

State of South Carolina  
**Workers' Compensation Commission**

**APPELLATE PANEL DECISION AND ORDER**

**COMMISSION PANEL:** The Honorable Gene McCaskill, The Honorable Aisha Taylor, The Honorable John Gabriel Coggiola

SCWCC File No.: 2221475

Jessica Buckner,

Claimant,

v.

SDS Restaurant Group, LLC,

Employer,

And

Intrepid Insurance Company,

Carrier,

Defendants.

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**AFFIRMED**

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Hearing held virtually on October 13, 2025

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

Appearances: Robert T. Usry, of Holland & Usry, P.A., appeared on behalf of Claimant/Appellant.

D. Alan Westerlund, Jr., of Willson Jones Carter & Baxley, P.A., appeared on behalf of Defendants/Respondent.

Court Reporter: Megan Brown, ABC Reporting Services  
803-730-3015, [Cwiz1959@gmail.com](mailto:Cwiz1959@gmail.com)

Filed: \_\_\_\_\_

## I. STATEMENT OF THE CASE

The Claimant sustained accepted injuries to the left index finger and left hand as the result of a December 22, 2022 incident when she struck her left hand on a pizza oven. The issues for the hearing are the Claimant's request to transfer orthopedic care from Dr. David Brown, her request for authorization of psychological care, and her request for a spinal cord stimulator trial and the psychological evaluation and MRIs that go along with it.

The Defendants contend that S.C. Code § 42-15-80 and § 42-15-60 grant them control over the authorized treating physician and denies that there is a compelling reason to transfer care from Dr. David Brown. They contend that there is not a medical opinion in the record that the Claimant sustained an aggravation of her pre-existing psychological condition as required by S.C. Code § 42-9-35 and deny that she is entitled to psychological treatment through the claim. Finally, the Defendants requested an updated orthopedic evaluation with Dr. Brown before a decision can be made on authorizing the spinal cord stimulator trial and psychological evaluation and MRIs that go along with it.

On March 20, 2025, a hearing was held before the single commissioner, and on July 14, 2025, the single commissioner issued an order in which they found that (1) Dr. David Brown shall remain the authorized treating physician and (2) Claimant failed to meet her burden of proof that she sustained an aggravation of her pre-existing psychological condition.

On July 21, 2025, Claimant filed an appeal, claiming that:

1. Claimant should not be compelled to return to Dr. David Brown as the authorized treating physician.

2. Testimony about what Dr. Brown told Claimant regarding his beliefs about complex regional pain syndrome (CRPS) was not hearsay, as it was offered to show bias rather than the truth of the matter asserted.
3. Claimant should not have been required to prove this injury *aggravated* prior psychological issues, as Claimant asserted that this injury was a direct cause of her psychological issues.
4. Claimant is entitled to a spinal cord stimulator trial.

A hearing was held before the appellate panel on October 13, 2025. We affirm the decision of the single commissioner.

## **II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW**

The verbatim findings of fact and conclusions of law in the appealed order of the single commissioner are as follows:

### Single Commissioner Findings of Fact

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Jessica Buckner as Employee-Claimant and SDS Restaurant Group, LLC as Employer and Intrepid Insurance Company as Carrier, Defendants.
2. That the average weekly wage of Employee at the time of the above-described accident was \$466.59, and her compensation rate was \$311.08.
3. The Claimant filed a Form 50 Request for Hearing seeking psychological treatment, spinal cord stimulator trial, and a change in the authorized treating orthopedic physician.
4. The Defendants argue that the Claimant only saw Dr. David Brown one time when he took over the Claimant's care from Dr. Travis Patterson and that the Defendants have the

right to direct the Claimant's medical treatment. Further they argue that there is no compelling reason to change the authorized treating physician at this time. They contend that the Claimant needs to return to Dr. Brown for a determination as to the spinal cord stimulator trial, and further medical treatment including maximum medical improvement status. As far as psychological treatment is concerned, they argue that the Claimant has a long history of psychological issues and no doctor has stated to a reasonable degree of medical certainty that her preexisting psychological issues were aggravated by this accident.

5. The Claimant was evaluated at Spartanburg Regional Healthcare on August 12, 2009. Diagnosis: depression, cuts to arm. (Defendants' APA 10, pp. 440-443)
6. The Claimant was admitted to Spartanburg Regional Healthcare April 20, 2011 to April 26, 2011. Diagnosis: Hypotension from acute GI bleed and depression. (Defendants' APA 10, pp. 444-450)
7. The Claimant was admitted to Spartanburg Regional Healthcare January 3, 2012 to January 6, 2012. Diagnosis: emotional breakdown and suicidal ideation. (Defendants' APA 10, pp. 451-471)
8. The Claimant was admitted to Spartanburg Regional Healthcare February 7, 2012 to February 8, 2012. Diagnosis: vomiting blood following gastric bypass. (Defendants' APA 10, pp. 472-475)
9. The Claimant was admitted to Spartanburg Regional Healthcare March 21, 2012 to March 22, 2012. Diagnosis: hematochezia and abdominal pain for two weeks. (Defendants' APA 10, pp. 476-483)
10. The Claimant was admitted to Spartanburg Regional Healthcare December 13, 2014 to

- December 16, 2014. Diagnosis: abdominal pain. (Defendants' APA 10 pp. 484-488)
11. The Claimant was evaluated at Spartanburg Medical Center on May 11, 2018 for syncope. (Defendants' APA 10, pp. 489-521)
  12. The Claimant was evaluated at Spartanburg Medical Center on June 21, 2020 for altered mental status. (Defendants' APA 10, pp. 522-603)
  13. The Claimant was evaluated at Spartanburg Medical Center on August 20, 2020 for hallucinations, suicidal ideation and pain. (Defendants' APA 10, pp. 604-721)
  14. The Claimant was evaluated at Medical Group of the Carolinas on December 23, 2022. It was noted that the Claimant had a contusion to the left hand. She stated that the pain radiated to the left arm and to the left shoulder. X-rays were normal. Recommendation: medications, ACE wrap, rest, ice and elevation. (Claimant's APAs 1-2, pp. 1-4)
  15. The Claimant was evaluated at Medical Group of the Carolinas Immediate Care Center on January 12, 2023 because she had passed out. (Defendants' APA 11, pp. 722-723)
  16. The Claimant was evaluated by Dr. Travis Patterson on February 1, 2023. She reported left hand pain, difficulty driving, getting dressed. She reported pain at 4 out of 10. She also reported that her hand was very sensitive. Assessment: left hand dorsal contusion with severe carpal tunnel symptoms and hypersensitivity in the median nerve distribution. Recommendation: EMG/NCS, left hand MRI, occupational therapy, medications, and return to work with no use of left upper extremity and unable to drive. (Claimant's APA 3, pp. 5-13)
  17. The Claimant attended occupational therapy on February 28, 2023. She reported sharp, burning and that her left arm was much colder with pain and stiffness. (Claimant's APA 2, pp. 14-18)

18. An EMG/NCS was performed on March 1, 2023. Impression: 1) mild bilateral median motor/sensory nerve entrapment at the wrists; and 2) bilateral ulnar sensory nerve entrapment at the wrists. (Claimant's APA 4, pp. 280-285)
19. The Claimant attended occupational therapy on March 7, 2023. She reported pain and motion were the same. She was given a TENS unit. (Claimant's APA 3, pp. 19-22)
20. An MRI of the left hand was performed on March 8, 2023. Impression: soft tissue edema of the thumb may reflect acute soft tissue injury. Suspect bone contusion of the proximal phalanx of the thumb. (Claimant's APA 5, p. 292 and Defendants' APA 12, p. 724)
21. The Claimant attended occupational therapy on March 14, 2023. She reported trouble sleeping and that she was using her TENS unit at home. It was noted that her pain was consistent with CRPS. (Claimant's APA 3, pp. 23-26)
22. The Claimant was evaluated by Dr. Travis Patterson on March 20, 2023. She complained that her pain was worse with severe numbness and tingling into the median nerve. She reported her pain at 5 out of 10. MRI impression: no obvious evidence of underlying fracture or ligamentous injury. EMG impression: mild slowing at the median nerve bilaterally as well as mild slowing of the ulnar sensory nerve at the wrist bilaterally. Assessment: left hand dorsal contusion with aggravation of underlying CTS. Recommendation: occupational therapy, medications and light duty work with no use of left upper extremity. (Claimant's APA 3, pp. 27-32)
23. The Claimant attended occupational therapy on April 4, 2023. She reported pain with motion was getting worse. She reported her pain level at 8-9 out of 10. (Claimant's APA 3, pp. 33-36)
24. The Claimant was evaluated by Dr. Travis Patterson on April 13, 2023. It was noted that

she could return to work with no use of left upper extremity. The Claimant complained that her pain was worse. She reported that her pain was from forearm to neck and pain level was 6 out of 10. Assessment: left hand dorsal contusion with superficial radial nerve irritation and first dorsal compartment tenosynovitis, carpal tunnel syndrome, probable component of cervical radiculopathy. Recommendation: carpal tunnel release, first dorsal compartment release, and MRI of cervical spine. (Claimant's APA 3, pp. 37-41)

25. The Claimant underwent carpal tunnel release on May 22, 2023 by Dr. Travis Patterson. (Claimant's APA 6, pp. 297-299)
26. An MRI of the cervical spine was performed on June 5, 2023. Impression: mild C5-6 and C6-7-disc bulges. Negative for compression discopathy. (Claimant's APA 3, p. 42 and APA 5, pp. 293-294)
27. The Claimant was evaluated by Dr. Travis Patterson on June 6, 2023. It was noted that she had a carpal tunnel release on the left and left first dorsal compartment release on May 22, 2023. The Claimant reported that she was doing well overall, with improved numbness and tingling. She also reported that she still had sharp pains in the forearm and radiating pain from her shoulder. Assessment: postop left carpal tunnel release and left first dorsal compartment release. Recommendation: occupational therapy, return to work with no use of left arm. (Claimant's APA 3, pp. 43-50)
28. The Claimant attended occupational therapy on July 10, 2023. She reported significant sensation loss on the left side, severe strength deficit, mild swelling at hand and wrist. (Claimant's APA 3, pp. 51-56)
29. The Claimant attended occupational therapy on July 21, 2023. She reported significant reduced sensation on left side, moderate pain which was primarily hypersensitivity.

(Claimant's APA 3, pp. 57-61)

30. The Claimant was evaluated by Dr. Travis Patterson on July 24, 2023. She reported increased burning in palm and increased swelling at wrist. She reported her pain level at 5 out of 10. Assessment: MRI of cervical spine was relatively benign. Recommendation: medications and injections. (Claimant's APA 3, pp. 62-64)
31. The Claimant attended occupational therapy on July 27, 2023. She reported moderate pain mainly hypersensitivity. (Claimant's APA 3, pp. 65-69)
32. The Claimant was evaluated by Dr. Travis Patterson on July 28, 2023. She reported severe pain radiating into forearm and radiating down from shoulder and cervical region. She reported her pain level at 7-8 out of 10. Assessment: persistent pain and sensitivity. Recommendation: evaluation by Dr. Schiff (due to unusual degree of pain with no logical explanation). The Claimant received an injection. (Claimant's APA 3, pp. 70-72)
33. The Claimant attended occupational therapy on August 8, 2023. She reported moderate pain mainly due to hypersensitivity. (Claimant's APA 3, pp. 73-77)
34. The Claimant attended occupational therapy on August 11, 2023. She reported pain located at dorsal and ulnar hand/wrist with sharp pain radiating up the left upper extremity, moderate/severe pain which is sharp in nature. (Claimant's APA 3, pp. 78-82)
35. The Claimant attended occupational therapy on August 16, 2023. She reported moderate/severe pain which was consistent with sharp shooting pain which radiates up the left upper extremity, moderate edema noted along the dorsal hand and MCP. (Claimant's APA 3, pp. 83-87)
36. The Claimant attended occupational therapy on August 18, 2023. She reported mild pain decreased. (Claimant's APA 3, pp. 88-92)

37. The Claimant attended occupational therapy on August 25, 2023. She reported fair improvement. (Claimant's APA 3, pp. 93-98)
38. The Claimant was evaluated by Dr. Travis Patterson on August 29, 2023. She reported significant increase in pain at the left palm and incision. She reported her pain level at 5 out of 10. She reported pain relief for two days after her injection. She reported increased swelling. Assessment: hypersensitivity and swelling. Recommendation: occupational therapy, compression glove, and same work restrictions. (Claimant's APA 3, pp. 99-101)
39. The Claimant attended occupational therapy on September 1, 2023. She reported mild pain and stiffness. (Claimant's APA 3, pp. 102-106)
40. The Claimant attended occupational therapy on September 8, 2023. She reported that the compression glove was not helping. She also reported random severe pain. (Claimant's APA 3, pp. 107-110)
41. The Claimant attended occupational therapy on September 20, 2023. She reported moderate pain and some severe pain at home. (Claimant's APA 3, pp. 111-115)
42. The Claimant was evaluated by Dr. Travis Patterson on October 10, 2023. She stated that she was doing poorly with numbness and tingling into the median nerve distribution as well as some pain over the radial wrist, some electrical type sensation shooting down through the volar wrist and pain radiating all the way down her arm. Assessment: left carpal tunnel release, left first dorsal compartment release and superficial radial nerve neurolysis with persistent symptoms of nerve irritation and carpal tunnel syndrome. Recommendation: EMG/NCS, hesitate to do revision based on her postoperative issues, return to work with no use of left upper extremity. (Claimant's APA 3, pp. 116-120)
43. The Claimant was evaluated by Dr. Justin Hutcheson on November 8, 2023. Assessment:

left arm pain, chronic pain syndrome, left hand pain, CRPS left upper extremity. Recommendation: medications, stellate ganglion block, ketamine infusion, spinal cord stimulator, return to work with no use of left upper extremity. (Claimant's APA 7, pp. 303-305)

44. An EMG/NCS was performed on November 9, 2023. Impression: 1) mild to moderate bilateral median motor/sensory nerve entrapment at the wrists with motor axonal involvement bilaterally – increased motor axonal damage noted on the right compared to previous study; 2) right ulnar sensory nerve entrapment, mild stable compared to March 2023; and 3) improved previous left ulnar sensory nerve entrapment noted March 2023. (Claimant's APA 4, pp. 286-291)
45. The Claimant was evaluated by Dr. Justin Hutcheson on November 30, 2023. Assessment: chronic pain syndrome. The Claimant reported increased cervical pain and decreased range of motion. (Claimant's APA 7, pp. 306-307)
46. The Claimant was evaluated by Dr. Justin Hutcheson on December 6, 2023. She received a stellate ganglion block on left. (Claimant's APA 7, pp. 308-309)
47. The Claimant was evaluated by Dr. Justin Hutcheson on December 14, 2023. Assessment: chronic pain syndrome, CRPS left upper extremity. Recommendation: medications, referral to Dr. James North at Carolinas Pain Institute due to minimum relief from first diagnostic stellate ganglion block. Discussed spinal cord stimulator and ketamine infusion. (Claimant's APA 3, pp. 121-122 APA 7, pp. 310-311)
48. The Claimant was evaluated by Dr. Travis Patterson on December 18, 2023. EMG findings: mild to moderate CTS with slight increased motor slowing on the right. She experiences numbness and tingling in the median nerve distribution, some sharp shooting

- pain and hypersensitivity over the radial wrist over lying the superficial radial nerve distribution. Recommendation: revision nerve release and first dorsal compartment release, No use of left upper extremity. Assessment: carpal tunnel syndrome of left wrist, tenosynovitis of left radial styloid and left radial tunnel syndrome. (Claimant's APA 3, pp. 123-131)
49. The Claimant underwent surgery by Dr. Travis Patterson on January 25, 2024. Revision carpal tunnel release with interposition fat graft and cubital tunnel release. (Claimant's APA 3, pp. 132-134 and APA 6, pp. 300-302)
50. The Claimant was evaluated by Dr. James North on February 3, 2024. Recommendation: medications, thoracic and cervical MRIs, spinal cord stimulator trial. The Claimant received a ketamine infusion. (Claimant's APA 8, pp. 409-426)
51. The Claimant was evaluated by Dr. Travis Patterson on February 6, 2024. She reported her pain level at 7-8 out of 10. She reported numbness and intense pain. Assessment: postop status post left revision carpal tunnel release with hypothenar fat flap, a left first dorsal compartment release and superficial radial nerve neurolysis and application of nerve wrap over the median nerve and the superficial radial nerve. Recommendation: medications, icing, elevations, wrist brace, occupational therapy and remain out of work. (Claimant's APA 3, pp. 135-142)
52. The Claimant attended occupational therapy on February 23, 2024. She reported that her pain level was 6 out of 10 with sharp, shooting, throbbing burning pain. (Claimant's APA 3, pp. 143-147)
53. The Claimant attended occupational therapy on February 27, 2024. She reported that her hand woke her up and she used a heating pad but had a long, rough night. (Claimant's

APA 3, pp. 148-151)

54. The Claimant attended occupational therapy on February 29, 2024. (Claimant's APA 3, pp. 152-155)
55. The Claimant attended occupational therapy on March 5, 2024. She reported that movement provoked pain and significant sensitivity. (Claimant's APA 3, pp. 156-159)
56. The Claimant was evaluated by Abbey Rambo, PA on March 8, 2024. She reported that her pain was worse and that she had been referred to pain management by her surgeon. Recommendation: medications, referral to Dr. James North for ketamine infusion. (Claimant's APA 7, pp. 312-313)
57. The Claimant was evaluated by Dr. Travis Patterson on March 12, 2024. She reported a significant increase in pain and loss of function in hand, sleep disturbance. Recommendation: medications, occupational therapy, limit use of arm and remain out of work. (Claimant's APA 3, pp. 160-176 and 219-221)
58. The Claimant attended occupational therapy on March 14, 2024. She reported sleep issues, pain and motion improving. (Claimant's APA 3, pp. 177-180)
59. The Claimant attended occupational therapy on March 19, 2024. She reported that her pain and motion was worse. (Claimant's APA 3, pp. 181-185)
60. The Claimant attended occupational therapy on March 21, 2024. Claimant reported increased pain and sensitivity. (Claimant's APA 3, pp. 185-189)
61. The Claimant attended occupational therapy on March 26, 2024. She reported increased sensitivity and pain. (Claimant's APA 3, pp. 192-193)
62. The Claimant attended occupational therapy on April 2, 2024. She reported increased pain and sensitivity. (Claimant's APA 3, pp. 196-199)

63. The Claimant attended occupational therapy on April 4, 2024. She reported moderate pain. (Claimant's APA 3, pp. 200-204)
64. The Claimant attended occupational therapy on April 10, 2024. She reported increased fatigue and sensitivity. (Claimant's APA 3, pp. 205-208)
65. The Claimant was evaluated by Dr. Travis Patterson on April 11, 2024. She reported increased discomfort. (Claimant's APA 3, pp. 190-191)
66. The Claimant attended occupational therapy on April 12, 2024. She reported moderate pain. (Claimant's APA 3, pp. 209-213)
67. The Claimant was evaluated by Abbey Rambo, PA on April 12, 2024. She was referred for ketamine infusion since she had no significant relief with the stellate ganglion block. (Claimant's APA 7, pp. 314-315)
68. The Claimant attended occupational therapy on April 16, 2024. She reported moderate pain. (Claimant's APA 3, pp. 214-218)
69. The Claimant attended occupational therapy on April 18, 2024. She reported pain with motion was worse. (Claimant's APA 3, pp. 222-227)
70. The Claimant attended occupational therapy on April 25, 2024. She reported moderate pain. (Claimant's APA 3, pp. 228-233)
71. The Claimant attended occupational therapy on April 29, 2024. She reported pain and motion was worse. (Claimant's APA 3, pp. 234-239)
72. The Claimant was evaluated by Dr. James North on April 30, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 350-355)
73. The Claimant attended occupational therapy on May 9, 2024. She reported that pain and motion was worse. (Claimant's APA 3, pp. 140-244)

74. The Claimant was evaluated by Alexandra Mycock, NP on May 10, 2024. She reported that her pain level was 8 out of 10. Recommendation: medications, ketamine infusion. (Claimant's APA 7, pp. 316-318)
75. The Claimant was evaluated by Dr. Travis Patterson on May 14, 2024. She reported that her pain level was 7 out of 10. She reported decreased mobility in thumb, severe pain. Recommendation: pain management, ketamine infusion, mirror therapy. Dr. Patterson did not feel that further surgery would be beneficial. (Claimant's APA 3, pp. 245-250)
76. The Claimant attended occupational therapy on May 16, 2024. She reported pain and motion were the same. (Claimant's APA 3, pp. 251-255)
77. The Claimant attended occupational therapy on May 21, 2024. She reported that her pain and motion were improving. (Claimant's APA 3, pp. 256-260)
78. The Claimant was evaluated by Tammy Burke, NP on May 28, 2024. Recommendation: schedule ketamine infusion. (Claimant's APA 8, pp. 356-365)
79. The Claimant attended occupational therapy on May 29, 2024. She reported moderate pain. It was noted that the doctor moved the Claimant's left arm and caused increased pain. (Claimant's APA 3, pp. 261-265)
80. The Claimant attended occupational therapy on May 31, 2024. She reported that her pain and motion were worse. (Claimant's APA 3, pp. 266-270)
81. The Claimant was evaluated by Dr. James North on June 6, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 366-367)
82. The Claimant was evaluated by Abbey Princell, PA on June 7, 2024. She reported her pain was worse. Recommendation: medications. It was noted that a drug test was positive for amphetamine and THC. (Claimant's APA 7, pp. 319-321)

83. The Claimant was evaluated by Dr. James North on June 13, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 368-372)
84. The Claimant was evaluated by Dr. James North on June 20, 2024. She reported significant improvement. (Claimant's APA 8, pp. 373-378)
85. The Claimant was evaluated by Dr. James North on June 27, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 379-383)
86. The Claimant was evaluated by Abbey Princell, PA on July 9, 2024. She reported that the ketamine infusion helped however she had shooting pain that causes her to fall. Recommendation: medications. It was noted that Claimant had two inconsistent drug screens. (Claimant's APA 7, pp. 322-324)
87. The Claimant was evaluated by Tammy Burke, NP on July 23, 2024. It was noted that the Claimant had completed the series of four ketamine infusions. (Claimant's APA 8, pp. 384-389)
88. The Claimant was evaluated by Abbey Princell, PA on August 8, 2024. Recommendation: ketamine infusion, medications. It was noted that the Claimant had a third inconsistent drug screen. (Claimant's APA 7, pp. 325-327)
89. The Claimant was evaluated by Dr. David Brown on August 28, 2024. She reported severe thumb tightness, radiating paresthesia from radial aspect of thumb into forearm. She reported that he discontinued her occupational therapy due to pain management. Recommendation: nerve conduction study, three-phase bone scan, left hand MRI, occupational therapy. It was noted that Claimant's objective clinical exam was generally normal and that she was near maximum medical improvement. (Claimant's APA 3, pp. 271-279)

90. The Claimant was evaluated by Abbey Princell, PA on September 5, 2024. Recommendation: medications. (Claimant's APA 7, pp. 328-332)
91. The Claimant was evaluated by Tammy Burke, NP on September 11, 2024. Recommendation: ketamine infusion, spinal cord stimulator, psychological evaluation, medications. (Claimant's APA 8, pp. 390-395)
92. The Claimant's attorney obtained a questionnaire from Dr. Justin Hutcheson on September 12, 2024 on which Dr. Hutcheson indicated that the cause of the Claimant's CRPS was work related. He believes the Claimant has injury to left index finger, left thumb, left hand, left arm, left shoulder, nervous system. He believes the Claimant requires ketamine infusion, psychological treatment with Dr. Tollison. (Claimant's APA 7, pp. 333-334)
93. The Claimant was evaluated by Abbey Princell, PA on October 3, 2024. Recommendation: psychological treatment with Dr. Tollison, medications. It was noted that the Claimant had an inconsistent drug screen. (Claimant's APA 7, pp. 335-337)
94. A three-phase bone scan was performed on October 10, 2024. Impression: negative three-phase bone scan of left hand. (Claimant's APA 7, pp. 342-347 and APAs 8-9, pp. 432-439)
95. The Claimant was evaluated by Abbey Princell, PA on November 1, 2024. It was noted that Claimant needed a spinal cord stimulator trial but that should be delayed due to the Claimant's need for psychological treatment with Dr. Tollison. Recommendation: psychological treatment with Dr. Tollison, spinal cord stimulator trial, ketamine infusion, medications. It was noted that the Claimant had five inconsistent drug screens. (Claimant's APA 7, pp. 338-340)

96. An MRI of the left hand was performed on November 6, 2024. Impression: signal brightening of the median nerve on T2 and STIR imaging may potentially reflect median neuritis. (Claimant's APA 5, pp. 295-296 and Defendants' APA 12, pp. 725-276)
97. The Claimant was evaluated by Dr. James North on December 2, 2024. Recommendation: psychological evaluation, thoracic and cervical MRIs, spinal cord stimulator trial, medications. (Claimant's APA 8, pp. 396-402)
98. The Claimant's attorney obtained a questionnaire from Dr. James North on December 20, 2024. Dr. North believes the Claimant's CRPS was caused by the accident. CRPS did not cause nerve damage. CRPS will not show on a NCS/EMG. He indicated that the Claimant has shown no signs of malingering. He believes the Claimant injured her left index finger, left thumb, left hand, left wrist, left arm, left shoulder. He believes the Claimant received no help from physical therapy, occupational therapy, stellate ganglion nerve block, TENS unit, massage, acupuncture, ketamine infusion. He does not believe the Claimant is at maximum medical improvement and recommends a spinal cord stimulator. (Claimant's APA 8, pp. 427-430)
99. The Claimant's attorney obtained a questionnaire from Dr. Justin Hutcheson on January 13, 2025. Dr. Hutcheson reviewed the bone scan and this did not change his opinion. He reviewed surveillance video and this did not change his opinion. (Claimant's APA 7, pp. 348-349)
100. Upon review of the record as a whole, I find that the Claimant has failed to give good reason for her lack of obedience to the prior order of the WCC that the authorized treating physician is Dr. David Brown and the Claimant was compelled to return to Dr. Brown. Under S.C. Code § 42-15-60, the Defendants have the right to order the Claimant's

medical treatment. Nothing in the Claimant's testimony takes that right away from the Defendants. This is a very medically complex case. Dr. Brown should be given all the Claimant's medical records, including the questionnaires from Dr. North, Dr. Hutcheson, and diagnostic tests for review prior to seeing the Claimant. The Claimant did have an extensive history of psychological issues and no doctor has rendered an opinion to a reasonable degree of medical certainty that the Claimant's psychological issues were aggravated by her accident at work per S.C. Code § 42-9-35. This finding of fact is based upon the greater weight and preponderance of the evidence.

#### Single Commissioner Conclusions of Law

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, the Claimant did sustain an injury by accident arising out of and in the course and scope of her employment on December 22, 2022, but injuries to specific body parts were not at issue in this hearing.
3. Under § 42-9-35, the Claimant did have an extensive history of psychological issues and no doctor has rendered an opinion to a reasonable degree of medical certainty that the Claimant's psychological issues were aggravated by her accident at work.
4. Under § 42-15-60, the Claimant is entitled to medical, surgical, hospital and other authorized treatment for her left hand that would tend to lessen the period of her disability.

5. Under § 42-15-60, the Defendants have the right to order the Claimant's medical treatment. Nothing in the Claimant's testimony takes that right away from the Defendants.

### **III. ISSUES ON APPEAL**

1. Did the single commissioner err by compelling Claimant to return to Dr. David Brown as the authorized treating physician?
2. Did the single commissioner err by sustaining Defendants' hearsay objection to testimony about what Dr. Brown told Claimant regarding his beliefs about CRPS, when Claimant was offering this testimony to show bias rather than the truth of the matter asserted?
3. Did the single commissioner err by finding that Claimant was required to prove this injury aggravated prior psychological issues, when Claimant asserted that this injury was a direct cause of her psychological issues?
4. Did the single commissioner err by failing to order a spinal cord stimulator trial for Claimant?

### **IV. DECISION OF THE APPELLATE PANEL**

#### Appellate Panel's Findings of Fact

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Jessica Buckner as Employee-Claimant and SDS Restaurant Group, LLC as Employer and Intrepid Insurance Company as Carrier, Defendants.
2. That the average weekly wage of Employee at the time of the above-described accident was

\$466.59, and her compensation rate was \$311.08.

3. The Claimant filed a Form 50 Request for Hearing seeking psychological treatment, spinal cord stimulator trial, and a change in the authorized treating orthopedic physician.
4. The Defendants argue that the Claimant only saw Dr. David Brown one time when he took over the Claimant's care from Dr. Travis Patterson and that the Defendants have the right to direct the Claimant's medical treatment. Further they argue that there is no compelling reason to change the authorized treating physician at this time. They contend that the Claimant needs to return to Dr. Brown for a determination as to the spinal cord stimulator trial, and further medical treatment including maximum medical improvement status. As far as psychological treatment is concerned, they argue that the Claimant has a long history of psychological issues and no doctor has stated to a reasonable degree of medical certainty that her preexisting psychological issues were aggravated by this accident.
5. The Claimant was evaluated at Spartanburg Regional Healthcare on August 12, 2009. Diagnosis: depression, cuts to arm. (Defendants' APA 10, pp. 440-443)
6. The Claimant was admitted to Spartanburg Regional Healthcare April 20, 2011 to April 26, 2011. Diagnosis: Hypotension from acute GI bleed and depression. (Defendants' APA 10, pp. 444-450)
7. The Claimant was admitted to Spartanburg Regional Healthcare January 3, 2012 to January 6, 2012. Diagnosis: emotional breakdown and suicidal ideation. (Defendants' APA 10, pp. 451-471)
8. The Claimant was admitted to Spartanburg Regional Healthcare February 7, 2012 to February 8, 2012. Diagnosis: vomiting blood following gastric bypass. (Defendants' APA

- 10, pp. 472-475)
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  10. The Claimant was admitted to Spartanburg Regional Healthcare December 13, 2014 to December 16, 2014. Diagnosis: abdominal pain. (Defendants' APA 10 pp. 484-488)
  11. The Claimant was evaluated at Spartanburg Medical Center on May 11, 2018 for syncope. (Defendants' APA 10, pp. 489-521)
  12. The Claimant was evaluated at Spartanburg Medical Center on June 21, 2020 for altered mental status. (Defendants' APA 10, pp. 522-603)
  13. The Claimant was evaluated at Spartanburg Medical Center on August 20, 2020 for hallucinations, suicidal ideation and pain. (Defendants' APA 10, pp. 604-721)
  14. The Claimant was evaluated at Medical Group of the Carolinas on December 23, 2022. It was noted that the Claimant had a contusion to the left hand. She stated that the pain radiated to the left arm and to the left shoulder. X-rays were normal. Recommendation: medications, ACE wrap, rest, ice and elevation. (Claimant's APAs 1-2, pp. 1-4)
  15. The Claimant was evaluated at Medical Group of the Carolinas Immediate Care Center on January 12, 2023 because she had passed out. (Defendants' APA 11, pp. 722-723)
  16. The Claimant was evaluated by Dr. Travis Patterson on February 1, 2023. She reported left hand pain, difficulty driving, getting dressed. She reported pain at 4 out of 10. She also reported that her hand was very sensitive. Assessment: left hand dorsal contusion with severe carpal tunnel symptoms and hypersensitivity in the median nerve distribution. Recommendation: EMG/NCS, left hand MRI, occupational therapy, medications, and

- return to work with no use of left upper extremity and unable to drive. (Claimant's APA 3, pp. 5-13)
17. The Claimant attended occupational therapy on February 28, 2023. She reported sharp, burning and that her left arm was much colder with pain and stiffness. (Claimant's APA 2, pp. 14-18)
  18. An EMG/NCS was performed on March 1, 2023. Impression: 1) mild bilateral median motor/sensory nerve entrapment at the wrists; and 2) bilateral ulnar sensory nerve entrapment at the wrists. (Claimant's APA 4, pp. 280-285)
  19. The Claimant attended occupational therapy on March 7, 2023. She reported pain and motion were the same. She was given a TENS unit. (Claimant's APA 3, pp. 19-22)
  20. An MRI of the left hand was performed on March 8, 2023. Impression: soft tissue edema of the thumb may reflect acute soft tissue injury. Suspect bone contusion of the proximal phalanx of the thumb. (Claimant's APA 5, p. 292 and Defendants' APA 12, p. 724)
  21. The Claimant attended occupational therapy on March 14, 2023. She reported trouble sleeping and that she was using her TENS unit at home. It was noted that her pain was consistent with CRPS. (Claimant's APA 3, pp. 23-26)
  22. The Claimant was evaluated by Dr. Travis Patterson on March 20, 2023. She complained that her pain was worse with severe numbness and tingling into the median nerve. She reported her pain at 5 out of 10. MRI impression: no obvious evidence of underlying fracture or ligamentous injury. EMG impression: mild slowing at the median nerve bilaterally as well as mild slowing of the ulnar sensory nerve at the wrist bilaterally. Assessment: left hand dorsal contusion with aggravation of underlying CTS. Recommendation: occupational therapy, medications and light duty work with no use of

- left upper extremity. (Claimant's APA 3, pp. 27-32)
23. The Claimant attended occupational therapy on April 4, 2023. She reported pain with motion was getting worse. She reported her pain level at 8-9 out of 10. (Claimant's APA 3, pp. 33-36)
  24. The Claimant was evaluated by Dr. Travis Patterson on April 13, 2023. It was noted that she could return to work with no use of left upper extremity. The Claimant complained that her pain was worse. She reported that her pain was from forearm to neck and pain level was 6 out of 10. Assessment: left hand dorsal contusion with superficial radial nerve irritation and first dorsal compartment tenosynovitis, carpal tunnel syndrome, probable component of cervical radiculopathy. Recommendation: carpal tunnel release, first dorsal compartment release, and MRI of cervical spine. (Claimant's APA 3, pp. 37-41)
  25. The Claimant underwent carpal tunnel release on May 22, 2023 by Dr. Travis Patterson. (Claimant's APA 6, pp. 297-299)
  26. An MRI of the cervical spine was performed on June 5, 2023. Impression: mild C5-6 and C6-7-disc bulges. Negative for compression discopathy. (Claimant's APA 3, p. 42 and APA 5, pp. 293-294)
  27. The Claimant was evaluated by Dr. Travis Patterson on June 6, 2023. It was noted that she had a carpal tunnel release on the left and left first dorsal compartment release on May 22, 2023. The Claimant reported that she was doing well overall, with improved numbness and tingling. She also reported that she still had sharp pains in the forearm and radiating pain from her shoulder. Assessment: postop left carpal tunnel release and left first dorsal compartment release. Recommendation: occupational therapy, return to work with no use of left arm. (Claimant's APA 3, pp. 43-50)

28. The Claimant attended occupational therapy on July 10, 2023. She reported significant sensation loss on the left side, severe strength deficit, mild swelling at hand and wrist. (Claimant's APA 3, pp. 51-56)
29. The Claimant attended occupational therapy on July 21, 2023. She reported significant reduced sensation on left side, moderate pain which was primarily hypersensitivity. (Claimant's APA 3, pp. 57-61)
30. The Claimant was evaluated by Dr. Travis Patterson on July 24, 2023. She reported increased burning in palm and increased swelling at wrist. She reported her pain level at 5 out of 10. Assessment: MRI of cervical spine was relatively benign. Recommendation: medications and injections. (Claimant's APA 3, pp. 62-64)
31. The Claimant attended occupational therapy on July 27, 2023. She reported moderate pain mainly hypersensitivity. (Claimant's APA 3, pp. 65-69)
32. The Claimant was evaluated by Dr. Travis Patterson on July 28, 2023. She reported severe pain radiating into forearm and radiating down from shoulder and cervical region. She reported her pain level at 7-8 out of 10. Assessment: persistent pain and sensitivity. Recommendation: evaluation by Dr. Schiff (due to unusual degree of pain with no logical explanation). The Claimant received an injection. (Claimant's APA 3, pp. 70-72)
33. The Claimant attended occupational therapy on August 8, 2023. She reported moderate pain mainly due to hypersensitivity. (Claimant's APA 3, pp. 73-77)
34. The Claimant attended occupational therapy on August 11, 2023. She reported pain located at dorsal and ulnar hand/wrist with sharp pain radiating up the left upper extremity, moderate/severe pain which is sharp in nature. (Claimant's APA 3, pp. 78-82)
35. The Claimant attended occupational therapy on August 16, 2023. She reported

moderate/severe pain which was consistent with sharp shooting pain which radiates up the left upper extremity, moderate edema noted along the dorsal hand and MCP. (Claimant's APA 3, pp. 83-87)

36. The Claimant attended occupational therapy on August 18, 2023. She reported mild pain decreased. (Claimant's APA 3, pp. 88-92)
37. The Claimant attended occupational therapy on August 25, 2023. She reported fair improvement. (Claimant's APA 3, pp. 93-98)
38. The Claimant was evaluated by Dr. Travis Patterson on August 29, 2023. She reported significant increase in pain at the left palm and incision. She reported her pain level at 5 out of 10. She reported pain relief for two days after her injection. She reported increased swelling. Assessment: hypersensitivity and swelling. Recommendation: occupational therapy, compression glove, and same work restrictions. (Claimant's APA 3, pp. 99-101)
39. The Claimant attended occupational therapy on September 1, 2023. She reported mild pain and stiffness. (Claimant's APA 3, pp. 102-106)
40. The Claimant attended occupational therapy on September 8, 2023. She reported that the compression glove was not helping. She also reported random severe pain. (Claimant's APA 3, pp. 107-110)
41. The Claimant attended occupational therapy on September 20, 2023. She reported moderate pain and some severe pain at home. (Claimant's APA 3, pp. 111-115)
42. The Claimant was evaluated by Dr. Travis Patterson on October 10, 2023. She stated that she was doing poorly with numbness and tingling into the median nerve distribution as well as some pain over the radial wrist, some electrical type sensation shooting down through the volar wrist and pain radiating all the way down her arm. Assessment: left

- carpal tunnel release, left first dorsal compartment release and superficial radial nerve neurolysis with persistent symptoms of nerve irritation and carpal tunnel syndrome. Recommendation: EMG/NCS, hesitate to do revision based on her postoperative issues, return to work with no use of left upper extremity. (Claimant's APA 3, pp. 116-120)
43. The Claimant was evaluated by Dr. Justin Hutcheson on November 8, 2023. Assessment: left arm pain, chronic pain syndrome, left hand pain, CRPS left upper extremity. Recommendation: medications, stellate ganglion block, ketamine infusion, spinal cord stimulator, return to work with no use of left upper extremity. (Claimant's APA 7, pp. 303-305)
44. An EMG/NCS was performed on November 9, 2023. Impression: 1) mild to moderate bilateral median motor/sensory nerve entrapment at the wrists with motor axonal involvement bilaterally – increased motor axonal damage noted on the right compared to previous study; 2) right ulnar sensory nerve entrapment, mild stable compared to March 2023; and 3) improved previous left ulnar sensory nerve entrapment noted March 2023. (Claimant's APA 4, pp. 286-291)
45. The Claimant was evaluated by Dr. Justin Hutcheson on November 30, 2023. Assessment: chronic pain syndrome. The Claimant reported increased cervical pain and decreased range of motion. (Claimant's APA 7, pp. 306-307)
46. The Claimant was evaluated by Dr. Justin Hutcheson on December 6, 2023. She received a stellate ganglion block on left. (Claimant's APA 7, pp. 308-309)
47. The Claimant was evaluated by Dr. Justin Hutcheson on December 14, 2023. Assessment: chronic pain syndrome, CRPS left upper extremity. Recommendation: medications, referral to Dr. James North at Carolinas Pain Institute due to minimum relief from first

- diagnostic stellate ganglion block. Discussed spinal cord stimulator and ketamine infusion. (Claimant's APA 3, pp. 121-122 APA 7, pp. 310-311)
48. The Claimant was evaluated by Dr. Travis Patterson on December 18, 2023. EMG findings: mild to moderate CTS with slight increased motor slowing on the right. She experiences numbness and tingling in the median nerve distribution, some sharp shooting pain and hypersensitivity over the radial wrist over lying the superficial radial nerve distribution. Recommendation: revision nerve release and first dorsal compartment release, No use of left upper extremity. Assessment: carpal tunnel syndrome of left wrist, tenosynovitis of left radial styloid and left radial tunnel syndrome. (Claimant's APA 3, pp. 123-131)
49. The Claimant underwent surgery by Dr. Travis Patterson on January 25, 2024. Revision carpal tunnel release with interposition fat graft and cubital tunnel release. (Claimant's APA 3, pp. 132-134 and APA 6, pp. 300-302)
50. The Claimant was evaluated by Dr. James North on February 3, 2024. Recommendation: medications, thoracic and cervical MRIs, spinal cord stimulator trial. The Claimant received a ketamine infusion. (Claimant's APA 8, pp. 409-426)
51. The Claimant was evaluated by Dr. Travis Patterson on February 6, 2024. She reported her pain level at 7-8 out of 10. She reported numbness and intense pain. Assessment: postop status post left revision carpal tunnel release with hypothenar fat flap, a left first dorsal compartment release and superficial radial nerve neurolysis and application of nerve wrap over the median nerve and the superficial radial nerve. Recommendation: medications, icing, elevations, wrist brace, occupational therapy and remain out of work. (Claimant's APA 3, pp. 135-142)

52. The Claimant attended occupational therapy on February 23, 2024. She reported that her pain level was 6 out of 10 with sharp, shooting, throbbing burning pain. (Claimant's APA 3, pp. 143-147)
53. The Claimant attended occupational therapy on February 27, 2024. She reported that her hand woke her up and she used a heating pad but had a long, rough night. (Claimant's APA 3, pp. 148-151)
54. The Claimant attended occupational therapy on February 29, 2024. (Claimant's APA 3, pp. 152-155)
55. The Claimant attended occupational therapy on March 5, 2024. She reported that movement provoked pain and significant sensitivity. (Claimant's APA 3, pp. 156-159)
56. The Claimant was evaluated by Abbey Rambo, PA on March 8, 2024. She reported that her pain was worse and that she had been referred to pain management by her surgeon. Recommendation: medications, referral to Dr. James North for ketamine infusion. (Claimant's APA 7, pp. 312-313)
57. The Claimant was evaluated by Dr. Travis Patterson on March 12, 2024. She reported a significant increase in pain and loss of function in hand, sleep disturbance. Recommendation: medications, occupational therapy, limit use of arm and remain out of work. (Claimant's APA 3, pp. 160-176 and 219-221)
58. The Claimant attended occupational therapy on March 14, 2024. She reported sleep issues, pain and motion improving. (Claimant's APA 3, pp. 177-180)
59. The Claimant attended occupational therapy on March 19, 2024. She reported that her pain and motion was worse. (Claimant's APA 3, pp. 181-185)
60. The Claimant attended occupational therapy on March 21, 2024. Claimant reported

- increased pain and sensitivity. (Claimant's APA 3, pp. 185-189)
61. The Claimant attended occupational therapy on March 26, 2024. She reported increased sensitivity and pain. (Claimant's APA 3, pp. 192-193)
  62. The Claimant attended occupational therapy on April 2, 2024. She reported increased pain and sensitivity. (Claimant's APA 3, pp. 196-199)
  63. The Claimant attended occupational therapy on April 4, 2024. She reported moderate pain. (Claimant's APA 3, pp. 200-204)
  64. The Claimant attended occupational therapy on April 10, 2024. She reported increased fatigue and sensitivity. (Claimant's APA 3, pp. 205-208)
  65. The Claimant was evaluated by Dr. Travis Patterson on April 11, 2024. She reported increased discomfort. (Claimant's APA 3, pp. 190-191)
  66. The Claimant attended occupational therapy on April 12, 2024. She reported moderate pain. (Claimant's APA 3, pp. 209-213)
  67. The Claimant was evaluated by Abbey Rambo, PA on April 12, 2024. She was referred for ketamine infusion since she had no significant relief with the stellate ganglion block. (Claimant's APA 7, pp. 314-315)
  68. The Claimant attended occupational therapy on April 16, 2024. She reported moderate pain. (Claimant's APA 3, pp. 214-218)
  69. The Claimant attended occupational therapy on April 18, 2024. She reported pain with motion was worse. (Claimant's APA 3, pp. 222-227)
  70. The Claimant attended occupational therapy on April 25, 2024. She reported moderate pain. (Claimant's APA 3, pp. 228-233)
  71. The Claimant attended occupational therapy on April 29, 2024. She reported pain and

- motion was worse. (Claimant's APA 3, pp. 234-239)
72. The Claimant was evaluated by Dr. James North on April 30, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 350-355)
73. The Claimant attended occupational therapy on May 9, 2024. She reported that pain and motion was worse. (Claimant's APA 3, pp. 140-244)
74. The Claimant was evaluated by Alexandra Mycock, NP on May 10, 2024. She reported that her pain level was 8 out of 10. Recommendation: medications, ketamine infusion. (Claimant's APA 7, pp. 316-318)
75. The Claimant was evaluated by Dr. Travis Patterson on May 14, 2024. She reported that her pain level was 7 out of 10. She reported decreased mobility in thumb, severe pain. Recommendation: pain management, ketamine infusion, mirror therapy. Dr. Patterson did not feel that further surgery would be beneficial. (Claimant's APA 3, pp. 245-250)
76. The Claimant attended occupational therapy on May 16, 2024. She reported pain and motion were the same. (Claimant's APA 3, pp. 251-255)
77. The Claimant attended occupational therapy on May 21, 2024. She reported that her pain and motion were improving. (Claimant's APA 3, pp. 256-260)
78. The Claimant was evaluated by Tammy Burke, NP on May 28, 2024. Recommendation: schedule ketamine infusion. (Claimant's APA 8, pp. 356-365)
79. The Claimant attended occupational therapy on May 29, 2024. She reported moderate pain. It was noted that the doctor moved the Claimant's left arm and caused increased pain. (Claimant's APA 3, pp. 261-265)
80. The Claimant attended occupational therapy on May 31, 2024. She reported that her pain and motion were worse. (Claimant's APA 3, pp. 266-270)

81. The Claimant was evaluated by Dr. James North on June 6, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 366-367)
82. The Claimant was evaluated by Abbey Princell, PA on June 7, 2024. She reported her pain was worse. Recommendation: medications. It was noted that a drug test was positive for amphetamine and THC. (Claimant's APA 7, pp. 319-321)
83. The Claimant was evaluated by Dr. James North on June 13, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 368-372)
84. The Claimant was evaluated by Dr. James North on June 20, 2024. She reported significant improvement. (Claimant's APA 8, pp. 373-378)
85. The Claimant was evaluated by Dr. James North on June 27, 2024 and received a ketamine infusion. (Claimant's APA 8, pp. 379-383)
86. The Claimant was evaluated by Abbey Princell, PA on July 9, 2024. She reported that the ketamine infusion helped however she had shooting pain that causes her to fall. Recommendation: medications. It was noted that Claimant had two inconsistent drug screens. (Claimant's APA 7, pp. 322-324)
87. The Claimant was evaluated by Tammy Burke, NP on July 23, 2024. It was noted that the Claimant had completed the series of four ketamine infusions. (Claimant's APA 8, pp. 384-389)
88. The Claimant was evaluated by Abbey Princell, PA on August 8, 2024. Recommendation: ketamine infusion, medications. It was noted that the Claimant had a third inconsistent drug screen. (Claimant's APA 7, pp. 325-327)
89. The Claimant was evaluated by Dr. David Brown on August 28, 2024. She reported severe thumb tightness, radiating paresthesia from radial aspect of thumb into forearm.

She reported that he discontinued her occupational therapy due to pain management. Recommendation: nerve conduction study, three-phase bone scan, left hand MRI, occupational therapy. It was noted that Claimant's objective clinical exam was generally normal and that she was near maximum medical improvement. (Claimant's APA 3, pp. 271-279)

90. The Claimant was evaluated by Abbey Princell, PA on September 5, 2024. Recommendation: medications. (Claimant's APA 7, pp. 328-332)
91. The Claimant was evaluated by Tammy Burke, NP on September 11, 2024. Recommendation: ketamine infusion, spinal cord stimulator, psychological evaluation, medications. (Claimant's APA 8, pp. 390-395)
92. The Claimant's attorney obtained a questionnaire from Dr. Justin Hutcheson on September 12, 2024 on which Dr. Hutcheson indicated that the cause of the Claimant's CRPS was work related. He believes the Claimant has injury to left index finger, left thumb, left hand, left arm, left shoulder, nervous system. He believes the Claimant requires ketamine infusion, psychological treatment with Dr. Tollison. (Claimant's APA 7, pp. 333-334)
93. The Claimant was evaluated by Abbey Princell, PA on October 3, 2024. Recommendation: psychological treatment with Dr. Tollison, medications. It was noted that the Claimant had an inconsistent drug screen. (Claimant's APA 7, pp. 335-337)
94. A three-phase bone scan was performed on October 10, 2024. Impression: negative three-phase bone scan of left hand. (Claimant's APA 7, pp. 342-347 and APAs 8-9, pp. 432-439)
95. The Claimant was evaluated by Abbey Princell, PA on November 1, 2024. It was noted

that Claimant needed a spinal cord stimulator trial but that should be delayed due to the Claimant's need for psychological treatment with Dr. Tollison. Recommendation: psychological treatment with Dr. Tollison, spinal cord stimulator trial, ketamine infusion, medications. It was noted that the Claimant had five inconsistent drug screens. (Claimant's APA 7, pp. 338-340)

96. An MRI of the left hand was performed on November 6, 2024. Impression: signal brightening of the median nerve on T2 and STIR imaging may potentially reflect median neuritis. (Claimant's APA 5, pp. 295-296 and Defendants' APA 12, pp. 725-276)
97. The Claimant was evaluated by Dr. James North on December 2, 2024. Recommendation: psychological evaluation, thoracic and cervical MRIs, spinal cord stimulator trial, medications. (Claimant's APA 8, pp. 396-402)
98. The Claimant's attorney obtained a questionnaire from Dr. James North on December 20, 2024. Dr. North believes the Claimant's CRPS was caused by the accident. CRPS did not cause nerve damage. CRPS will not show on a NCS/EMG. He indicated that the Claimant has shown no signs of malingering. He believes the Claimant injured her left index finger, left thumb, left hand, left wrist, left arm, left shoulder. He believes the Claimant received no help from physical therapy, occupational therapy, stellate ganglion nerve block, TENS unit, massage, acupuncture, ketamine infusion. He does not believe the Claimant is at maximum medical improvement and recommends a spinal cord stimulator. (Claimant's APA 8, pp. 427-430)
99. The Claimant's attorney obtained a questionnaire from Dr. Justin Hutcheson on January 13, 2025. Dr. Hutcheson reviewed the bone scan and this did not change his opinion. He reviewed surveillance video and this did not change his opinion. (Claimant's APA 7, pp.

348-349)

100. Upon review of the record as a whole, we find that the Claimant has failed to give good reason for her lack of obedience to the prior order of the WCC that the authorized treating physician is Dr. David Brown and the Claimant was compelled to return to Dr. Brown. Under S.C. Code § 42-15-60, the Defendants have the right to order the Claimant's medical treatment. Nothing in the Claimant's testimony takes that right away from the Defendants. This is a very medically complex case. Dr. Brown should be given all the Claimant's medical records, including the questionnaires from Dr. North, Dr. Hutcheson, and diagnostic tests for review prior to seeing the Claimant. The Claimant did have an extensive history of psychological issues and no doctor has rendered an opinion to a reasonable degree of medical certainty that the Claimant's psychological issues were aggravated by her accident at work per S.C. Code § 42-9-35. This finding of fact is based upon the greater weight and preponderance of the evidence.

#### Appellate Panel's Conclusions of Law

Based on the foregoing findings of fact, the undersigned commissioners make the following conclusions of law:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, the Claimant did sustain an injury by accident arising out of and in the course and scope of her employment on December 22, 2022, but injuries to specific body parts were not at issue in this hearing.

3. Under § 42-9-35, the Claimant did have an extensive history of psychological issues and no doctor has rendered an opinion to a reasonable degree of medical certainty that the Claimant's psychological issues were aggravated by her accident at work.
4. Under § 42-15-60, the Claimant is entitled to medical, surgical, hospital and other authorized treatment for her left hand that would tend to lessen the period of her disability.
5. Under § 42-15-60, the Defendants have the right to order the Claimant's medical treatment. Nothing in the Claimant's testimony takes that right away from the Defendants.

### **ORDER**

Based on the preceding findings of fact and conclusions of law,

**IT IS HEREBY ORDERED** that Dr. David Brown shall remain the authorized treating physician and the Claimant's request to transfer orthopedic care away from Dr. Brown is denied.


**IT IS FURTHER ORDERED** that the Claimant failed to meet her burden of proof that she sustained an aggravation of her pre-existing psychological condition and her request for a finding of compensability of a psychological injury is denied.

No hearing costs are assessed in this instance.

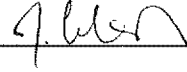
**AND SO IT IS ORDERED.**

A handwritten signature in black ink, appearing to read "Gene McCaskill", written over a horizontal line.

Gene McCaskill, Commissioner



Aisha Taylor, Commissioner



John Gabriel Coggiola, Commissioner

*January 9, 2026*

Date

Columbia, SC

#### CERTIFICATE OF SERVICE

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

***By Amy Bracy on January 9, 2026***

**RECEIVED**

**Feb 03 2026**

**SC Court of Appeals**