

IN THE COURT OF APPEALS FOR SOUTH CAROLINA

1220 SENATE STREET

COLUMBIA, SOUTH CAROLINA 29201

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APPELLATE CASE NO: 2025-001178

BUSINESSFIRST INSURANCE COMPANY

c/o Summit

PO Box 988, Lakeland, FL 33802

[EMPLOYER NAME], and

NICHOLAS HAIGLER, ESQ.

Robinson Gray Stepp & Laffitte, LLC

2151 Pickens Street, Suite 500, Columbia, SC 29201

Phone: (803) 231-7847

Respondents,

vs.

AMOS MACK

1256 Turner Bay Road, Holly Hill, SC 29059

Phone: 803-614-2321

Appellant.

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SC Court of Appeals

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II. TABLE OF AUTHORITIES

Supreme Court of South Carolina Rulings

Trotter v. Trane Coil Facility, 393 S.C. 115 (2011)

This ruling mandates that the Commission obtain a full and complete record.

Commissioner Campbell violated this by refusing to reconvene to include the FNP report and MRI, despite being ordered to do so by the Full Commission.

Shealy v. Aiken County, 341 S.C. 448 (2000)

The "substantial evidence" rule requires the Commission to consider the record as a whole. The Commissioner erred by ignoring the September 9, 2024 proof and the medical evidence that contradicts the carrier's position.

Michau v. Georgetown County, 396 S.C. 589 (2011)

This ruling requires the Commission to address competent medical evidence. The Commission committed a reversible error by failing to address the FNP directive regarding the Appellant's work status.

Statutes and Laws

S.C. Code Ann. § 1-23-380 (Administrative Procedures Act)

Allows reversal for "clerical errors" or "fraud." The fraudulent December 19, 2024 statement by Nicholas Hagler claiming a non-existent hearing occurred must be vacated under this statute.

S.C. Code Ann. § 42-9-10 (Temporary Total Disability)

Defines the right to benefits. The Appellant is legally entitled to these based on the FNP report stating the Appellant cannot work "until further notice due to the work-related injury."

III. INTRODUCTION

The administrative process has proven it cannot or will not get this right. Despite a mandate from the Full Commission to correct the record, the lower Commissioner refused to reconvene, shielding a fraudulent procedural history. The only just solution is for this Court to award benefits directly, as a remand to a defiant agency would be futile.

IV. STATEMENT OF ISSUES ON APPEAL

The Commissioner erred by relying on the fraudulent December 19, 2024 statement by Nicholas Hagler claiming a non-existent hearing occurred.

Commissioner Campbell erred by defying the January 13, 2025 mandate, specifically stating in a footnote on page 2 it was "not necessary to reconvene" to fix the record.

The Commissioner erred by ignoring the FNP report which states: "Amit back to work or school until further notice due to the work-related injury."

Whether the Court must award TTD benefits immediately because the agency has proven it will not follow judicial mandates, and preserve the \$10 million claim for the carrier's intentional withholding of care.

V. STATEMENT OF THE CASE

On December 19, 2024, Nicholas Hagler filed a statement claiming a hearing occurred that never took place. On January 13, 2025, the Full Commission ordered the record fixed. On January 30th, Commissioner Campbell resubmitted the record without the required corrections, stating on page 2 he refused to reconvene. This structural failure prevents any fair determination by the Commission.

VI. STATEMENT OF FACTS

The Appellant met the burden of proof on September 9, 2024. On November 8, 2022, the carrier promised that "medical will be provided," but thereafter willingly, intentionally, and knowingly withheld care without cause. This caused the Appellant to become unable to work in the national economy (SSI standards). Objective MRI findings prove the injury, and the report from the FNP states: "Amit back to work or school until further notice due to the work-related injury." Commissioner Campbell refused to include these dates and exhibits in the resubmitted record.

VII. ARGUMENT

THE COURT MUST AWARD BENEFITS AS REMAND IS FUTILE.

A. The Commissioner's Defiance of the Mandate.

Commissioner Campbell's refusal to reconvene (Footnote, Page 2) after a direct mandate proves the agency cannot provide justice. Anything other than an award of benefits would be unjust because the agency has proved it "can't or won't get it right."

B. The Unrefuted Medical Evidence.

The FNP report is clear: the Appellant is out of work "until further notice due to the work-related injury." Because the Commissioner refused to fix the record to include this, the Court should step in and award TTD benefits immediately.

C. Intentional Misconduct.

The carrier intentionally withheld care promised on November 8, 2022. This bad faith destroyed the Appellant's livelihood. The Court must preserve the right to seek \$10 million in damages for this intentional harm.

CONCLUSION AND PRAYER FOR RELIEF

WHEREFORE, the Appellant moves the Court to VACATE both decisions. Because a remand would be futile, the Appellant moves this Court to:

- * AWARD full Temporary Total Disability (TTD) and Permanent Disability benefits based on the SSI findings.
- * RESERVE THE RIGHT to pursue \$10,000,000.00 Civil Action against the carrier for the intentional, knowing, and willing refusal of medical care.
- * GRANT JUDICIAL NOTICE of the Federal SSI/SSA findings.

Respectfully submitted,



AMOS MACK, Appellant

1-20-24