

RECORD ON APPEAL

CASE NO. 2025-001178

This Record on Appeal is submitted under protest. In good faith in line with the 210 requirement Rule of the Appeal Stander.

1. The BusinessFirst Worker Compensation carrier promised to provide medical care 11-8-2022 and did not provide the care up to this day, which caused my health to deteriorate to where I'm a SSI Disability recipient.
2. Commissioner Campbell did not hold the De-Novo hearing that is mandated by law, After Commissioner Wilkerson, Jr.'s recusal on May 15, 2024, under the Cannon-3E Commissioner Campbell cannot use Commissioner Wilkerson, Jr.'s old record. By doing so, he violates the Subject Matter Jurisdiction. The commissioner did not have the authority to issue the September 9, 2024, decision and all Orders after that are void and the April 1, 2026, Order is void also.

RECEIVED

MAY 12 2026

SC Court of Appeals

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

BusinessFirst Insurance Co.

Nicholas Haigler

Respondent

2151 Pickens St.
Suite 500 Columbia S.C.
v. 29301

CASE NO. 2025-001178

NOTICE OF SUBJECT MATTER
JURISDICTION VIOLATION AND
IMPOSSIBILITY OF RULE 210
COMPLIANCE

Amos Mack,
Appellant

1256 Tony Bay Rd. Holly Hill S.C.
29059

TO: THE CLERK OF THE COURT OF APPEALS AND NICHOLAS HAIG, COUNSEL FOR RESPONDENTS.

I. NOTICE OF PROCEDURAL ABANDONMENT

This appeal cannot be dismissed for failure to provide a Record on Appeal (ROA) under Rule 210 because the lower agency **abandoned** the mandatory legal procedure. Compliance is a physical and legal impossibility due to the following undisputed facts:

II. SUBJECT MATTER JURISDICTION VIOLATION

Under South Carolina law, an agency must follow mandatory statutory procedures to maintain subject matter jurisdiction. The agency in this case refused to hold the **de novo (noble) hearing** required to adjudicate the claim. As admitted in the May 16, 2025 Order (Footnote 2), the Commission declared a "reconvening was not necessary," thereby bypassing the mandatory "devoted hearing." Without this hearing, the agency lacked the jurisdiction to issue the Order or approve any "210 credits."

III. IMPOSSIBILITY OF RULE 210 COMPLIANCE

Compliance with **SCACR Rule 210** requires the Appellant to submit a transcript of the proceedings. Because the agency abandoned the hearing, **no transcript exists**. The Appellant notifies the Court that the record is "missing" not through neglect, but because the agency **refused to create it** by skipping the mandatory de novo process. To dismiss this appeal for lack of a record would reward the agency for its own violation of Subject Matter Jurisdiction.

IV. JUDICIAL NOTICE OF MANDATORY MAXIMUMS

The Court is requested to take Judicial Notice that the **Mandatory Maximum** compensation levels under **SC Code § 42-9-30** have been illegally reduced by a "210 credit" that was never approved in a hearing of record. The Appellant moves the Court to bypass the Rule 210

Table of Content

Notice of Procedural
Abandonment

1.

NOV. 8, 2024

Liberal Constrution Doctrine

S. C. WORKERS' COMPENSATION COMMISSION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Don's Car Crushing Inc. DBA: 303 W Broad Hemingway, SC 29554		CARRIER/ADMINISTRATOR CLAIM NUMBER 286908	OSHA LOG NUMBER	REPORT PURPOSE
INDUSTRY CODE 5093		JURISDICTION	JURISDICTION CLAIM NUMBER	
EMPLOYER FEIN 20-4017709		INSURED REPORT NUMBER		
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 1191 White Sands Rd Holly Hill, SC 29059		LOCATION # 000006		
		PHONE # (843)558-2233		

CARRIER/CLAIMS ADMINISTRATOR		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)	
CARRIER (NAME, ADDRESS, & PHONE #) BusinessFirst Insurance Company P.O. Box 600 Gainesville, GA 30503-0690 1-800-863-2181 (678) 450-5825		03/01/22 03/01/23		SC WCC File No. 2216085 Evidence that should be sent to parties the record	
CARRIER FEIN 03-0506789		CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE		ADMINISTRATOR FEIN 59-1683711	
AGENT NAME & CODE NUMBER					

EMPLOYEE/WAGE					
NAME (LAST, FIRST, MIDDLE) MACK, AMOS		DATE OF BIRTH 04-08-63	SOCIAL SECURITY NUMBER 250-17-6990	DATE HIRED 10/05/22	STATE OF HIRE
ADDRESS (INCL ZIP) 140 Moss St Bowman, SC 29018		SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	MARITAL STATUS <input type="checkbox"/> Unmarried/Single/Divorced <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	OCCUPATION/JOB TITLE Welder	
PHONE (839)201-3526		# OF DEPENDENTS	EMPLOYMENT STATUS FT		NCCI CLASS CODE 3821
RATE PER. 20.00	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> OTHER	DAYS WORKED/WEEK 5	FULL PAY FOR DAY OF INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
			DID SALARY CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

OCCURRENCE/TREATMENT					
EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS 10-14-22	TIME OF OCCURRENCE 8:00 <input type="checkbox"/> CANNOT BE DETERMINED	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE 10/14/22	DATE EMPLOYER NOTIFIED DATE DISABILITY BEGAN 10/15/22
CONTACT NAME/PHONE NUMBER C. Bradley		TYPE OF INJURY/ILLNESS Multiple Physical Injuries Only		PART OF BODY AFFECTED Multiple Body Parts	
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY/ILLNESS CODE 90		PART OF BODY AFFECTED CODE 90	

DEPARTMENT/LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED 1191 White Sands Rd 29059	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL. While the IW was welding a bracket the IW fell when they were climbing down resulting in contusions to their left shoulder and to the right hip region.		CAUSE OF INJURY CODE 31
DATE RETURNED TO WORK	IF FATAL GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) Regional Medical Center 3000 St. Matthews Road Orangeburg, SC 29118 (803)395-2200		WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT
		0 <input type="checkbox"/> No Medical Treatment
		1 <input type="checkbox"/> MINOR: BY EMPLOYER
		2 <input type="checkbox"/> MINOR CLINIC/HOSP
		3 <input type="checkbox"/> EMERGENCY CARE
		4 <input type="checkbox"/> HOSPITALIZED > 24 HOURS
		5 <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER	
WITNESSES (NAME & PHONE #)	
DATE ADMINISTRATOR NOTIFIED 11/01/22	DATE PREPARED 11/02/22
PREPARED BY C. Bradley	PREPARED BY My kwier AH John Long
WCC FORM 12A REV. DATE 04/06	SEE INSTRUCTIONS FOR IMPORTANT INFORMATION
Andrea Torres	PHONE NUMBER

EXA : P. 2 of 2

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Member of Great American Insurance Group

SUMMIT MAN VACB
Retail First Insurance Company
Business First Insurance Company
Retailers Casualty Insurance Company
Bridgefield Casualty Insurance Company
Bridgefield Employers Insurance Company
www.summitholdings.com

November 8, 2022

AMOS MACK
140 Moss St
Bowman, SC 29018

Injured worker: AMOS MACK
Insured: Don's Car Crushing, Inc.
Date of accident: 10-14-22
Case number: 0521 - 22 - 15366 - 0000 - 286908
Insurer: BusinessFirst Insurance Company

*SC WCC file No. 2206865
Evidence that should be in the records*

A workers' compensation claim has been filed on your behalf for the above captioned date of accident. We regret to inform you that a portion of your claim has been denied as a result of our investigation.

Benefit(s) denied:
The employer/carrier is denying indemnity in whole. Compensable medical benefits are being provided.
Our decision to deny your claim is based upon the following reasons:
Indemnity denied pending further investigation.

If you have any questions, please give me a call.
ANDREA TORRES
Claims Adjustor
1-800-863-2181 Ext 54272

53 B93 286908

P. 2

*** TX Result Report ***

Sending is complete.

Job Number	1688
Address	18034358362
Name	
Start Time	02/04 08:59 PM
Duration	00'41
Sheets	1
Result	OK

Case No 202500118

*From Amos Mack to Atty. John Hand
Fax 803-435-8367
Case# 2216315*



Family Health Centers, Inc.
3310 Magnolia Street | Post Office Box 1806
Orangeburg, South Carolina 29115-1488
Phone (803) 531-6900
Fax (803) 531-6907
www.myfinc.org

Denmark
5616 Carolina Highway
Denmark, SC 29042
P: (803) 793-4282
F: (803) 793-6346

Holly Hill
922 Holly St.
Holly Hill, SC 29059
P: (803) 496-7174
F: (803) 496-7928

Neeses
7061 Norway Road
Neeses, SC 29107
P: (803) 263-4086
F: (803) 263-4097

St. George
401 Ridge Street
St. George, SC 29477
P: (843) 563-5315
F: (843) 563-8228

St. Matthews
558 Chestnut Street
St. Matthews, SC 29135
P: (803) 674-2006

Re: AMOS MACK

To whom it may concern,

This is a return to Work/School excuse for AMOS MACK. This patient was under the care of JULIA WATSON for the date 11/14/2022.

Please admit back to work/school NOT UNTIL FURTHER NOTICE.

DUE TO WORK RELATED INJURIES

Sincerely,

John M. Hand

Table of Content

March 10, 2025 Hearing is
Not a De Novo Hearing.

Empty Chair

Act of God

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 2216315

RECEIVED

JUL 30 2025

SC Court of Appeals

AMOS MACK,)
)
CLAIMANT,)
)
VS.)
)
DON'S CAR CRUSHING,)
)
EMPLOYER,)
)
AND)
)
BUSINESS FIRST INSURANCE,)
)
CARRIER/DEFENDANTS.)

TRANSCRIPT OF PROCEEDINGS

MARCH 10, 2025

COPY

FULL COMMISSION HEARING

THIS FULL COMMISSION HEARING WAS HELD VIA
COURTCALL BEFORE COMMISSIONERS SCOTT BECK, GENE
MCCASKILL AND MELODY JAMES REPORTED BY SKYLET KEAN,
COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE
OF SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT THE
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
SUITE 500, COLUMBIA, SOUTH CAROLINA, ON MONDAY,
MARCH 10, 2025, COMMENCING AT 1:42 P.M.

APPEARANCES

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FOR THE CLAIMANT:

AMOS MACK, PRO SE', DID NOT APPEAR

FOR THE DEFENDANTS:

NICOLAS L. HAIGLER, ESQUIRE (VIRTUALLY)

ROBINSON, GRAY, STEPP & LAFITTE, LLC

POST OFFICE BOX 11449

COLUMBIA, SOUTH CAROLINA 29211

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PAGE

CALL TO ORDER:
CHAIRMAN BECK

3

EXHIBITS

NONE

PROCEEDINGS

CALL TO ORDER:

THE COURT REPORTER: Today is March 10, 2025. This is the South Carolina Workers' Compensation Case No. 2216315. This is the case of Amos Mack, claimant, versus Don's Car Crushing, employer, and Business First Insurance, carrier.

The Appellant is the claimant, Amos Mack. He is not present today. The respondent is represented by Nicolas L. Haigler.

Is that good or do want me to do --

CHAIRMAN BECK: The whole thing.

All right. As the court reporter just indicated, Mr. Mack is not present for today's proceeding. I will put on the record, he has been properly noticed on this proceeding. Our Appeals' Director actually spoke with him on Friday, last week, and has made numerous attempts this afternoon to reach him to get him at this proceeding.

I'll also note for the record that he preferred -- based on what I'm told by the Appeals' Director, that he preferred to do this virtually.

Because he is not present, the rules permit us but don't require us to have oral arguments. Because of his lack of presence today,

1 the Panel is going to review this matter on the
2 record and make a ruling based on that record.

3 Mr. Haigler, do you have any questions,
4 sir?

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

6 **CHAIRMAN BECK:** All right. That will
7 conclude this proceeding.

8 (WHEREUPON, THE HEARING WAS CONCLUDED AT 1:45 P.M.)
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CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

I, SKYLET KEAN, COURT REPORTER AND NOTARY PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT SAID HEARING TRANSCRIPT IS A STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.

I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I FINANCIALLY INTERESTED IN THE ACTION.

WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA, THIS 21ST DAY OF JULY 2025.



Skylet A. Kean

SKYLET A. KEAN, COURT REPORTER
NOTARY PUBLIC FOR THE STATE OF
SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/26/2034

Date of Exam: 01-16-2023

Patient: Mack, Amos

Patient ID: CRSC489142

Age / Sex: 59 y / M

Date of Birth: 04-18-1963

Reading: Islam, Nayyer

Report Date: 1/17/2023

Description: MRI LUMBAR
SPINE WITHOUT CONTRAST

Referring: JULIA WATSON

Site: Clermont Radiology
Orangeburg

EXAM: MRI OF THE LUMBAR SPINE WITHOUT INTRAVENOUS CONTRAST

TECHNIQUE: Multiplanar/multi-sequence MRI images through the lumbar spine were obtained without intravenous contrast.

CLINICAL DATA: Status post fall on 10/14/2022. Severe low back pain with bilateral leg pain and weakness since falling at work. Same-day MRI right shoulder.

PRIOR STUDIES: None available.

FINDINGS: ALIGNMENT: Lowest well-formed disc space is referred to as L5-S1. The alignment is satisfactory.

VERTEBRAL COLUMN: Vertebral body heights are intact. No focal aggressive osseous lesion or marrow infiltration. There is an inflamed Schmorl's node inferiorly of the L4 vertebral body demonstrating surrounding increased T2 low T1 signal. There is disc space narrowing at L4-5.

CONUS/CAUDA EQUINA: Conus medullaris is normal in position and appearance. No intra- or extradural mass.

SOFT TISSUES/SURROUNDING STRUCTURES: No regional soft tissue abnormality.

SEGMENTAL ANALYSIS AS FOLLOWS:

At T12-L1: There is no disc herniation. There is no spinal or foraminal stenosis. There is no nerve root compression.

At L1-L2: There is no disc herniation. There is no spinal or foraminal stenosis. There is no nerve root compression.

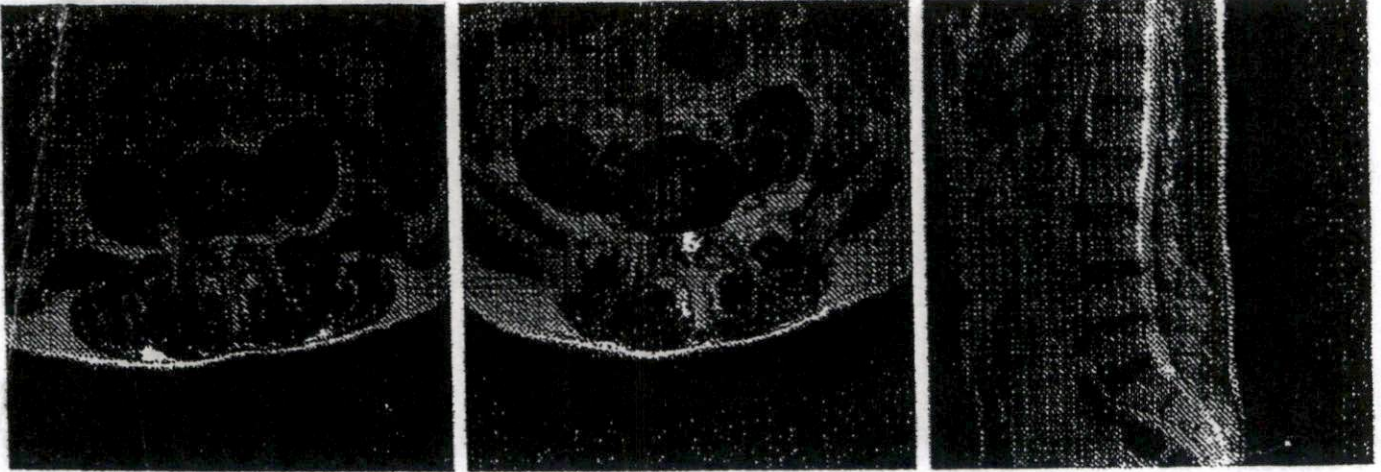
At L2-L3: There is no disc herniation. There is no spinal or foraminal stenosis. There is no nerve root compression.

At L3-L4: There is no disc herniation. Bilateral facet hypertrophy and spinal canal stenosis. There is no nerve root compression. (Series 701 axial image 13/29)

At L4-L5: There is no disc herniation. Bilateral facet hypertrophy and spinal canal stenosis. Bilateral foraminal narrowing with encroachment on the exiting bilateral L4 nerve roots. (T2 sagittal image 10/17 and series 701 axial image 20/29).

At L5-S1: 2.1 mm annular disc herniation with a posterior annular. There is no spinal or foraminal stenosis. There is no nerve root compression. (T2 sagittal image 10/17)

Attached Key images



*** *****
*** TX Result Report ***

Printing is complete

Job Number 1688
Address 16034358362
Name
Start Time 02/04 08 58 PM
Duration 00'41
Sheets 1
Result OK

202500118

From Amos Mack to Attn: Julia Watson Fax 803-435-8367

Cassette 2216 315



Family Health Centers, Inc.
3310 Magnolia Street | Post Office Box 1806
Orangburg, South Carolina 29115-1450
Phone (803) 531-6900
Fax (803) 531-6907
www.myfnc.org

Denmark
5616 Carolina
Highway
Denmark, SC 29042
P: (803) 793-4282
F: (803) 793-0346

Re: AMOS MACK

To whom it may concern,

Holly Hill
922 Holly St.
Holly Hill, SC 29059
P: (803) 466-7174
F: (803) 400-7929

This is a return to Work/School excuse for AMOS MACK. This patient was under the care of JULIA WATSON for the date 2/14/2022.

Neeses
7061 Norway Road
Neeses, SC 29107
P: (803) 263-4086
F: (803) 263-4097

Please admit back to work/school NOT UNTIL FURTHER NOTICE.

DUE TO WORK RELATED INJURIES

St. George
401 Ridge Street
St. George, SC
28477
P: (843) 563-5315
F: (843) 563-8229

Sincerely,

St. Matthews
558 Chestnut Street
St. Matthews, SC

Table of content

May 16, 2025

P. 2. Foot Notice

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable T. Scott Beck; The Honorable Gene McCaskill; and
The Honorable Melody L. James.

SCWCC File No.: 2216315

Amos Mack,

Claimant,

v.

Don's Car Crushing,

Employer,

and

Business First Insurance Co.,

Carrier,

Defendants.

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JUL 03 2025

SC Court of Appeals

888 415 7670

AFFIRMED

Hearing Held in Richland County, South Carolina,
on March 10, 2025

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

Appearances: Amos Mack, Claimant/Appellant, *pro se*.

Nicolas L. Haigler, Esq., of Robinson Gray Sepp & Laffitte,
LLC, represents Defendants/Respondents.

Court Reporter: Skylet Kean, 803-609-0134.

Filed: May 16, 2025

AMENDED

W

I. STATEMENT OF THE CASE

Single Commissioner

On May 15, 2024, a hearing was held before a Single Commissioner to determine issues set forth on the parties' Forms 50 and 51.¹

Claimant asserted he sustained injuries on October 14, 2022, to his left shoulder, left arm, right hip and right leg when he slipped and fell in the course and scope of his employment with Employer. Claimant further asserted he was not at maximum medical improvement for his injuries. Claimant sought a finding of compensability and causally related medical treatment for the same. Claimant further sought Temporary Total Disability benefits from October 18, 2022, to the present and continuing. In the alternative, Claimant sought a permanent total disability determination.

Claimant asserted on his Pre-Hearing Brief that he sustained additional injuries to his right shoulder, right arm, bilateral wrists, and low back in his work accident on October 14, 2022. However, during the initial hearing, Claimant testified that his right shoulder injury was not a part of this claim. (Hr. Tr. p. 75.)

Defendants denied Claimant's claim. Defendants specifically asserted during the initial hearing that Claimant had been receiving workers' compensation benefits under the state laws of Louisiana for the past 9-10 years, and did not work during this period. (Hr. Tr. p. 13.) Defendants continued that Claimant was allegedly injured within one (1) hour of returning to work in South Carolina, but failed to report said injury to Employer for five (5) days. (Id.) Defendants maintained these events, combined with the ongoing discrepancy as to Claimant's injured body parts and lack of medical causation in

¹ This matter was originally heard by the Honorable Avery B. Wilkerson, Jr. on May 15, 2024. Following the hearing, Commissioner Wilkerson recused himself from the proceeding in accordance with Canon 3E, Rule 501 SCACR. The case was assigned to Commissioner R. Michael Campbell, II, for adjudication. Commissioner Campbell reviewed the record and determined it was not necessary to reconvene the Hearing, as all parties had given testimony, submitted medical evidence, and there was sufficient evidence in the record to render a decision. (Single Commissioner's Decision and Order filed on September 9, 2024, p. 2.)

evidence, formed the basis of their denial. (Id. at 13-15.)

The Single Commissioner determined, *inter alia*:

[C]laimant is not entitled to receive, nor are Defendants required to provide compensation or medical benefits, as Claimant has failed to meet his burden to prove by the preponderance of the evidence that his left shoulder, hip, neck, back, or bilateral arms injuries arose out of and occurred in the course of employment.

(Single Commissioner's Decision and Order filed on September 9, 2024, p.11.)

Appellate Panel

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

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACT

1. Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon alleged injury occurring while in the employment of Defendant Employer, and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over the issue.
2. Notice of Hearing was timely and properly served on all parties of interest.
3. Venue is proper in Calhoun County, South Carolina.
4. Claimant's average weekly wage and corresponding compensation rate are \$900.00 and \$600.03, respectively.
5. Claimant alleges on October 14th, 2022, he was an employee of Don's Car Crushing, Inc., and that he was welding in a two-story building and fell injuring his shoulders, both arms, both wrists, and low back. (Tr. P. 7.)
6. Defendants assert October 14th, 2022 was Claimant's first day on the job and he was injured within the first hour or so of being there. They further assert that for the ten years prior to the alleged injury he had been on an award of workers' compensation benefits under the laws of the State of Louisiana, that he subsequently settled or stopped receiving benefits sometime in 2021, came back to work after 10 years on disability, alleges he was hurt within one hour of returning

- to work, and did not report the alleged injury for 5 more days. Defendants deny any entitlement to benefits. (Tr. P. 13.) Defendants assert no physician has causally-related any of Claimant's complaints to the alleged injury on October 14th, 2022.
7. Claimant testified that he is 61 years old, married, with one adult son. He graduated High School in 1981. He obtained his welding certificate in 1982. He has had two previous workers' compensation claims. He has worked as a welder in a shipyard. He served two and one-half years in prison for drug-related crime. Upon release, he returned to welding. In 2001 he was imprisoned again for two and one-half years for failure to stop for a blue light. Upon release he again returned to working as a welder. In 2012 he sustained an on-the-job injury, for which he received a settlement of \$125,000.00 at the time and then was on an award of \$2,600.00 per month for the next ten years under the Louisiana Workers' Compensation Law. He had shoulder surgery in 2012 in South Carolina with Dr. Mazoue. He began work with Don's Car Crushing on October 14th, 2022. (Tr. p. 21-24.)
 8. Claimant testified that he was getting down off the building where he was welding when his feet slid out from under him and as he was falling he grabbed ahold of some steel with his hands to stop his fall. (Tr. p. 26.) He testified he fell five to eight feet. (Tr. p. 27.)
 9. Claimant testified the accident was witnessed by his foreman, Paul, and a co-worker known as "Taco". (Tr. p. 28.) Neither alleged witness testified at the Hearing.
 10. Claimant testified he told Paul what happened and continued to work for the day. (Tr. p. 29.) He testified he came back the next day, Sunday, and worked for two hours before he clocked out due to not being able to stand up. (Tr. p. 29.) He testified he took off from work on Monday to attend a court hearing related to a traffic ticket. (Tr. p. 29.)
 11. Claimant testified he went to the emergency room on Monday, October 17th, 2022. Claimant testified he told the emergency room he injured both arms/wrists, hip, neck, and back. (Tr. p. 30.) Claimant testified he was written out of work and gave that note to Mitch, the superintendent that hired him for the job. (Tr. p. 32.) He also alleges he wrote a note describing his accident and gave it to Ms. "Danielle", or a similar name, a secretary in the office. (Tr. p. 35.)
 12. Claimant was seen at the Regional Medical Center in Orangeburg, SC, on October 17th, 2022 for hip pain and left shoulder pain. (Claimant's APAs, p. 1.) Claimant was diagnosed with a contusion of left shoulder, contusion of right hip region, degenerative disc disease, and degenerative joint disease. Impressions noted no signs of traumatic injury, bilateral hip

osteoarthritis, mild glenohumeral and moderate acromioclavicular osteoarthritis, L4-5 degenerative disc disease and degenerative spondylosis, and diffuse facet osteoarthritis. (Claimant's APAs p. 4-8.)

13. Claimant was evaluated by Julia Watson, FNP, on November 14th, 2022. Ms. Watson diagnosed him with Dorsalgia, unspecified, pain in unspecified limb, pain in right wrist, pain in left wrist, fall, subsequent encounter, and elevated blood-pressure. She referred him to orthopaedics for an evaluation and told him to try wrist braces for pain. (Claimant's APAs p. 14.) She opined: "Please admit back to work/school not until further notice". (Claimant's APAs p. 16.)
14. He was subsequently seen by Ms. Watson on January 11th, 2023, January 26th, 2023, and March 16th, 2023. Ultimately, she referred him to orthopaedic surgery for "Pt with lower back pain, possibly due to herniated disc in the lower back, along with wrist and leg pain from a fall at work last Fall". (Claimant's APAs p. 26.)
15. On February 22, 2023, in an IME for Claimant, Dr. Dowse D. Rustin of Orthopedic Associates of Charleston opined: "Mr. Mack says that his injuries occurred on 10/14/2022, his first day on the job at DCC recycling when he slipped on a beam and fell landing on his buttocks catching some of his weight on both upper extremities on an adjacent beam . . . It would be my recommendation that he be referred to a sports medicine physician as well as a spine specialist for review of the complaints he has with his low back and right lower extremity. I believe his right hip pain is secondary to his osteoarthritis as he has a history of primary osteoarthritis that in my opinion predated his injury on 10/14/2022. It is unfortunate he had this fall the first day of his work at his new job with DCC. However, it would be my recommendation that he have a follow-up and be scheduled for physical therapy and any additional studies, as well as consultation with a qualified spine specialist and sports medicine specialist. He has evidence of tendinosis and tendinitis involving his right shoulder with some displacement of distal biceps tendon. He has also indication of a displaced disc in his lumbar spine which is superimposed on what I believe is pre-existing spondylosis of the spine. If the insurance carrier sees fit to denying him access to evaluation and treatment, then I would recommend he be rated at 6% of the right upper extremity for permanent aggravation of DID and tendinosis of his right shoulder. 5% additional for his right-hand dominance for a total of 11% impairment of his right upper extremity that would be equivalent to 18% of his right shoulder. For his low back pain with disc displacement and radiculopathy with myelopathy, I would recommend a rating of DRE lumbar

Category II for aggravation of DDD and spondylosis of 8% whole person impairment. This would be equivalent to 9% impairment of the lumbar spine. . . Please know that I hold the statements, comments and opinions, as well as recommendations within this report to be to a reasonable degree of medical certainty." (Claimant's APAs p. 33 – 37.)

16. On 08/03/2023, however, in his deposition testimony Dr. Rustin testified after being presented with Claimant's medical history that Claimant was less than truthful with him about his medical history, and he could not rely on what Claimant had told him. (Deposition transcript, p. 64, 68.)
17. On April 21, 2023, Claimant was evaluated by Lisa Etheridge, F RN, NP. She diagnosed him with bilateral wrist pain, left shoulder pain, lumbar herniated disc, lumbar pain, and pain in left wrist. At Claimant's request, she referred him to Midlands Orthopaedic for further evaluation. (Claimant's APAs p. 38-41.)
18. On 11/07/2023, in his medical notes, Dr. Seth H. Bowman of Midlands Orthopaedics and Neurosurgery opined: "Patient has severe bilateral CMC arthritis, right side is worse. His insurance denied is CMC arthroplasty despite two previous injections, neither of which provide long-lasting relief radiographic evidence of stage IV CMC arthritis, failure of brace treatment. Not quite sure why this happened, he is now in physical therapy although again I think that this is completely a waste of time there is no benefit to this, multiple studies have shown this. He will finish his therapy for documentation's sake and we will see him back in 4-6 weeks at which point we will try to get his surgery re-approved." (Defendant's APAs, p. 2.)
19. On 01/12/2024, in an FCE for Claimant, PT Philip Lowe of Lowe's Therapy opined: "Amos fell while at work injuring several parts of his body. This was a year ago, now he is at maximum medical improvement. The 5th Edition was used to estimate impairment. The spine was diagnosed with lumbar disc disease with radiculopathy. The DRE method was used to estimate impairment. He receives a 13% whole person impairment according to table 15-3 on page 384. 13% whole person is converted to regional spine impairment by dividing by .75 to equal a 20% lumbosacral spine impairment. The left shoulder was injured. He was diagnosed with degenerative joint disease, tendinosis and tendinitis. He lacks the normal range of motion. The range of motion method was used to estimate impairment. His flexion was 150°. Figure 16-40 on page 476 allows for a 2% upper extremity impairment. His abduction was 155°. Figure 16-43 on page 477 allows for a 1% upper extremity impairment. These two are added together for a 3% upper extremity impairment, which is converted to a shoulder impairment by dividing by

- .62 equal a 5% left shoulder impairment." (Claimant's p. 56.) (Drafting party to detail FCE.)
20. Claimant also submitted medical records from his prior 2012 injury. On December 27th, 2012, Dr. Christopher Mazoue gave Claimant a post-operative diagnosis of Right shoulder impingement syndrome, right shoulder acromioclavicular degenerative joint disease, right shoulder rotator cuff tendinopathy, and right shoulder proximal biceps tendinopathy. (Claimant's APAs p. 68-72.)
 21. Based on Claimant's sworn testimony at the hearing, particularly regarding his medical history and discrepancies with his deposition testimony, I find his testimony to be unreliable. As a result, I cannot rely on physician's opinions in the record that are based on what Claimant has or has not told them. Just as Claimant's IME physician, Dr. Rustin, testified he could not rely on what Claimant had told him. I make no finding as to whether Claimant's unreliable statements were intentional or malicious, as his statements are outweighed by the extensive medical evidence in the record.
 22. I give greater weight to Dr. Rustin's deposition testimony than to his report from February, 2023, as he had a more complete [sic] of Claimant's medical history at that time and was subject to cross-examination.
 23. Furthermore, other than Claimant's subjective complaints, the record is absent of an opinion from a physician having been presented with Claimant's complete medical history that states to a reasonable degree of medical certainty that Claimant's alleged injuries/aggravations are a result of his alleged work-related accident. While Nurse Watson indicated that Claimant's current complaints may have been related to his alleged fall at work, her opinion is not clearly stated to a reasonable degree of medical certainty. (Claimant's APAs p. 16.) Further, while Ms. Watson is certainly a qualified and capable health-care provider, she is not a "physician or surgeon" as that narrow phrase is used in the Act.
 24. Therefore, I find Claimant has not met the legal requisite to satisfy his burden of proof that he sustained compensable injuries/aggravations arising out of and in the course and scope of his employment. Claimant did not produce any witnesses to the accident, nor did any physician who was provided with all the facts state to a reasonable degree of medical certainty that his current complaints were causally related to the accident. Defendants showed Claimant had extensive pre-existing conditions, as well as permanent disability arising from his 2012 injury in Louisiana.
 25. Claimant's request for benefits under the Act is hereby denied.

CONCLUSIONS OF LAW

1. The preponderance of the evidence establishes that Claimant failed to meet his burden to prove that he sustained a compensable injury arising out of and in the course of employment. "Injury' and 'personal injury' mean only injury by accident arising out of and in the course of employment. . ." S.C. Code Ann. § 42-1-160 (2021). "Arising out of refers to the injury's origin and cause, whereas "in the course of' refers to the injury's time, place, and circumstances." Barnes v. Charter 1 Realty, 411, S.C. 391, 398 (2015) (internal citations omitted). "For an injury to arise out of employment, there must be a causal connection between the conditions under which the work is required to be performed and the resulting injury." (Id.) (internal citations omitted). "In other words, but for the claimant being at work, the injury would not have occurred." Nicholson v. S.C. Dept. of Social Servs., 411 S.C. 381, 386 (2015). "Proof that a claimant sustained an injury may be established by circumstantial and direct evidence where circumstances lead an unprejudiced mind to reasonably infer the injury was caused by the accident." Tiller v. National Health Care Center of Sumter, 334 S.C. 333, 341 (1999) (internal citations omitted).
2. The occurrence of a work-related injury is further complicated by the lack of a physician's opinion that Claimant's current issues are causally related to his alleged work-related accident. The preponderance of the evidence in the record establishes Claimant's self-serving statements that his injury is work related, but his statements are not corroborated by a medical doctor. The lack of a physician's opinion on the etiology of Claimant's injury is not dispositive, but the conflicting testimony and statements to healthcare providers by Claimant, and lack of an eyewitness further erode the validity of the claim such that "an unprejudiced mind [cannot] reasonably infer the injury was caused by the accident" or that the accident occurred at all. (Id.)
3. The discrepancies in Claimant's deposition testimony and hearing testimony neither support nor detract from the compensability of this claim. Rather, it is the preponderance of the evidence viewed as a whole that renders this claim non-compensable. "[A] credibility finding has no force independent of context. . . the trier of fact must weigh and measure each piece of evidence. . . [and] must explain how the credibility determination is important to making the particular factual finding." Clark v. Philips Electronics, 433

S.C. 186, 192 (Ct. App. 2021) (citing Crane v. Raber's Disc. Tire Rack, 429 S.C. 636, 647 (2020)). As previously stated, the absence of an eyewitness, testimony of Dr. Rustin, and lack of a clear causation statement from a fully-informed physician obviates the necessity of a credibility finding in this claim. An independent finding of Claimant's credibility adds little to the analysis given the balance of the evidence in the record. Claimant is neither credible nor incredible.

III. ISSUE ON APPEAL

Whether the Single Commissioner erred as a matter of fact and law that Claimant failed to meet his burden to prove by the preponderance of the evidence that his alleged injuries arose out of and occurred in the course of his employment on October 14, 2022?

IV. DECISION OF THE APPELLATE PANEL

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

After careful review, the Appellate Panel of the South Carolina Workers' Compensation Commission, by unanimous vote, does hereby fully **AFFIRM** the Decision and Order of the Single Commissioner filed on September 9, 2024.

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

FINDINGS OF FACT

1. Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon alleged injury occurring while in the employment of Defendant Employer, and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over the issue.
2. Notice of Hearing was timely and properly served on all parties of interest.
3. Venue is proper in Calhoun County, South Carolina.

4. Claimant's average weekly wage and corresponding compensation rate are \$900.00 and \$600.03, respectively.
5. Claimant alleges on October 14th, 2022, he was an employee of Don's Car Crushing, Inc., and that he was welding in a two-story building and fell injuring his shoulders, both arms, both wrists, and low back. (Tr. P. 7.)
6. Defendants assert October 14th, 2022 was Claimant's first day on the job and he was injured within the first hour or so of being there. They further assert that for the ten years prior to the alleged injury he had been on an award of workers' compensation benefits under the laws of the State of Louisiana, that he subsequently settled or stopped receiving benefits sometime in 2021, came back to work after 10 years on disability, alleges he was hurt within one hour of returning to work, and did not report the alleged injury for 5 more days. Defendants deny any entitlement to benefits. (Tr. P. 13.) Defendants assert no physician has causally-related any of Claimant's complaints to the alleged injury on October 14th, 2022.
7. Claimant testified that he is 61 years old, married, with one adult son. He graduated High School in 1981. He obtained his welding certificate in 1982. He has had two previous workers' compensation claims. He has worked as a welder in a shipyard. He served two and one-half years in prison for drug-related crime. Upon release, he returned to welding. In 2001 he was imprisoned again for two and one-half years for failure to stop for a blue light. Upon release he again returned to working as a welder. In 2012 he sustained an on-the-job injury, for which he received a settlement of \$125,000.00 at the time and then was on an award of \$2,600.00 per month for the next ten years under the Louisiana Workers' Compensation Law. He had shoulder surgery in 2012 in South Carolina with Dr. Mazoue. He began work with Don's Car Crushing on October 14th, 2022. (Tr. p. 21-24.)
8. Claimant testified that he was getting down off the building where he was welding when his feet slid out from under him and as he was falling he grabbed ahold of some steel with his hands to stop his fall. (Tr. p. 26.) He testified he fell five to eight feet. (Tr. p. 27.)
9. Claimant testified the accident was witnessed by his foreman, Paul, and a co-worker known as "Taco". (Tr. p. 28.) Neither alleged witness testified at the Hearing.
10. Claimant testified he told Paul what happened and continued to work for the day. (Tr. p. 29.) He testified he came back the next day, Sunday, and worked for two hours before he clocked out due to not being able to stand up. (Tr. p. 29.) He testified he took off from work on

Monday to attend a court hearing related to a traffic ticket. (Tr. p. 29.)

11. Claimant testified he went to the emergency room on Monday, October 17th, 2022. Claimant testified he told the emergency room he injured both arms/wrists, hip, neck, and back. (Tr. p. 30.) Claimant testified he was written out of work and gave that note to Mitch, the superintendent that hired him for the job. (Tr. p. 32.) He also alleges he wrote a note describing his accident and gave it to Ms. "Danielle", or a similar name, a secretary in the office. (Tr. p. 35.)
12. Claimant was seen at the Regional Medical Center in Orangeburg, SC, on October 17th, 2022 for hip pain and left shoulder pain. (Claimant's APAs, p. 1.) Claimant was diagnosed with a contusion of left shoulder, contusion of right hip region, degenerative disc disease, and degenerative joint disease. Impressions noted no signs of traumatic injury, bilateral hip osteoarthritis, mild glenohumeral and moderate acromioclavicular osteoarthritis, L4-5 degenerative disc disease and degenerative spondylosis, and diffuse facet osteoarthritis. (Claimant's APAs p. 4-8.)
13. Claimant was evaluated by Julia Watson, FNP, on November 14th, 2022. Ms. Watson diagnosed him with Dorsalgia, unspecified, pain in unspecified limb, pain in right wrist, pain in left wrist, fall, subsequent encounter, and elevated blood-pressure. She referred him to orthopaedics for an evaluation and told him to try wrist braces for pain. (Claimant's APAs p. 14). She opined: "Please admit back to work/school not until further notice". (Claimant's APAs p. 16.)
14. He was subsequently seen by Ms. Watson on January 11th, 2023, January 26th, 2023, and March 16th, 2023. Ultimately, she referred him to orthopaedic surgery for "Pt with lower back pain, possibly due to herniated disc in the lower back, along with wrist and leg pain from a fall at work last Fall". (Claimant's APAs p. 26.)
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primary osteoarthritis that in my opinion predated his injury on 10/14/2022. It is unfortunate he had this fall the first day of his work at his new job with DCC. However, it would be my recommendation that he have a follow-up and be scheduled for physical therapy and any additional studies, as well as consultation with a qualified spine specialist and sports medicine specialist. He has evidence of tendinosis and tendinitis involving his right shoulder with some displacement of distal biceps tendon. He has also indication of a displaced disc in his lumbar spine which is superimposed on what I believe is pre-existing spondylosis of the spine. If the insurance carrier sees fit to denying him access to evaluation and treatment, then I would recommend he be rated at 6% of the right upper extremity for permanent aggravation of DID and tendinosis of his right shoulder. 5% additional for his right-hand dominance for a total of 11% impairment of his right upper extremity that would be equivalent to 18% of his right shoulder. For his low back pain with disc displacement and radiculopathy with myelopathy, I would recommend a rating of DRE lumbar Category II for aggravation of DDD and spondylosis of 8% whole person impairment. This would be equivalent to 9% impairment of the lumbar spine. . . Please know that I hold the statements, comments and opinions, as well as recommendations within this report to be to a reasonable degree of medical certainty." (Claimant's APAs p. 33 – 37.)

16. On 08/03/2023, however, in his deposition testimony Dr. Rustin testified after being presented with Claimant's medical history that Claimant was less than truthful with him about his medical history, and he could not rely on what Claimant had told him. (Deposition transcript, p. 64, 68.)
17. On April 21, 2023, Claimant was evaluated by Lisa Etheridge, F RN, NP. She diagnosed him with bilateral wrist pain, left shoulder pain, lumbar herniated disc, lumbar pain, and pain in left wrist. At Claimant's request, she referred him to Midlands Orthopaedic for further evaluation. (Claimant's APAs p. 38-41.)
18. On 11/07/2023, in his medical notes, Dr. Seth H. Bowman of Midlands Orthopaedics and Neurosurgery opined: "Patient has severe bilateral CMC arthritis, right side is worse. His insurance denied is CMC arthroplasty despite two previous injections, neither of which provide long-lasting relief radiographic evidence of stage IV CMC arthritis, failure of brace treatment. Not quite sure why this happened, he is now in physical therapy although again I think that this is completely a waste of time there is no benefit to this, multiple studies have

shown this. He will finish his therapy for documentation's sake and we will see him back in 4-6 weeks at which point we will try to get his surgery re-approved." (Defendant's APAs, p. 2.)

19. On 01/12/2024, in an FCE for Claimant, PT Philip Lowe of Lowe's Therapy opined: "Amos fell while at work injuring several parts of his body. This was a year ago, now he is at maximum medical improvement. The 5th Edition was used to estimate impairment. The spine was diagnosed with lumbar disc disease with radiculopathy. The DRE method was used to estimate impairment. He receives a 13% whole person impairment according to table 15-3 on page 384. 13% whole person is converted to regional spine impairment by dividing by .75 to equal a 20% lumbosacral spine impairment. The left shoulder was injured. He was diagnosed with degenerative joint disease, tendinosis and tendinitis. He lacks the normal range of motion. The range of motion method was used to estimate impairment. His flexion was 150°. Figure 16-40 on page 476 allows for a 2% upper extremity impairment. His abduction was 155°. Figure 16-43 on page 477 allows for a 1% upper extremity impairment. These two are added together for a 3% upper extremity impairment, which is converted to a shoulder impairment by dividing by .62 equal a 5% left shoulder impairment." (Claimant's p. 56.) (Drafting party to detail FCE.)
20. Claimant also submitted medical records from his prior 2012 injury. On December 27th, 2012, Dr. Christopher Mazoue gave Claimant a post-operative diagnosis of Right shoulder impingement syndrome, right shoulder acromioclavicular degenerative joint disease, right shoulder rotator cuff tendinopathy, and right shoulder proximal biceps tendinopathy. (Claimant's APAs p. 68-72.)
21. Based on Claimant's sworn testimony at the hearing, particularly regarding his medical history and discrepancies with his deposition testimony, we find his testimony to be unreliable. As a result, we cannot rely on physician's opinions in the record that are based on what Claimant has or has not told them. Just as Claimant's IME physician, Dr. Rustin, testified he could not rely on what Claimant had told him. We make no finding as to whether Claimant's unreliable statements were intentional or malicious, as his statements are outweighed by the extensive medical evidence in the record.
22. We give greater weight to Dr. Rustin's deposition testimony than to his report from February, 2023, as he had a more complete [understanding] of Claimant's medical history at that time

and was subject to cross-examination.

23. Furthermore, other than Claimant's subjective complaints, the record is absent of an opinion from a physician having been presented with Claimant's complete medical history that states to a reasonable degree of medical certainty that Claimant's alleged injuries/aggravations are a result of his alleged work-related accident. While Nurse Watson indicated that Claimant's current complaints may have been related to his alleged fall at work, her opinion is not clearly stated to a reasonable degree of medical certainty. (Claimant's APAs p. 16.) Further, while Ms. Watson is certainly a qualified and capable health-care provider, she is not a "physician or surgeon" as that narrow phrase is used in the Act.
24. Therefore, we find Claimant has not met the legal requisite to satisfy his burden of proof that he sustained compensable injuries/aggravations arising out of and in the course and scope of his employment. Claimant did not produce any witnesses to the accident, nor did any physician who was provided with all the facts state to a reasonable degree of medical certainty that his current complaints were causally related to the accident. Defendants showed Claimant had extensive pre-existing conditions, as well as permanent disability arising from his 2012 injury in Louisiana.
25. Claimant's request for benefits under the Act is hereby denied.

CONCLUSIONS OF LAW

1. The preponderance of the evidence establishes that Claimant failed to meet his burden to prove that he sustained a compensable injury arising out of and in the course of employment. "'Injury' and 'personal injury' mean only injury by accident arising out of and in the course of employment. . ." S.C. Code Ann. § 42-1-160 (2021). "Arising out of refers to the injury's origin and cause, whereas 'in the course of' refers to the injury's time, place, and circumstances." Barnes v. Charter 1 Realty, 411, S.C. 391, 398 (2015) (internal citations omitted). "For an injury to arise out of employment, there must be a causal connection between the conditions under which the work is required to be performed and the resulting injury." (Id.) (internal citations omitted). "In other words, but for the claimant being at work, the injury would not have occurred." Nicholson v. S.C. Dept. of Social Servs., 411 S.C. 381, 386 (2015). "Proof that a claimant sustained an injury may be established by circumstantial and direct evidence where circumstances lead an unprejudiced mind to reasonably infer the injury was caused by the accident."

Tiller v. National Health Care Center of Sumter, 334 S.C. 333, 341 (1999) (internal citations omitted).

2. The occurrence of a work-related injury is further complicated by the lack of a physician's opinion that Claimant's current issues are causally related to his alleged work-related accident. The preponderance of the evidence in the record establishes Claimant's self-serving statements that his injury is work related, but his statements are not corroborated by a medical doctor. The lack of a physician's opinion on the etiology of Claimant's injury is not dispositive, but the conflicting testimony and statements to healthcare providers by Claimant, and lack of an eyewitness further erode the validity of the claim such that "an unprejudiced mind [cannot] reasonably infer the injury was caused by the accident" or that the accident occurred at all. (Id.)
3. The discrepancies in Claimant's deposition testimony and hearing testimony neither support nor detract from the compensability of this claim. Rather, it is the preponderance of the evidence viewed as a whole that renders this claim non-compensable. "[A] credibility finding has no force independent of context. . . the trier of fact must weigh and measure each piece of evidence. . . [and] must explain how the credibility determination is important to making the particular factual finding." Clark v. Philips Electronics, 433 S.C. 186, 192 (Ct. App. 2021) (citing Crane v. Raber's Disc. Tire Rack, 429 S.C. 636, 647 (2020)). As previously stated, the absence of an eyewitness, testimony of Dr. Rustin, and lack of a clear causation statement from a fully-informed physician obviates the necessity of a credibility finding in this claim. An independent finding of Claimant's credibility adds little to the analysis given the balance of the evidence in the record. Claimant is neither credible nor incredible.

ORDER


THEREFORE IT IS HEREBY ORDERED that the Decision and Order of the Single Commissioner filed in the above-captioned matter on September 9, 2024, is hereby fully **AFFIRMED**.

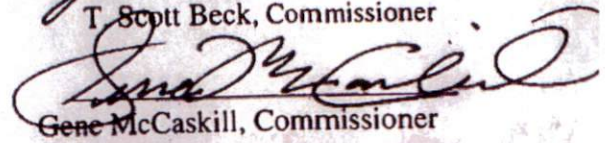
ACCORDINGLY:

IT IS FURTHER ORDERED that Claimant is not entitled to receive, nor are Defendants required to provide compensation or medical benefits as Claimant has failed to meet his burden to prove by the preponderance of the evidence that his left shoulder, hip, neck, back, or bilateral arms injuries arose out of and occurred in the course of employment.

AND SO IT IS ORDERED.

_____ (date)
Columbia, SC


T. Scott Beck, Commissioner


Gene McCaskill, Commissioner


Melody L. James, Commissioner

P.3

REASONS FOR DESIGNATION

Case No. 2025001178

Ex A. 12A Form, This document serves as material evidence, when a Commissioner's fail to consider First Injury Report, it undermines the Commissioner's assessment of nature of the injury work-relatedness or the credibility of the Claimant testimony, do to the fact, the Commissioner's made a finding with incomplet records, prejudicing my case, by not consider the 12A Form, Violated my right to due process, fundamental right to fairness, the Commission did not analyze this 12A document, to help determine my burden of proof, not consider the material evidence 12A, the Commissioner finding is not supported by substantial evidence but the record show, the Commissioner's this material evidence, was not consider by the Commissioner, not even in the fact of finding.

P.14

B; WORK EXCUSE, From Family Health Center; Due to the fact, the compensation carrier fail to provide medical as promise in written letter from claim adjuster, Andrea Torres. date ~~11-8-2022~~, This November 8, 2022 had me to believe, that medical will be provide like promise, but i was not provide. The Family Health Center, is the only place i could go with out money (no insurance), Commissioner's fail to consider FNP Prognosis and diagnosis as to working ability, Commissioner's fail to estop the carrier from going back on the written statement of agreement. Never the less Family Health Center, FNP Julia Weston, is the only Medical provider, that i could get treat by due to NO income, trying to get the Medical help that i need. My FNP, the Commissioner fail to weight her Medical evidence, that is none Contradic, heavily weight to the IME who Contradic his Medical exam, with his deposition remark, and statement

P.5 D MRT exam of lumbar spine date;
of report 1-17-23 this report show damage at
L5-S1 21 mm annular disc herniation with
posterior annular. Due to the fact my past
medical history show I have never have herniation
discy in my past medical history, the fail
to consider that this is a new injury, Commissioner
fail to properly consider the material evidence
which could change to outcome, for meeting
my burden of proof that I do have compensable
claim.

F. Full Commissioner's Order January 13, 2025,
discovered upon, decision and order contain
a scrivener error, dated, dated in September
9, 2024, incomplete record is Not a Scrivener.
even after the full panel order, the record
still came back incomplete, so therefore, the
~~did not reach a decision with Full Commissioner~~
did not reach a decision with substantial
evidence.

F. May 16 2025 Commissioner's Decision and Order
The Commissioner's decision is legally and factually void because the evidentiary foundation upon which it ~~rests~~ rests is critically incomplete and deficient. The Commissioner failed in its fundamental duty to ^{ensure} ensure the record contained sustainable evidence necessary to reach a definitive finding of fact, due to the incomplete nature of the record - the procedural breakdown identified in this Designation Matter - the Commissioner's conclusion that the Claimant was not entitled to benefits is unsupported by the requisite legal standard of substantial evidence. No rational trier of fact could sustain the denial based on a record marked by material omissions. This procedural and evidentiary failure mandates immediate intervention by this Court. Accordingly the decision of the Worker Compensation must be REVERSED and this should enter an award of benefits in favor of the Claimant without regard.

Case No. 2025001178

Social Security Administration
Supplemental Security Income

Notice of Award

SOCIAL SECURITY
1379 SIMS ST
ORANGEBURG, SC 29115-3456
Date: July 21, 2025
BNC#: 25D1345H52362-DI
NCJ

AMOS MACK
1256 TONEY BAY RD
HOLLY HILL, SC 29059-8603

Dear AMOS MACK

This is to notify you that you are eligible to receive Supplemental Security Income (SSI) payments under the provisions of Title XVI of the Social Security Act. The rest of this letter will tell you more about our decision.

FAVORABLE

Information Used to Determine Your Payments

For all months shown: --

- You were found disabled in October 2022 and continuing.
- You meet all the rules to be eligible for SSI beginning January 18, 2023. SSI rules do not allow us to pay SSI until the month after the month you first meet the rules. The first month we can pay you is February 2023.
- SSI is a Federal program. However, some states give us money to add to the SSI payments. When you are eligible for SSI, payments may include Federal money, or State money or both.
- You were living in SOUTH CAROLINA for January 2023 and continuing.
- You have monthly income which we must consider when we figure your payment. Your monthly income is: S

What We Will Pay And When
THE TOTAL BACK PAYMENT DUE IS \$2324.30

Beginning

Monthly Amount Payable

See Next Page

EXHIBITS

Defendant's Exhibits

TAB	DOCUMENT	DATE OF REPORTS	NO.
1	Deposition transcript of Dr. Dowse Rustin, MD	08/03/2024	
2	Claimant's Deposition transcripts, for impeachment only, if necessary	01/19/2023	

Claimant's Exhibits

→

TAB	DOCUMENT	DATE OF REPORTS	NO.
C-1	Summit		1-5

↑

IT IS FURTHER ORDERED that all issues raised in the Form 30 Request for Review remain with the Full Commission for their consideration upon receipt of the addendum. The Commission's Judicial Department shall set this matter for review in accordance with Reg. 67-704 without further action from the parties.

303

AND SO IT IS ORDERED,

Mike Campbell
 Commissioner Mike Campbell

Served via USPS:

Amos Mack 1256 Tony Bay Road Holly Hill, SC 29059	Nicolas L Haigler Robinson Gray Stepp & Laffitte, LLC PO BOX 11449 Columbia, SC 29211
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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).

January 30, 2025 By: Mackenzie Stites, Administrative Assistant to Commissioner Campbell

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 2216315

Amos Mack,)
)
 Claimant/Appellant,)
)
 v.)
)
 Don's Car Crushing, Inc., Employer,)
)
 and)
)
 BusinessFirst Insurance Company, Carrier,)
)
 Defendants/Respondents.)

DEFENDANTS' BRIEF IN RESPONSE
TO CLAIMANT'S APPEAL

STATEMENT OF THE CASE

Amos Mack ("Claimant/Appellant") has appealed the Decision and Order of Commissioner R. Michael Campbell, II ("Hearing Commissioner") filed on September 9, 2024. Don's Car Crushing, Inc., and BusinessFirst Insurance Company, collectively Defendants or Respondents, submit this brief in response to the Claimant's appeal. Claimant is appearing pro se.

By way of background, the Claimant alleges to have sustained an injury by accident on October 14, 2022, causing injuries to his left shoulder, right arm, left arm, left hand, right hand, right hip and right leg. The defendants denied this claim in its entirety, primarily based upon the contention the Claimant did not have any medical evidence causally relating the alleged injuries to the accident, but also based on the fact the accident was unwitnessed and occurred within hours of starting his employment and just after receiving workers' compensation benefits from the state of Louisiana for 9 or 10 years.

Following a Hearing on May 15, 2024, and subsequent to the recusal of the Hearing Commissioner, Commissioner Campbell reviewed the evidence and testimony issued a Hearing. By way of the Decision and Order filed on September 9, 2024, Commissioner Campbell issued an order denying the claim in its entirety.

STANDARD OF REVIEW

As an appellate body, the Full Commission is given great discretion to review decisions made at the Hearing Commissioner level and to make its own findings and conclusions. Specifically, "the Full Commission is empowered to make its own findings of fact and to reach its own conclusions of law consistent or inconsistent with those of the hearing commissioner." McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162 (1992) (citing Green v. Raybestos-Manhattan, Inc., 250 S.C. 58, 156 S.E.2d 318 (1967)). Accordingly, the Full Commission is the ultimate finder of fact and is not bound by the Hearing Commissioner's Findings of Fact. Lanford v. Clinton Cotton Mills, 204 S.C. 423, 30 S.E.2d 36 (1944); Linnen v. Beaufort Co. Sheriff's Dep't, 305 S.C. 341, 408 S.E.2d 248 (Ct. App.1991). Defendants request that the Full Commission now exercise its discretion to provide an independent decision as to whether the issues raised by the Claimant on appeal are supported by the greater weight of the evidence and the law of South Carolina.

ARGUMENT

1. **THE CLAIMANT HAS FAILED TO PRESENT ANY SUBSTANTIVE OR LEGIBLE ARGUMENT, BUT NONETHELESS THE DENIAL OF THE CLAIM IS SUPPORTED BY THE GREATER WEIGHT OF THE EVIDENCE IN THE RECORD.**

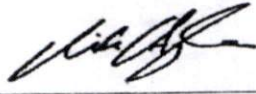
The Claimant filed a Form 59, Appellant's Informal Brief, on September 19, 2024. However, much of the brief is illegible and as such cannot be responded to by the Defendants. However, even the parts of the Brief that are legible fail to present the Full Commission with any evidence of factual or legal errors upon which a reversal can be based. Moreover, it appears the Claimant is attempting to place the burden of proof on the Defendants in this matter, which is improper.

Ultimately, the Defendants assert the Hearing Commissioner properly reviewed the evidence in the record, and the testimony provided by the Claimant, and properly found the greater weight of the evidence supported a denial of the claim. The Claimant as failed to provide any argument or evidence to the contrary in his Brief.

CONCLUSION

For the foregoing reasons, Defendants respectfully request the Full Commission to find the greater weight of the evidence supports the determinations of the Hearing Commissioner as to the denial of the claim. The Defendants request the Decision and Order of the Hearing Commissioner be affirmed in its entirety.

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
December 19, 2024

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable T. Scott Beck; The Honorable Gene McCaskill; and
The Honorable Melody L. James.

SCWCC File No.: 2216315

Amos Mack,

Claimant,

v.

Don's Car Crushing,

Employer,

and

Business First Insurance Co.,

Carrier,

Defendants.

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SC Court of Appeals

8/15 2670

AFFIRMED

Hearing Held in Richland County, South Carolina,
on March 10, 2025

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

• **Appearances:** Amos Mack, Claimant/Appellant, *pro se*.

Nicolas L. Haigler, Esq., of Robinson Gray Sepp & Laffitte,
LLC, represents Defendants/Respondents.

Court Reporter: Skylet Kean, 803-609-0134.

Filed: May 16, 2025

AMENDED

I. STATEMENT OF THE CASE

Single Commissioner

On May 15, 2024, a hearing was held before a Single Commissioner to determine issues set forth on the parties' Forms 50 and 51.

Claimant asserted he sustained injuries on October 14, 2022, to his left shoulder, left arm, right hip and right leg when he slipped and fell in the course and scope of his employment with Employer. Claimant further asserted he was not at maximum medical improvement for his injuries. Claimant sought a finding of compensability and causally related medical treatment for the same. Claimant further sought Temporary Total Disability benefits from October 18, 2022, to the present and continuing. In the alternative, Claimant sought a permanent total disability determination.

Claimant asserted on his Pre-Hearing Brief that he sustained additional injuries to his right shoulder, right arm, bilateral wrists, and low back in his work accident on October 14, 2022. However, during the initial hearing, Claimant testified that his right shoulder injury was not a part of this claim. (Hr. Tr. p. 75.)

Defendants denied Claimant's claim. Defendants specifically asserted during the initial hearing that Claimant had been receiving workers' compensation benefits under the state laws of Louisiana for the past 9-10 years, and did not work during this period. (Hr. Tr. p. 13.) Defendants continued that Claimant was allegedly injured within one (1) hour of returning to work in South Carolina, but failed to report said injury to Employer for five (5) days. (Id.) Defendants maintained these events, combined with the ongoing discrepancy as to Claimant's injured body parts and lack of medical causation in

¹ This matter was originally heard by the Honorable Avery B. Wilkerson, Jr. on May 15, 2024. Following the hearing, Commissioner Wilkerson recused himself from the proceeding in accordance with Canon 3E, Rule 501 SCACR. The case was assigned to Commissioner R. Michael Campbell for adjudication. Commissioner Campbell reviewed the record and determined it was not necessary to reconvene the hearing, as all parties had given testimony, submitted medical evidence, and there was sufficient evidence in the record to render a decision. (Single Commissioner's Decision and Order filed on September 5, 2024, p. 2.)

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 2216315

Amos Mack,)
Claimant,)
vs.)
Don's Car Crushing,)
Employer,)
BusinessFirst Insurance Company,)
Carrier,)
Defendants)

2025001178

ORDER ADDENDUM

P1063

The Full Commission discovered upon review that the Decision and Order of the undersigned dated September 9, 2024, contains a scrivener's error. The APA Submissions and Exhibits listed in the Decision and Order do not accurately reflect the APA Submissions and Exhibits that were admitted into the record and considered by the undersigned. Therefore, this matter was remanded by the Appellate Panel to the undersigned by the Full Commission order dated January 13, 2025, for the limited purpose of settling the record by identifying the APA Submissions and Exhibits that were considered by the undersigned in reaching the decision. All other issues are held in abeyance and remain pending before the Full Commission.

IT IS THEREFORE ORDERED that, following a review of the APA Submissions and Exhibits considered by the undersigned, the Decision and Order of September 9, 2024 shall be supplemented to list the APA Submissions and Exhibits as follows:

¹ This order corrects the scrivener's error only. Such error did not have any impact on the undersigned's decision in this matter. Nothing in this order shall be construed as making any changes on the single Commissioner's decision on the merits of the claim under review.

IN THE COURT OF APPEALS FOR SOUTH CAROLINA

1220 SENATE STREET

COLUMBIA, SOUTH CAROLINA 29201

PHONE: (803) 734-1890

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

I. TABLE OF CONTENTS

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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.

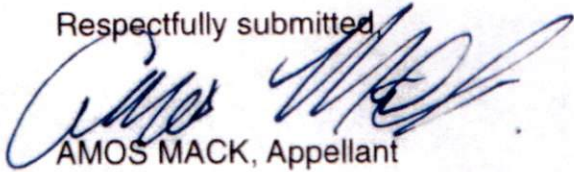
The carrier intentionally withheld care promised on November 8, 2022. This bad faith destroyed the Appellant's livelihood. The Court must preserve the right to seek \$10 million in damages for this intentional harm.

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

Amos Mack
1256 Turner Bay Rd
Holly Hill, SC
29059



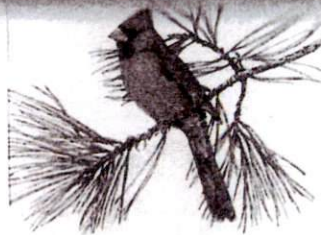
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JAN 20, 2026

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FOREVER / USA

Amended
Initial Brief
of Appellant

SC Court of Appeals
PO Box 11629
Columbia, SC
29211

Rule 263, SCACR, Mailbox Rule

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APR 13 2026

APPEAL FROM THE SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION

SC Court of Appeals

WCC File No. 2216315

Court of Appeals Case No. 2025-001178

Don's Car Crushing, Employer
And BusinessFirst Insurance Company, Carrier Respondents,

v.

Amos Mack, Employee, Appellant.

EMERGENCY JUDICIAL NOTICE OF UNDISPUTED FACTS

OBJECTION TO APRIL 1, 2026, ORDER

Pursuant to Abandonment Doctrine and Laches Doctrine (Title 42, Chapters 9 and 17), Appellant objects to the April 1, 2026, ruling by Judge . Judge failed to apply the Abandonment Doctrine before she made her decision; this was a violation of the right to fundamental fairness. Prolonged silence caused physical harm. The unreasonable delay was a factor in permanent disability declared on August 2024, by the South Carolina Social Security Disability Office.

Jan 8 2026 order has no limit, this is law of the case also there was no subject matter judicial and judicial

Date of Exam: 01-16-2023

Patient: Mack, Amos

Patient ID: CRSC489142

Age / Sex: 59 y / M

Date of Birth: 04-18-1963

Reading: Islam, Nayyer

Report Date: 1/17/2023

Description: MRI LUMBAR
SPINE WITHOUT CONTRAST

Referring: JULIA WATSON

Site: Clermont Radiology
Orangeburg

EXAM: MRI OF THE LUMBAR SPINE WITHOUT INTRAVENOUS CONTRAST

TECHNIQUE: Multiplanar/multi-sequence MRI images through the lumbar spine were obtained without intravenous contrast.

CLINICAL DATA: Status post fall on 10/14/2022. Severe low back pain with bilateral leg pain and weakness since falling at work. Same-day MRI right shoulder.

PRIOR STUDIES: None available.

FINDINGS: ALIGNMENT: Lowest well-formed disc space is referred to as L5-S1. The alignment is satisfactory.

VERTEBRAL COLUMN: Vertebral body heights are intact. No focal aggressive osseous lesion or marrow infiltration. There is an inflamed Schmorl's node inferiorly of the L4 vertebral body demonstrating surrounding increased T2 low T1 signal. There is disc space narrowing at L4-5.

CONUS/CAUDA EQUINA: Conus medullaris is normal in position and appearance. No intra- or extradural mass.

SOFT TISSUES/SURROUNDING STRUCTURES: No regional soft tissue abnormality.

SEGMENTAL ANALYSIS AS FOLLOWS:

At T12-L1: There is no disc herniation. There is no spinal or foraminal stenosis. There is no nerve root compression.

At L1-L2: There is no disc herniation. There is no spinal or foraminal stenosis. There is no nerve root compression.

At L2-L3: There is no disc herniation. There is no spinal or foraminal stenosis. There is no nerve root compression.

At L3-L4: There is no disc herniation. Bilateral facet hypertrophy and spinal canal stenosis. There is no nerve root compression. (Series 701 axial image 13/29)

At L4-L5: There is no disc herniation. Bilateral facet hypertrophy and spinal canal stenosis. Bilateral foraminal narrowing with encroachment on the exiting bilateral L4 nerve roots. (T2 sagittal image 10/17 and series 701 axial image 20/29).

At L5-S1: 2.1 mm annular disc herniation with a posterior annular. There is no spinal or foraminal stenosis. There is no nerve root compression. (T2 sagittal image 10/17)

The South Carolina Court of Appeals

Amos Mack, Claimant, Appellant,

v.

Don's Car Crushing, Employer, and Business First
Insurance Co., Carrier, Respondents.

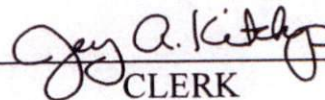
Appellate Case No. 2025-001178

ORDER

Appellant has filed a motion to amend the appellant's initial brief. No return was filed. This motion is Granted. The appellant must file an amended initial brief within 10 days of the date of this order, or we will proceed to consider this appeal based upon the initial brief filed **August 25, 2025**. The time for serving and filing an amended respondent's initial brief, if desired, will run from the date of service of the amended initial brief.

FOR THE COURT

BY


CLERK

Columbia, South Carolina

cc:

Amos Mack
Nicolas Lee Haigler, Esquire

FILED
Jan 08 2026

The South Carolina Court of Appeals

Amos Mack, Claimant, Appellant,

v.

Don's Car Crushing, Employer, and Business First
Insurance Co., Carrier, Respondents.

Appellate Case No. 2025-001178

ORDER

On August 25, 2025, Appellant filed his initial brief. On September 2, 2025, Appellant filed his designation of matter. On September 10, 2025, Appellant moved to amend his September 2, 2025 designation of matter, which this court granted, and Appellant filed his amended designation of matter on October 28, 2025. On December 2, 2025, Appellant filed a motion seeking to amend the table of contents in his initial brief. The State did not file a return. On January 8, 2026, this court granted the motion to amend and ordered an amended initial brief filed within ten days of the date of the order or the appeal would proceed with the initial brief filed on August 25, 2025. On January 21, 2026, Appellant filed his amended initial brief and an second amended designation of matter. On February 9, 2026, Respondents filed a motion to reject Appellant's amended initial brief, explaining they did not file a return to Appellant's motion to amend because they did not have an objection to an amended table of contents and arguing that the amended initial brief changed not only the table of contents, but the table of authorities, the issues being raised on appeal, the statement of the case, and the arguments. Appellant filed a return, opposing the motion. Respondent did not file a reply.

After careful consideration, we grant Respondent's motion to reject Appellant's amended initial brief. Appellant's amended initial brief, filed on January 21, 2026, is not accepted as filed. The appeal will proceed with Appellant's August 25, 2025 initial brief. Further, Appellant's designation of matter, filed on January 21, 2026, is also not accepted as filed; Appellant did not seek to amend his designation of matter in his December 2, 2025 motion nor did he file a separate motion to amend

his amended designation of matter. The appeal will proceed with Appellant's
October 28, 2025 amended designation of matter.

Kristen

J.

FOR THE COURT

Columbia, South Carolina

cc:

Amos Mack

Nicolas Lee Haigler, Esquire

FILED
Apr 01 2026