.

13 Q: Was he with CNA, was he with a ---

14 A: He said he -- that's what he left his card. He
15 said he was with CNA.

16 Q: All right. Do you ---

17 A: That's what the card said. So I don't know --
18 it -- just like if somebody, a stranger, come
19 to your house -- I don't know. But when he --
20 when I seen CNA, and they said call my
21 adjuster, and that's what I did. And she got
22 that message from that man that I called her
23 'cause she left this message. And then when I
24 called her, she never picked up. Over and over
25 again.



- 1 Q: Okay. And did you do anything between October
2 and July?
- 3 A: What do you mean?
- 4 Q: Well, to get treatment. Between October and
5 when you -- when that exchange happened.
- 6 A: I kept calling Dynamic to get -- ask them, hey,
7 'cause that's how it ---
- 8 Q: Okay.
- 9 A: --- used to do. CNA would take a long time to
10 renew my treatment. I kept calling, hey, did
11 they call back? Did they renew my treatment?
12 And I talked to my attorney in December and
13 told him, I said I am hurting, I am in a lot of
14 pain. I've been calling these people. They
15 haven't renewed my treatment, and Dynamic said
16 they hadn't paid their bill and they cannot see
17 me.
- 18 Q: All right. And then between July and when I
19 got a Form 50 or a -- something from your
20 lawyer saying ---
- 21 A: I went to -- I had ---
- 22 Q: Well, hold on ---
- 23 A: --- to go get me ---
- 24 Q: --- let me ask -- let me ---
- 25 A: --- some help.



1 Q: Hold on. Let me ask a question. Between July
2 and December, was there any further
3 communication about this treatment?

4 A: I -- that it was alway- -- they denied it. And
5 I told my -- they denied my case, they denied
6 treatment. I need treatment. I have a back
7 injury. That is what allows me to be able to
8 get up out of bed, not laying in bed and
9 hurting every single day. I need treatment.

10 Q: Okay.

11 A: And so I had to go and get me some treatment.
12 The -- I have been with these people -- I
13 couldn't believe it. I've been with these
14 people for years, and they couldn't do it
15 because they didn't pay the bill.

16 Q: All right.

17 A: And they didn't renew. So I had to get me some
18 treat- -- I got to make sure I'm able to
19 function as a human being.

20 Q: Okay. And ---

21 A: And I -- and I called you and called you -- you
22 sent this man to reach out to me and left a
23 message that says, CNA, contact CNA. I
24 contacted you over and over again to tell you
25 I need approval of my treatment, and you



1 didn't. I need treatment.

2 **MR. HAIGLER:** All right. Thank you, ma'am. Those
3 are all questions I have for you

4 **MR. BENSON:** Just very briefly.

5 **SHRONDA LOVE - RE-DIRECT EXAMINATION BY MR. BENSON:**

6 Q: After June -- June of 2023, did you continue to
7 call the -- that -- the adjuster?

8 A: I called and left a couple of more messages for
9 her and I never heard back from her.

10 **MR. BENSON:** Thank you. That's all, Commissioner.

11 **MR. HAIGLER:** I don't have any further questions,
12 Commissioner.

13 **COMMISSIONER TAYLOR:** Do we want to try to get a
14 printout of the voicemail message as an
15 Exhibit? Can you ---

16 **MR. BENSON:** Yes, ma'am.

17 **COMMISSIONER TAYLOR:** --- somebody from your office
18 help her with that?

19 **MR. BENSON:** Yes.

20 **COMMISSIONER TAYLOR:** Okay. And then I believe, Ms.
21 Love, you testified that there may be some
22 emails where the adjuster emailed you at some
23 point in time, is that correct?

24 **MS. LOVE:** With me and my attorney, where he was
25 telling her that she can now get in -- I can



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1 now cont- -- he gave her permission that I can
2 now contact her, and I was emailing her about
3 my treatment.

4 **COMMISSIONER TAYLOR:** Okay, I'm gonna hold the
5 record for 14 days to try to get a couple of
6 those, too. 'Cause if there is evidence that
7 she asked, then it just is what it is, okay?

8 **MR. BENSON:** Okay.

9 **COMMISSIONER TAYLOR:** I just need it for the record,
10 okay?

11 **MR. BENSON:** All right. Thank you.

12 **COMMISSIONER TAYLOR:** All right. That concludes
13 this matter. Thank you.

14 **(There being nothing further, the hearing concluded**
15 **at 12:26 p.m.)**

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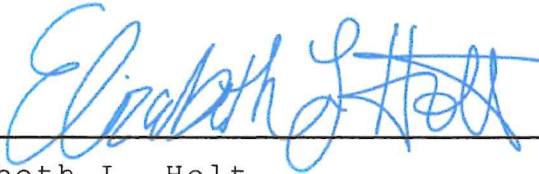
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CERTIFICATE

This is to certify that the within hearing consisting of thirty-three (33) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on September 20, 2024.



Elizabeth L. Holt
Court Reporter

Notary Public for South Carolina
My Commission Expires: September 6, 2033



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Transcript of the Testimony of
Love v Fresenius

Date: February 10, 2025



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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0606817

Sharonda Love,)
)
 Claimant,)
)
 v.)
)
 Fresenius Medical Care)
 Holding,)
)
 Employer,)
)
 and)
)
 American Casualty Co. Of)
 Reading PA,)
)
 Carrier/Defendants.)

VIRTUAL FULL COMMISSION HEARING

Monday, February 10, 2025

2:45 p.m. - 3:09 p.m.

The Virtual Commission Hearing was heard before
Commissioners Cynthia Dooley, Melody James, Mike
Campbell on the 10th day of February, 2025, before
Nadine A. Garrett, Court Reporter and Notary Public
in and for the State of South Carolina.

APPEARANCES

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Elrod Pope Accident & Injury Attorneys
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Attorney for the Claimant

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Attorney for the Carrier/Defendant

Also Present:
Eugenia Hollman

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EXHIBITS

(No Exhibits were marked during this hearing.)

STIPULATIONS

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

CALL OF THE CASE:

COURT REPORTER: Today is February 10th, 2025. This is South Carolina Workers' Compensation Case Number 0606817. This is the case of Sharonda Love, Claimant, versus Fresenius Medical Care Holding, Employer and American Casualty Company of Reading Pennsylvania. The Appellant is the Claimant Represented by Attorney David Benson. The Respondent is represented by Attorney Nick Haigler. Each side is allowed ten minutes for oral argument and the appellant three minutes in reply. You are requested to stay within -- to argue the grounds of exception and stay within the record.

COMMISSIONER DOOLEY: Very Good. Mr. Benson.

ORAL ARGUMENT BY MR. BENSON:

MR. BENSON: Just one question before we get started. My administrative assistant got in touch with somebody at the Commission asking about how we get the original transcript to the Commission, and we never really got an answer. So I don't really know what to do about that, other than to say, I have it. And I know y'all need it or you may need it.

COMMISSIONER JAMES: Well, we have the transcript

from the May 7th, 2024 hearing, if that's what you're referring, to this transcript.

MR. BENSON: Yes, ma'am.

COMMISSIONER JAMES: Okay. We have that.

MR. BENSON: You have it?

COMMISSIONER JAMES: Yeah.

MR. BENSON: Thank you.

COMMISSIONER DOOLEY: Let me reset real quick. Hang on one second. All right. Now go ahead.

MR. BENSON: Thank you. Sharonda Love hurt her back on August the 21st, 2006. She had surgery with hardware, which is still in her back. And if I understand the law correctly, she has lifetime medical for the prosthetic devices that are in her back. I don't think that changes ever.

I've been doing Workers' Compensation for a long time and I can't ever remember having a case where we had lifetime medical benefits in an order and my client lost lifetime medical benefits. I just don't ever recall that happening. I could be wrong. So I don't feel Sharonda will ever lose her lifetime medical benefits for her retained hardware. But we're here today, not necessarily about that, but

about her right to ongoing medical treatment.

The un-appealed order gives her right to lifetime medical treatment. And if the Defendants wanted to get rid of her lifetime medical benefits, they had to provide an MSA, which they never did.

This case settled for 30 something thousand dollars, if I remember correctly, which was not a lot of money even then for the kind of debilitating back injury that she had. The point in bringing that up is that, had there been a possibility that she would lose her lifetime medical benefits, we would have settled the case -- at least I would have attempted to settle the case for a lot more money, but we didn't. So the simple solution for Defendants is to provide lifetime medical benefits or to provide an MSA, which they never did.

So for 16 years Sharonda Love got medical treatment. And part of that was that I told her she doesn't need to deal with her lawyer, she doesn't need to deal with me, she doesn't need to deal with the Defendants' lawyer. She just deals with the insurance company and she

calls when she needs treatment and they give her treatments. No problems until it stopped.

And what did Sharonda Love do wrong to stop getting medical treatment? She didn't do anything. She still has hardware. She still has lifetime medical benefits for her hardware, unless I don't understand the law. So what did Sharonda do?

Well, she got a call and a visit from somebody who said they were with Ethos Risk. And she spoke on the telephone with people who were with Ethos Risk. And somebody came by her house and left a card from Ethos Risk. Well, the Hearing Commission found that Ethos Risk was not a carrier. She found that Ethos Risk did not represent the Defendants. The only person who spoke about Ethos Risk was Sharonda Love. The Defense didn't call a witness, didn't call anybody to say, Well, Ethos Risk doesn't represent us; Ethos Risk is not an insurance carrier; Ethos Risk is not a third party administrator. There's nothing. There's nothing in the record, other than what Sharonda Love says about Ethos Risk.

And how her testimony was ignored, it's

incredible. Now, the Hearing Commissioner didn't say, I don't find her believable. I don't find her testimony credible. I don't -- she didn't say anything. She just ignored her testimony. And the Defendants, other than mix arguments and asking questions of cross examination, which didn't say Ethos Risk is on non entity, there's no evidence that Ethos Risk is not who Sharonda Love says they are. There's no evidence on the -- in the record about who Ethos Risk is, other than what Sharonda Love says. And the Commissioner ignored it. She said she was not a Carrier. Based on what? I don't see -- there's no evidence. She said she was not a representative of the Defendant. Again, based on what? There's no evidence.

Sharonda -- you know, we're not arguing does this woman need medical treatment. We're not arguing that woman's injury is not work related. What we're saying is she has lifetime medical and she doesn't get the benefit of her bargain. I mean, this is an un appealed order of her -- I guess it's 18 -- 17 years ago now. And she's not getting what she wants, what was

right for her, what was fair for her, what she bargained for.

So what does lifetime medical benefit mean, other than what it says? Section 42 15 60, parentheses (B), parentheses (3), parentheses (a) is pretty clear. It says, In no case shall an employer be required to provide medical treatment or modalities in any case where there's a laps of treatment of the employee by an authorized physician in access of 1 year. Okay, that happened. Unless, (a), the settlement agreement or Commission order provides otherwise. This order provides otherwise. You want to get rid of lifetime medical benefits, provide an MSA. No MSA has ever been provided. It's real simple. Then (b), the employee made reasonable attempts. She made reasonable attempts. She did all that she could do. She spoke to who she thought was the insurance carrier. She spoke to the insurance carrier, and still she doesn't get the benefit of her bargain.

The parties reserve the right to establish a Medicare Set Aside trust agreement and they didn't do it. The agreement clearly provides

for the solution, but they didn't do it.

I just ask you, Commissioners, please don't turn your back on Sharonda. Again we're not arguing about is this work related. We're not arguing about is this treatment something that is causally related to her injury. You know, this woman's in pain. She needs medical treatment. So I just ask you to please help her, please protect her like the act -- like the Courts of our State have said that's what we're supposed to do is to protect her. And all we want is the benefit of our bargain and we're not getting it. Thank you.

COMMISSIONER DOOLEY: Any questions?

COMMISSIONER CAMPBELL: No.

COMMISSIONER DOOLEY: Okay. All right.

Mr. Haigler.

ORAL ARGUMENT BY MR. HAIGLER:

MR. HAIGLER: Your Honors, Nick Haigler here for Fresenius Medical Care.

First things first: There is no argument that there was a one year lapse. That happened, okay. 42 15 outlines two scenarios under which a patient -- or a Claimant may receive medical treatment going forward. One

is with a permanent and total case where you are entitled to lifetime medical treatment regardless of a year lapse in treatment. There's no argument -- there's no way to stop it, aside from really some sort of intervening issue that changes the course of the claim. That is not this case. I don't think David's arguing that in this case.

David is arguing that this case is 42 15 60 2 -- number 2 and number 3, but there's clearly a lapse. So the question becomes, one, was there an agreement that outlined that a lapse was irrelevant? No, the agreement does not say that. The agreement is clear in that 42 15 60 applies. It was intentionally left as it were by me or by my client because of this possibility, because there are times when there was a lapse. And in this case there was a year lapse. There is no argument about that fact.

At no point did we -- she's entitled -- and, in fact, she's entitled to lifetime. What he says is accurate. She is entitled to treatment, not for her life, but so long as she receives treatment without a one year lapse in

time and without her not trying to get the treatment. There is no order that governs this. The order does not govern this. It does not say that she's entitled to lifetime medical treatment under the statute. It doesn't say that. However she would be, if she continued to get the treatment, which she did not.

I don't care if it's one year since we had the order or 45 years since we had the order. This is an act to protect employers when there is a lapse in treatment. Because what happens when there's a lapse in treatment? That means there may be some reason why you're not getting it. Because you've gotten better, you're dead, or some other reason. But there's a reason why we have this in here, and this is one of those cases.

Now, should she have contacted David earlier? Yeah, maybe so. Maybe she should have. Maybe he would have fixed this for her. But, as you'll see from his supplemental evidence, I didn't even find out about this -- he didn't even e mail me until well after the year. I think it was 14 months later he e mails me asking if he can -- if she can contact my

adjuster directly. I said, That's fine. I'll be honest with you, I assumed she was still getting treatment. My file had been closed for years. Not until my client calls me and says, This lady's calling me. I haven't heard from her in over a year. Do we have any defenses? I said, Well, actually, yeah, you do. We don't owe her treatment anymore.

Is this an unfortunate result? I guess it is an unfortunate result. But the law does that sometimes. This is not the first time there's been an unfortunate result in a case.

And her position is that this Ethos Risk was reaching out to her. Well, first of all, there's no evidence as to why they were reaching out to her, other than to do a well check. Well, that has nothing to do with medical treatment. There's also no evidence, outside of her own testimony. And I don't even think she testified to this. But there's no evidence she asked Ethos Risk for medical treatment. Not that they can give it to her anyway because they're not the carrier, nor are they the employer.

And so the fact of the matter is, the only

evidence in the record is that there's a lapse, which is stipulated to by David and his client. And there's zero evidence she actually made an attempt to get medical treatment until after the year passed.

So, to me, is this unfortunate? Yes, this is an unfortunate result, I guess. It's consistent with the law. And, you know, David's position that the only way we were to get out of, quote, lifetime medical was the get an MSA is stretching that order well beyond what is was intended to mean. All that meant was, if we didn't -- if the parties decide to get an MSA at some point in time down the road, we can do that. Doesn't mean we have to. Doesn't mean one side can agree to it and the other side can say, I don't want to do that. It just left open the possibility that we can secure medical -- we can handle her medical care going forward via the MSA if we chose to do so. It did not mean this was some guaranteed irrevocable lifetime medical situation. It's not that case. That case is a P and T case, which she was not. This case allows for a one year lapse in treatment, which

occurred. It may be unfortunate,
Commissioners. But respectfully it is the law,
and there's zero to the contrary that occurred
in that hearing or via anyone's APA
submissions, so we would ask that you deny Ms.
Love's medical treatment moving forward with
the exception of her lifetime sustained
hardware. Thank you, Commissioners.

COMMISSIONER DOOLEY: Any questions?

COMMISSIONER CAMPBELL: No.

COMMISSIONER DOOLEY: All right. Mr. Benson, three
minutes in reply.

REPLY BY MR. BENSON:

MR. BENSON: Thank you, Commissioner. I guess the
question I would ask is -- you know, Nick said
a lot of things, and most of which I agree
with, except that, if this was just about
getting medical treatment for her back, like
any other case, why would you include a
provision in the order that specifically says,
If you want to get rid of the lifetime medical,
give her an MSA? If it's just the same as any
other -- we don't even need that provision,
because if she has a lapse in treatment for a
year, then she doesn't get anymore medical

treatment. She's in the same position she's in right now. So why would we -- why would a negotiate an order include a provision to get rid of lifetime medical if she didn't -- if they didn't agree that she had it? It sits squarely on the statute. And the statute says, Unless the order says otherwise. This order clearly says otherwise. And there's no reason for it to be in the order unless the order means what it says: Lifetime medical treatment. Why else does Nick say, Well, yeah, she can contact the adjuster directly? Because he thought the same thing I did. It's lifetime medical treatment. Not until his adjuster calls him, what he just said, and says, Wait a minute. There's been a lapse. What difference does that make?

This woman is not -- does she need treatment? Yes. Is she injured? Yes. Is this part of her normal treatment? Yes. Oh, well, it says lifetime medical, but we didn't really mean it.

It says what it says. It is what it is. Why would we include it in the order if we didn't mean it? That's all I have. Thank you.

Page 16

COMMISSIONER DOOLEY: Any questions?

COMMISSIONER CAMPBELL: No.

COMMISSIONER DOOLEY: All right. Thank you, guys.

(There being nothing further, the hearing concluded
at 3:09 p.m.)

CERTIFICATE

This is to certify that the within hearing consisting of sixteen (16) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenowriter with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on July 7, 2025.

Nadine A. Garrett
Court Reporter

Notary Public for South Carolina
My Commission Expires: August 16, 2026

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Oct 03 2025

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION APPELLANT PANEL

Appellate Case No. 2025-000852

Sharonda Love, Claimant.....Appellant,

v.

Fresenius Medical Care Holdings, Inc., Employer,
and American Casualty Co. Reading, Pennsylvania, Carrier.....Respondents.

PROOF OF SERVICE

I, the undersigned paralegal of Elrod Pope Law Firm, attorneys for Appellant, do hereby certify that I have served all counsel in this action with a copy of the Record on Appeal, and Proof of Service by electronic and personal service at the following address(es):

VIA E-MAIL & USPS MAIL:

The Honorable Jenny Kitchings
Clerk of Court, SC Court of
Appeals
1220 Senate Street
Columbia, SC 29201
ctappfilings@sccourts.org

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Ashley Morrison

Paralegal to Attorney David V. Benson, Esquire

Rock Hill, South Carolina
October 3, 2025

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Garrett B. Johnson
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Circuit Court Mediator
Harold C. Staley, Jr.
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Ben P. Leader
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Zachary D. Griffin
Licensed in SC & NC

October 3, 2025

Via US Mail & E-mail

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
P.O. Box 11629
Columbia, SC 29211

RECEIVED
Oct 03 2025
SC Court of Appeals

RE: Sharonda Love v. Fresenius Medical Care Holdings, Inc.
WCC No.: 0606817
DOI: 4/21/2006
Appellate Case No.: 2025-000852

Dear Ms. Kitchings:

Enclosed for filing in the above-referenced matter, please find the Record on Appeal and Proof of Service. A bound copy is also being provided to all parties via USPS. Should you have any questions, please feel free to contact my paralegal, Ashley at (803) 324-6141 or via email ashleym@elrodpope.com.

By copy of this letter, we are hereby serving a copy of same on counsel for Respondent.

Sincerely,

s/David V. Benson

David V. Benson, Esquire
P.O. Box 11091
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Helping Injured People