

Ann Brunen
WCC# 1201560

TUESDAY 3/2013

RECEIVED

JAN 08 2014

ANN S. BRUNEN
WCC FILE NO. 1201560

SC Court of Appeals

TO Whom This CONCERN,
From my understanding from the
1st Court Appeal It was said that
the Attorney Grady L. Beard, Esquire, of
Columbia, South Carolina supposed to be
filing a appeal. I do not know or understand
what I suppose to be doing I was told
that I supposed to be filing a appeal. I
was told that I supposed to file my Court
of Appeal in Greenville twice and then
I was told that I supposed to file from
a Example on line. I mailed in some
paper work, then I was told that I
mailed it to the wrong address, it was
mailed back to my house. I come to
Columbia Friday Dec 27, 2013, then Monday
December 30, 2013, I was told to do it on
line. I went to the library and ask for
help, try to explained to library helper.
The library helper name Kris, Chris, he
called Monica at the State House, he
called and talk to her he even said that
he do not understand. To Day I called
and talk to Ameia for the correct address,
she gave me two different address I do not
know what to do or whats correct to do.
Could the state please mailed me the paper

Ann Blum
wcc# 1201520

work that I need to appeal this case.
I am still in pain real bad, that I need
more medical attention. Commissioner
Roche said that I have meet my MMI.
NO, I have not because I even have it
from my lawyer, Attorney Joseph Francis
(Skip) from doctors and documents I have
in my file and also Attorney Beard should
have it in his file.

Please Help Me!!!

Ann Blum

please help me and give me more time
because I have statement in writing where
I am hurt from my injury. Look at the
documents.

I have a page 50 wa form 50 from my file
that my Attorney Joseph Francis of Greenville, SC.
This page 50 or form is missing. My Attorney
have it.

HOWARD, HOWARD, FRANCIS & REID, LLP

Attorney AT LAW

111 pettigrill STREET

P.O. Box 10383

Greenville, South Carolina 29603-0383

804 (242) 3522 (242-3522)

WCC# 1201560
Ann Bruner

work that I need to appeal this case.
I am still in pain real bad, that I need
more medical attention. Commissioner
Roche said that I have meet my MMI.
NO I have not because I even have it
from my Lawyer, Attorney Joseph Francis
(Skip) from doctors and documents I have
in my file and also Attorney Beard should
have it in his file.

Please Help me !!!

RECEIVED

JAN 08 2014

Ann Bruner

SC Court of Appeals

please help me and give me more time.
because I have statement in writing where
I am hurt from my Injury, look at the
documents.

I have a page 50 wa form 50 from my file
that my Attorney Joseph Francis of Greenville, SC.
This page 50 or form is missing, my Attorney
have it.

HOWARD, HOWARD, FRANCIS & REID, LLP

Attorney AT LAW

111 Pettigrew STREET

P.O. Box 10383

Greenville, South Carolina 29603-0383

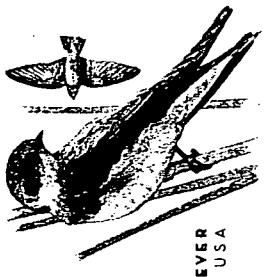
Ann Brun
1201500

TUESDAY 3/2013

ANNIS BRUNN
WCC FILE NO 1201500

TO Whom this CONCERN,
From my understanding from the
1st Court Appeal It was said that
the Attorney Brady L. Beard, Esquire, of
Columbia, South Carolina supposed to be
filing a appeal. I do not know or understand
what I suppose to be doing I was told
that I supposed to be filing a appeal. I
was told that I supposed to file my Court
of Appeal in Greenville twice and then
I was told that I supposed to file from
a Example on line. I mailed in some
paper work, then I was told that I
mailed it to the wrong address, it was
mailed back to my house. I came to
Columbia Friday Dec 27, 2013, then Monday
December 30, 2013, I was told to do it on
line. I went to the library and ask for
help, try to explained to library helper.
The library helper name Kris, Chris, he
called Monica at the State House, he
called and talk to her he even said that
he do not understand. To Day I called
and talk to Ameia for the correct address,
she gave me two different address I do not
know what to do or what's correct to do.

Ann S. Brennan
113 Country Estates Rd
Fountain Inn, S.C. 29644



FOREVER
USA

Bank Swallow

Answer
2-2
In a
ff
Dress

STATETHOUSE
1100 Genois St
Columbia, S.C.

NIXIE 292 4E 1009 0612/18/13

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

BC: 29644572013 *2283-04901-13-01

2920366215

Ann Brennan
WCC# 1201520

NM Bone Scan

BRUNN, ANN - 0005868575

wec file #
1201560

* Final Report *

throughout the remaining osseous structures. There is no evidence of metastatic disease to bone. No additional degenerative disease is identified. Symmetric nephrograms are noted.

IMPRESSION: Exam appears to be negative for metastatic disease.

Report ID: 5470857

D: 3/19/2013 12:33:19 SC: 187

Dictated by: Andrew J. Beloni, MD

Verified By: ANDREW BELONI M.D. Date: 03/19/2013 Time: 12:58

IMAGE

This document has an image

Completed Action List:

- * Order by CHAMBERS , KARINN M MD on 11 March 2013 15:22 EDT
- * Perform by PERSONNEL , RADIOLOGY on 19 March 2013 11:30 EDT
- * VERIFY by BELONI , ANDREW J MD on 19 March 2013 11:30 EDT
- * Endorse by CHAMBERS , KARINN M MD on 19 March 2013 14:20 EDT

Printed by: CALLON, MEGAN E RN
Printed on: 4/1/2013 12:09 EDT

Page 2 of 2
(End of Report)

WCC file #
1201520

Today's Date: 4.12.12
 Arrival Time: 15:48
 Time In: 1555
 Time Out: 18:06

Brunn, Ann S.
 113 Country Estates Rd
 Fountain Inn SC 29644
 247-88-0977
 Staff Mark

D.O.B. 12/7/1963
 Sex: F

WorkWell™ Occupational Health Center
 St. Francis Women's & Family Hospital
 135 Commonwealth Drive - Suite 120
 Greenville, SC 29615
 Phone: (864) 675-4600 Fax: (864) 675-4604

Initial Re-check

Post-Accident UDS? (Check Company List) Yes No Date of Injury: 1/1/12 Time of Injury: _____
 Allergies: _____
 Current Job: _____ Home Phone: _____

Treatment Authorized by: _____ Title: _____ Date: _____

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and not part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: _____ Date: _____

Chief Complaint: (where, what, when, how) _____

Treatment: _____

Diagnosis: Back pain

Medication Given: Naproxen, baclofen Prescription? Yes No

X-Rays Yes No Interpretation: Thoracic spine

Disposition:

- May return to work/physical activity without restrictions Date: _____ MMI _____
- May return to work/physical activity with the following restrictions: Date: _____
 - No prolonged sitting/standing Amount of Time: _____
 - No strenuous climbing, pulling or pushing Weight limit: _____
 - Lifting limited to _____ lbs with _____ (L) arm _____ (R) arm no lifting
 - No/limited lifting at waist level - Specify weight if limited: _____
 - No/limited repetitive use of: _____ (L) hand/arm/leg _____ (R) hand/arm/leg - Specify # repetitions/Time: _____
 - Sedentary work only (0 - 10 lbs.)
 - No significant physical activity without use of splint, crutches, brace, etc. _____
 - No walking on rough terrain
 - No/limited repetitive stooping, bending, squatting or twisting - Specify frequency per hour: _____
 - No/limited overhead lifting - Specify weight if limited: _____
 - No exposure to heights above _____ ft.
 - Environmental restrictions Yes No
 - o Exposure requires limitation to _____ heat _____ cold _____ dust _____ chemicals _____ vibrations
 - o If yes, please explain: _____
 - Keep dressing clean & dry
 - Other _____
 - Employee is unable to work until recheck date - _____ days _____ week
 - Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.
- Estimated date of maximal medical improvement (MMI): _____

Scheduled appointments: 2 wk

Follow-up appointment at WorkWell™ Occupational Health Center Date: _____ Time: _____

Follow-up PRN (employer authorization required)

To Specialist: Physiatrist for back pain Date: _____ Time: _____

To Physical Therapy: _____ Location: _____ Date: _____ Time: _____

Other: _____

Test/Procedures ordered: _____ Date: _____ Time: _____ Facility: _____

Name of Physician/Provider: _____ Physician/Provider Signature: [Signature]

Instructions given by: _____ I understand the instructions given to me: _____
 Signature of Patient

Company called by: _____ Time: _____ Company Rep Name/Title: _____

Member - Franciscan Sisters of the Poor - Health System, Inc.
 WorkWell™ Occupational Health Center
 St. Francis Women's & Family Hospital
 135 Commonwealth Drive - Suite 120
 Greenville, SC 29615
 Phone: (864) 675-4600 Fax: (864) 675-4604

Today's Date: 3, 29, 12
 Arrival Time: 16 05
 Time In: 16 04
 Time Out: 17 00
 Initial Re-check

Wce file # 1201500

Brunn, Ann S.
 113 Country Estates Rd
 Fountain Inn SC 29644
 247-88-0977
 Staff Mark

D.O.B. 12/7/1963
 Sex: F

Post-Accident UDS? (Check Company List) Yes No Date of Injury: / / Time of Injury: / /
 Allergies: _____
 Current Job: _____ Home Phone: _____

Treatment Authorized by: _____ Title: _____ Date: _____

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and as part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: _____ Date: _____

Chief Complaint: (where, what, when, how) _____

Treatment: _____

Diagnosis: Back pain

Medication Given: _____

X-Rays: Yes No **Prescription?** Yes No

Disposition: **Interpretation:** _____

- May return to work/physical activity without restrictions Date: _____ MMI _____
- May return to work/physical activity with the following restrictions: Date: 3/29/12 No change in restriction
 - No prolonged sitting/standing. Amount of Time: _____
 - No strenuous climbing, pulling or pushing Weight limit: _____
 - Lifting limited to _____ lbs with _____ (L) arm _____ (R) arm no lifting
 - No/limited lifting at waist level - Specify weight if limited: _____
 - No/limited repetitive use of: _____ (L) hand/arm/leg _____ (R) hand/arm/leg - Specify # repetitions/Time: _____
 - Sedentary work only. (0 - 10 lbs.)
 - No significant physical activity without use of splint, crutches, brace, etc. _____
 - No walking on rough terrain
 - No/limited repetitive stooping, bending, squatting or twisting - Specify frequency per hour: _____
 - No/limited overhead lifting - Specify weight if limited: _____
 - No exposure to heights above _____ ft.
 - Environmental restrictions Yes No
 - o Exposure requires limitation to _____ heat _____ cold _____ dust _____ chemicals _____ vibrations
 - o If yes, please explain: _____
 - Keep dressing clean & dry
 - Other _____
 - Employee is unable to work until recheck date - _____ days _____ week
 - Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.

3. Estimated date of maximal medical improvement (MMI): 4/12/12 @ 4:00 pm

Scheduled appointments: 2 wks

Follow-up appointment at WorkWell™ Occupational Health Center Date: _____ Time: _____
 Follow-up PRN (employer authorization required)
 To Specialist: _____ Date: _____ Time: _____
 To Physical Therapy: _____ Location: _____ Date: _____ Time: _____
 Other: _____
 Test/Procedures ordered: _____ Date: _____ Time: _____ Facility: _____

Name of Physician/Provider: _____ Physician/Provider Signature: [Signature]

Instructions given by: _____ I understand the instructions given to me: _____
 Signature of Patient

Company called by: _____ Time: _____ Company Rep Name/Title: _____

WCC File # 1201500



Today's Date: 3/19/12

Arrival Time: 13:40

Brunn, Ann S.
113 Country Estates Rd
Fountain Inn SC 29644
247-88-0977
Staff Mark

D.O.B. 12/7/1963
Sex: F

Time In: 1348

Time Out: 1438

Initial Re-check

WorkWell™ Occupational Health Center
St. Francis Women's & Family Hospital
135 Commonwealth Drive - Suite 120
Greenville, SC 29615
Phone: (864) 675-4600 Fax (864) 675-4604

Post-Accident UDS? (Check Company List) Yes No Date of Injury: / / Time of Injury:

Allergies: _____
Current Job: _____ Home Phone: 430-0087

Treatment Authorized by: _____ Title: _____ Date: _____

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and not part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: _____ Date: _____

Chief Complaint: (where, what, when, how) _____

Treatment: _____

Diagnosis: Back Contusion, myalgias

Medication Given: _____ Prescription? Yes No

X-Rays Yes No Interpretation: _____

Disposition:

- May return to work/physical activity without restrictions Date: _____ MMI _____
- May return to work/physical activity with the following restrictions: Date: _____
 - No prolonged sitting/standing Amount of Time: _____
 - No strenuous climbing, pulling or pushing Weight limit: _____
 - Lifting limited to _____ lbs with _____ (L) arm _____ (R) arm no lifting
 - No/limited lifting at waist level - Specify weight if limited: _____
 - No/limited repetitive use of: _____ (L) hand/arm/leg _____ (R) hand/arm/leg - Specify # repetitions/Time: _____
 - Sedentary work only (0 - 10 lbs.)
 - No significant physical activity without use of splint, crutches, brace, etc. _____
 - No walking on rough terrain
 - No/limited repetitive stooping, bending, squatting or twisting - Specify frequency per hour: _____
 - No/limited overhead lifting - Specify weight if limited: _____
 - No exposure to heights above _____ ft.
 - Environmental restrictions Yes No
 - Exposure requires limitation to _____ heat _____ cold _____ dust _____ chemicals _____ vibrations
 - If yes, please explain: _____
 - Keep dressing clean & dry
 - Other sitting duties only, 5lb lift limit,
 - Employee is unable to work until recheck date - _____ days _____ week
 - Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.
- Estimated date of maximal medical improvement (MMI): 3/29/12 @ 4:15 pm

Scheduled appointments: 2 wks

Follow-up appointment at WorkWell™ Occupational Health Center Date: _____ Time: _____

Follow-up PRN (employer authorization required)

To Specialist: _____ Date: _____ Time: _____

To Physical Therapy: _____ Location: _____ Date: _____ Time: _____

Other: _____

Test/Procedures ordered: _____ Date: _____ Time: _____ Facility: _____

Name of Physician/Provider: _____ Physician/Provider Signature: *[Signature]*

Instructions given by: _____ I understand the instructions given to me: _____ Signature of Patient: _____

Company called by: _____ Time: _____ Company Rep Name/Title: _____

Today's Date: 3, 5, 12
 Arrival Time: 1253
 Time In: _____
 Time Out: 1401

WCC File # 1201500
 Brunn, Ann S.
 113 Country Estates Rd
 Fountain Inn SC 29644
 247-88-0977
 Staff Mark

D.O.B. 12/7/1963
 Sex: F

WorkWell™ Occupational Health Center
 St. Francis Women's & Family Hospital
 135 Commonwealth Drive - Suite 120
 Greenville, SC 29615
 Phone: (864) 675-4600 Fax: (864) 675-4604

Initial Re-check

Post-Accident UDS? (Check Company List) Yes No Date of Injury: 3, 15, 12 Time of Injury: _____
 Allergies: _____
 Current Job: _____ Home Phone: _____

Treatment Authorized by: _____ Title: _____ Date: _____

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and not part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: _____ Date: _____

Chief Complaint: (where, what, when, how) Door came down on back

Treatment: Expm

Diagnosis: Lumbar Contusion

Medication Given: continue as prescribed Prescription? Yes No

X-Rays Yes No Interpretation: _____

Disposition:

- May return to work/physical activity without restrictions Date: _____ MMI _____
- May return to work/physical activity with the following restrictions: Date: 3-5-12
 - No prolonged sitting/standing Amount of Time: _____
 - No strenuous climbing, pulling or pushing Weight limit: _____
 - Lifting limited to _____ lbs with _____ (L) arm _____ (R) arm no lifting
 - No/limited lifting at waist level - Specify weight if limited: _____
 - No/limited repetitive use of: _____ (L) hand/arm/leg _____ (R) hand/arm/leg - Specify # repetitions/Time: _____
 - Sedentary work only (0 - 10 lbs.) - sitting duty only - no lifting over 5 lb.
 - No significant physical activity without use of splint, crutches, brace, etc. _____
 - No walking on rough terrain _____
 - No/limited repetitive stooping, bending, squatting or twisting Specify frequency per hour: _____
 - No/limited overhead lifting - Specify weight if limited: _____
 - No exposure to heights above _____ ft.
 - Environmental restrictions Yes No
 - Exposure requires limitation to _____ heat _____ cold _____ dust _____ chemicals _____ vibrations
 - If yes, please explain: _____
 - Keep dressing clean & dry
 - Other _____
 - Employee is unable to work until recheck date - _____ days _____ week
 - Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.
- Estimated date of maximal medical improvement (MMI): 4 weeks 10 days

Scheduled appointments:

Follow-up appointment at WorkWell™ Occupational Health Center Date: 3/15/12 Time: 2:00pm

Follow-up PRN (employer authorization required)

To Specialist Date: _____ Time: _____

To Physical Therapy: 3x/week x 3 weeks Location: _____ Date: _____ Time: _____

Other: MPT Lumbar spine

Test/Procedures ordered: _____ Date: _____ Time: _____ Facility: _____

Name of Physician/Provider: H. Lorette Mitchem, APRN, BC Physician/Provider Signature: H. Lorette Mitchem

Instructions given by: _____ Understand the instructions given to me: _____ Signature of Patient

Company called by: _____ Time: _____ Company Rep Name/Title: _____



Member - Franciscan Sisters of the Poor - Health System, Inc.

WorkWell™ Occupational Health Center
St. Francis Women's & Family Hospital
135 Commonwealth Drive - Suite 120
Greenville, SC 29615
Phone: (864) 675-4600 Fax: (864) 675-4604

Today's Date: 2/29/12
Arrival Time: 11:04
Time In: 11:25
Time Out: 1:04

Brunn, Ann S.
113 Country Estates Rd
Fountain Inn SC 29644
247-88-0977
Staff Mark.

WCC File #
12015200

D.O.B. 12/7/1963
Sex: F

Initial Re-check

Post-Accident UDS? (Check Company List) Yes No Date of Injury: 2/15/12 Time of Injury:
Allergies: WKF
Current Job: _____ Home Phone: _____

Treatment Authorized by: _____ Title: _____ Date: _____

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and not part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: _____ Date: _____

Chief Complaint: (where, what, when, how) _____

Treatment: _____

Diagnosis: Lumbar strain, contusion - back pain

Medication Given: _____ **Prescription?** Yes No

X-Rays Yes No **Interpretation:** _____

Disposition:

- May return to work/physical activity without restrictions Date: _____ MMI _____
- May return to work/physical activity with the following restrictions: Date: _____
 - No prolonged sitting/standing Amount of Time: _____
 - No strenuous climbing, pulling or pushing Weight limit: 10lb
 - Lifting limited to _____ lbs with _____ (L) arm _____ (R) arm no lifting
 - No/limited lifting at waist level - Specify weight if limited: _____
 - No/limited repetitive use of: _____ (L) hand/arm/leg _____ (R) hand/arm/leg - Specify # repetitions/Time: _____
 - Sedentary work only (0 - 10 lbs.)
 - No significant physical activity without use of splint, crutches, brace, etc. _____
 - No walking on rough terrain
 - No/limited repetitive stooping, bending, squatting or twisting - Specify frequency per hour: _____
 - No/limited overhead lifting - Specify weight if limited: _____
 - No exposure to heights above _____ ft.
 - Environmental restrictions Yes No
 - Exposure requires limitation to _____ heat _____ cold _____ dust _____ chemicals _____ vibrations
 - If yes, please explain: _____
 - Keep dressing clean & dry
 - Other lumbar exercises provided
 - Employee is unable to work until recheck date - _____ days _____ week
 - Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.
- Estimated date of maximal medical improvement (MMI): _____

Scheduled appointments: WKC

Follow-up appointment at WorkWell™ Occupational Health Center Date: 3-8-12 Time: 4:15

Follow-up PRN (employer authorization required)

To Specialist: _____ Date: _____ Time: _____

To Physical Therapy: _____ Location: _____ Date: _____ Time: _____

Other: _____

Test/Procedures ordered: _____ Date: _____ Time: _____ Facility: _____

Name of Physician/Provider: _____ Physician/Provider Signature: [Signature]

Instructions given by: _____ I understand the instructions given to me: _____
Signature of Patient

Company called by: _____ Time: _____ Company Rep Name/Title: _____

WCC #1244
12015200



Member - Franciscan Sisters of the Poor - Health System, Inc.
WorkWell™ Occupational Health Center
St. Francis Women's & Family Hospital
135 Commonwealth Drive - Suite 120
Greenville, SC 29615
Phone: (864) 675-4600 Fax: (864) 675-4604

Today's Date: 2/23/12
Arrival Time: 4:02
Time In: 16:20
Time Out: 1:38
 Initial Re-check

Brunn, Ann S.
113 Country Estates Rd
Fountain Inn SC 29644
247-88-0977
Staff Mark

D.O.B. 12/7/1963
Sex: F

Post-Accident UDS? (Check Company List) Yes No Date of Injury: / / Time of Injury: / /
Allergies: _____
Current Job: _____ Home Phone: _____

Treatment Authorized by: _____ Title: _____ Date: _____

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and not part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: _____ Date: _____

Chief Complaint: (where, what, when, how) _____

Treatment: _____

Diagnosis: Contusion back, back pain

Medication Given: Naproxen 500mg po BID Prescription? Yes No

X-Rays Yes No Interpretation: Negative

Disposition: _____

- May return to work/physical activity without restrictions Date: _____ MMI _____
- May return to work/physical activity with the following restrictions: Date: 2/23/12
 - No prolonged sitting/standing Amount of Time: _____
 - No strenuous climbing, pulling or pushing Weight limit: 10lb
 - Lifting limited to _____ lbs with _____ (L) arm _____ (R) arm no lifting
 - No/limited lifting at waist level - Specify weight if limited: _____
 - No/limited repetitive use of: _____ (L) hand/arm/leg _____ (R) hand/arm/leg - Specify # repetitions/Time: _____
 - Sedentary work only (0 - 10 lbs.)
 - No significant physical activity without use of splint, crutches, brace, etc. _____
 - No walking on rough terrain
 - No/limited repetitive stooping, bending, squatting or twisting - Specify frequency per hour: 2-4x/hr
 - No/limited overhead lifting - Specify weight if limited: _____
 - No exposure to heights above _____ ft.
 - Environmental restrictions Yes No
 - o Exposure requires limitation to _____ heat _____ cold _____ dust _____ chemicals _____ vibrations
 - o If yes, please explain: _____
 - Keep dressing clean & dry
 - Other _____
 - Employee is unable to work until recheck date - _____ days _____ week
 - Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.
- Estimated date of maximal medical improvement (MMI): _____

Scheduled appointments: 1wk

Follow-up appointment at WorkWell™ Occupational Health Center Date: 2/29/12 Time: 4:15

Follow-up PRN (employer authorization required)

To Specialist: _____ Date: _____ Time: _____

To Physical Therapy: _____ Location: _____ Date: _____ Time: _____

Other: _____

Test/Procedures ordered: _____ Date: _____ Time: _____ Facility: _____

Name of Physician/Provider: _____ Physician/Provider Signature: [Signature]

Instructions given by: _____ I understand the instructions given to me: _____ Signature of Patient

Company called by: _____ Time: _____ Company Rep Name/Title: _____



WORKWELL™

Member - Franciscan Sisters of the Poor • Health Systems, Inc.

WorkWell™ Occupational Health Center
St. Francis Women's & Family Hospital
135 Commonwealth Drive - Suite 120
Greenville, SC 29615
Phone: (864) 675-4600 Fax: (864) 675-4604

Today's Date: 2, 16, 12

Arrival Time: 8:45

Time In: 14:20

Time Out: 15:40

Initial [checked] Re-check []

Brunn, Ann S.
113 Country Estates Rd
Fountain Inn SC 29644
247-88-0977
Staff Mark

D.O.B. 12/7/1963
Sex: F

Post-Accident UDS? (Check Company List) [] Yes [] No Date of Injury: / / Time of Injury:
Allergies:
Current Job: Home Phone:

Treatment Authorized by: Title: Date:

I hereby authorize the release of all medical information pertaining to this work related injury/illness to my employer, insurance company and referral physicians. Records from any medical provider involved in or relative to the diagnosis or treatment of this injury may be released to WorkWell™ Occupational Health Clinic. In addition, authorization is hereby given to this treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination as deemed necessary by the attending physician and/or employer. Should this visit be found unrelated to my work and not part of a worker's compensation claim, I will not hold WorkWell™ Occupational Health Clinic or St. Francis Health System liable for the release of these records. If this injury is determined to not be work-related, I understand that I will be responsible for my bill.

Employee's Signature: Date:

Chief Complaint: (where, what, when, how)

Treatment:

Diagnosis: Confusion back

Medication Given: Prescription? [] Yes [] No

X-Rays Yes [] No [] Interpretation:

Disposition:

- 1. May return to work/physical activity without restrictions Date: 2/16/12 MMI
2. May return to work/physical activity with the following restrictions: Date:
- No prolonged sitting/standing Amount of Time:
- No strenuous climbing, pulling or pushing Weight limit:
- Lifting limited to lbs with (L) arm (R) arm [] no lifting
- No/limited lifting at waist level - Specify weight if limited:
- No/limited repetitive use of: (L) hand/arm/leg (R) hand/arm/leg - Specify # repetitions/Time:
- Sedentary work only (0 - 10 lbs.)
- No significant physical activity without use of splint, crutches, brace, etc.
- No walking on rough terrain
- No/limited repetitive stooping, bending, squatting or twisting - Specify frequency per hour:
- No/limited overhead lifting - Specify weight if limited:
- No exposure to heights above ft.
- Environmental restrictions [] Yes [] No
o Exposure requires limitation to heat cold dust chemicals vibrations
o If yes, please explain:
- Keep dressing clean & dry
- Other
- Employee is unable to work until recheck date - days week
- Employee is restricted by medication and/or treatment that might affect his/her ability to drive OR ability to operate machinery.
3. Estimated date of maximal medical improvement (MMI):

Scheduled appointments: twc 2/23/12 @ 4:15 pm
[] Follow-up appointment at WorkWell™ Occupational Health Center Date: Time:
[] Follow-up PRN (employer authorization required)
[] To Specialist: Date: Time:
[] To Physical Therapy: Location: Date: Time:
[] Other:
[] Test/Procedures ordered: Date: Time: Facility:

Name of Physician/Provider: Physician/Provider Signature: [Signature]

Instructions given by: I understand the instructions given to me: Signature of Patient

Company called by: Time: Company Rep Name/Title:

Ann Brunh

United States Postal Service®
Sorry We Missed You! We'll Deliver for You

Item is at: Post Office™ (See back) Available for Pick-up After: Today's Date: 5-8 Sender's Name: Sowell Gray Law LLC #

Date: 5-8 Time: 1000 For Redelivery: Go to usps.com/redelivery or see reverse

Letter For Delivery: (Enter total number of items delivered by service type.)
 For Notice Left: (Check applicable item)
 Express Mail® Insured Mail
 Large envelope, magazine, catalog, etc.
 Parcel Certified Mail™ (Must claim within 15 days or article will be returned) Return Receipt for Merchandise
 Restricted Delivery Firm Bill Delivery Confirmation™
 Perishable item Registered Mail™ Signature Confirmation™
 Other:

Article Requiring Payment: Amount Due: \$
 Postage Due COD Customs

Final Notice: Article will be returned to sender on 5-17

PS Form 3849, September 2009 usps.com Delivery Notice/Reminder/Receipt

Article Number(s): 70122920 000170910379

Notice Left Section:
 Customer Name and Address: Ann Brunh
(only)

Delivered By and Date:

1201520

United States Postal Service®
Sorry We Missed You! We'll Deliver for You

Item is at: Post Office™ (See back) Available for Pick-up After: Today's Date: 5-2 Sender's Name: Sowell Gray

Date: 5-2 Time: 3:00 For Redelivery: Go to usps.com/redelivery or see reverse

Letter For Delivery: (Enter total number of items delivered by service type.)
 For Notice Left: (Check applicable item)
 Express Mail® Insured Mail
 Parcel Certified Mail™ (Must claim within 15 days or article will be returned) Return Receipt for Merchandise
 Restricted Delivery Firm Bill Delivery Confirmation™
 Perishable item Registered Mail™ Signature Confirmation™
 Other:

Article Requiring Payment: Amount Due: \$
 Postage Due COD Customs

Final Notice: Article will be returned to sender on

PS Form 3849, September 2009 usps.com Delivery Notice/Reminder/Receipt

Article Number(s): 70122920 000170910379

Notice Left Section:
 Customer Name and Address: Ann Brunh
(only)

Delivered By and Date:

Do not go down this road (MUD)

Explanation of Review

Schedule - Workers Compensation 19-20-2012

WCC File # 1201500

Date of Issue: 12/19/2012

Check No: 19880



Client: 29674
Employer: 7368-3
Location: 4202
Claim Office: KY/Louisville
Adjuster: RMOSS

Employer: CBS Personnel Holdings, Inc
 VSP Kilgore
 Monroe Packaging
 29674/216043/SC/2/4/202

Ann Brunn
 113 Country Estates Rd
 Fountain Inn, SC 29644

Claim #: 20120010105260

Injury Date: 02/15/2012

SSN XXX-XX-0977

Jur. State: SC

Payee Tax ID: XXXXX0977	Carrier: New Hampshire Insurance Company 175 Water Street 18th Floor New York City, NY 10038 Phone: 8776394244 NAIC #: 2884	Payment Type: Temporary Total Disability
Ann Brunn 113 Country Estates Rd Fountain Inn, SC 29644	Pay Rate: 347.25	
INDEMNITY PAYMENT		
DOS From: 12/08/2012 To: 01/25/2013		

From Date To Date Adjustment Description

Paid To

Amount

Gross Amount

2,430.75

Net Check:

2,430.75

Ann Brunn

ANN BRUNN
113 COUNTRY ESTATES RD
FOUNTAIN INN, S.C. 29644
phone # 864-430-0087

WCC File # 1201560
WCC Form # 59

Attached is a copy of the last check
I received through mail on December
22, 2012 from the insurance company. I
did not cash the check until January 04, 2013
to make sure it was O.K. to cash it. I asked
the judge was it O.K. and she said yes.

Staffmark of Greenville Address:

Staffmark
8 Daris Keats Drive
Greenville, S.C. 29607
phone # 864-322-6004

Ann Brunn
Signature

April 18, 2013
Date

ATTORNEYS: June And July 2013

Ronald Tebally
864-667-0400

Josh Christian
864-232-7363

Theo Mitchell
235-6361

Rodney W. Richey
864-467-0503

Calls back from Attorneys Legal Assistant
or from Attorneys themselves plus meetings.

- ① Commissioner Roche should have told Attorney Joseph G. Francis, Jr. that he had to represent me.
- ② They were going on vacations
- ③ Did not want to get in the middle of this. Commissioner Roche should have made my Attorney represent me.

ANN BRUNN
113 COUNTRY ESTATES RD
FOUNTAIN INN S.C. 29644
phone# 864-430-0087

WCC File# 1201560

Additional Sheet WCC Form# 59
APPELLANT'S INFORMAL BRIEF

- ② Did the COMMISSIONER incorrectly decide the facts? If so, what facts? pain the doctor recommended light duty while sitting the company didn't offer me light duty work and the result ended in termination from 01/04/2012 to 03/06/2012.
- ③ Do you think the Commissioner applied the wrong law? If so, what law? represent my case it was very stressful. I contacted several attorneys only to find they were already book or too short to prepare my case or they just wanted to know why my attorney withdrew.
- ④ what action do you want commission to take in this case? I feel that the company was negligent. I can't work because of it, I have no income at this time.

Ann Brunn
Signature

April 18, 2013
Date



Claimant's Name: ANN BRUNN SSN: 247-88-0977 Employer's Name: ANN BRUNN Faurecia/STAFFMGR
Address: 113 COUNTRY ESTATES Rd Address: 113 COUNTRY ESTATES Rd 435 Elm Street
City: FOUNTAIN INN State: S.C. Zip: 29644 City: FOUNTAIN INN State: S.C. Zip: 29644
Home Phone: 864-430-0087 Work Phone: _____ Insurance Carrier: NEW HAMPSHIRE INSURANCE COMPANY
Preparer's Name: ANN BRUNN Law Firm: _____ Preparer's Phone #: 864-430-0087

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

- ① Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons? I was awarded WORKMEN COMP but was cut off, I'm still hurting and need more medical care.
- ② Did the Commissioner incorrectly decide the facts? If so, what facts? I was hurt at Faurecia a door fell on me, it took other employers to remove the door off my back. I was then sent to the company doctor. The results were Back Contusion and * please look at additional sheet for this question.
- ③ Do you think the Commissioner applied the wrong law? If so, what law? I'm not sure about the law all I know is my attorney withdrew from my case 1 month prior to my court date therefore, I had no time to find or obtain anyone to * please look at additional sheet.
- ④ Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what? I feel the judgement was wrong because I never had the opportunity to speak for myself and I did not have an attorney to speak for me.
- ⑤ What action do you want the Commission to take in this case? I would like the commissioner to reinstate my workman comp claim due to I still have pain from my injury, I need more medical care and I need help to find an attorney.
* See additional sheet.

Ann Brunn
Signature

_____ Date

IMPORTANT: A copy of this Brief and any attachments must be filed with the Commission within 10 days of receipt of the Review Hearing Notice, Form 31. The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department.



Claimant's Name: ANN BRUNN SSN: 247-88-0977 Employer's Name: Faurecia / Staffmark
Address: 113 COUNTRY ESTATES RD Address: 435 ELM STREET Suite 300
City: FOUNTAIN INN State: S.C. Zip: 29644 City: Cincinnati State: OH Zip: 45202
Home Phone: 864-430-0037 Work Phone: _____ Insurance Carrier: NEW HAMPSHIRE INSURANCE COMPANY
Preparer's Name: ANN BRUNN Law Firm: _____ Preparer's Phone #: 864-430-0037

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons? I WAS AWARDED WORKMEN COMP BUT WAS CUT OFF, I'M STILL HURT AND NEED MORE MEDICAL CARE.

Did the Commissioner incorrectly decide the facts? If so, what facts? I WAS HURT AT FAURECIA A DOOR FELL ON ME, IT TOOK OTHER EMPLOYERS TO REMOVE THE DOOR OFF MY BACK. I WAS THEN SENT TO THE COMPANY DOCTOR. THE RESULTS WERE BACK CONTUSION AND
* please look at additional sheet for this question

Do you think the Commissioner applied the wrong law? If so, what law? I'M NOT SURE ABOUT THE LAW ALL I KNOW IS MY ATTORNEY WITHDREW FROM MY CASE 1 MONTH PRIOR TO MY COURT DATE THEREFORE, I HAD NO TIME TO FIND OR OBTAIN ANYONE TO
* please look at additional sheet.

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what? I FEEL THE JUDGEMENT WAS WRONG BECAUSE I NEVER HAD THE OPPORTUNITY TO SPEAK FOR MYSELF AND I DID NOT HAVE AN ATTORNEY TO SPEAK FOR ME.

What action do you want the Commission to take in this case? I WOULD LIKE THE COMMISSIONER TO REINSTATE MY WORKMAN COMP CLAIM DUE TO I STILL HAVE PAIN FROM MY INJURY, I NEED MORE MEDICAL CARE AND I NEED HELP TO FIND AN ATTORNEY.
* See additional sheet.

Signature Ann Brunner

Date April 18, 2013

IMPORTANT: A copy of this Brief and any attachments must be filed with the Commission within 10 days of receipt of the Review Hearing Notice, Form 31. The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department.

ANN BRWIN
113 COUNTRY ESTATES RD
FOUNTAIN INN, SC 29644

WCC File # 12015700
WCC Form # 59

Attached Doctors report and Diagnosis: 13 pages

Attorneys I called and talk to could not get an attorney to represent me at my hearing because they would say not enough time to get prepare for the hearing or they are booked up.

Attorneys: Month of December 2012-January 2013

Christian C Davis, LLC - 232-7363

KEN NEWTON: 1-888-579-1790

NATH MATH: 864-242-6200

LARRY KOBROVSKY: 1-877-453-1246

COCHRAN LAW FIRM: 1-800-843-3476

KATHYRN WILLIAMS: 864-235-6254

HARRIS AND GRAVES: 864-235-1331

ILENE KING: 803-252-9000

GEORGIA SINK PA: 1-800-849-7465

LUNDA MCKENZIE: 864-271-2270

BON SECOURS ST. FRANCIS - EASTSIDE

WORKWELL

125 COMMONWEALTH DRIVE, GREENVILLE, SC 29615 (864) 255-1188

Ann Brunn
WCH#12015ed
Page 1 of 2

NAME: BRUNN, ANN

ADMISSION NO: 002934191

SEX: F AGE: 48Y

DATE OF BIRTH: 12/07/1963

LOCATION/NS: WW-

DATE OF EXAM: Feb 23 2012 5:06PM

MR#: 247880977 PATIENT CLASS: O

ACC.#: 10264810 DISCH. DATE:

ORD. PHYSICIAN: ORITSETIMEYIN E OTUBU-SCPIO

ORD. PHYSICIAN #: 724056

****Final Report****

ICD Codes / Adm.Diagnosis: /

Examination: SPINE, LUMBAR AP LAT - 3482100 - Feb 23 2012 5:06PM

Reason: WW - work injury

REPORT:
Lumbar spine

CLINICAL INDICATION: Low back pain after injury

COMPARISON: None

Technique: AP, lateral, coned-down lateral lumbosacral views of the lumbar spine

* FINDINGS: There are 5 lumbar type vertebral bodies. Osseous density is normal. A few small phleboliths are noted in the pelvis. There is a large amount stool. The Hubalek joints are grossly unremarkable.

Disc spaces are preserved. There is no evidence of fracture. Mild osteophytes and facet arthropathic changes are noted at multiple levels. There is minimal (2 mm) anterolisthesis of L5 on S1, which may be degenerative.

IMPRESSION:

1. No evidence of acute fracture.
2. Mild multilevel degenerative changes.

Interpreted/Read By: MATTHEW THOMAS CHANEY, MD (793311)

Transcribed: n/a on 02/23/2012

Approved: MATTHEW THOMAS CHANEY, MD (793311) Feb 23 2012 5:09PM

Distribution:

STATEMENT OF CONFIDENTIALITY NOTICE:

This facsimile transmission is intended to be confidential to the Individual(s) and/or Entity to whom it is addressed. It may contain information of a Privileged and/or Confidential nature which is subject to the agent of the intended recipient. If you are unable to deliver this communication to the intended recipient, do not read, copy or use the information contained within this transmission, or allow it to be read, copied or utilized in any manner by any other person(s). Should this transmission be received in error, please notify the above named sender immediately by telephone.

THIS DOCUMENT WAS SIGNED ELECTRONICALLY
A COPY OF THIS DOCUMENT IS ON-LINE IN THE BSHSI EMR.

BY ELECTRONICALLY SIGNING THIS REPORT, I THE SIGNING PHYSICIAN ATTEST THAT I HAVE PERSONALLY REVIEWED THE IMAGES FOR THE ABOVE EXAMINATION(S) AND AGREE WITH THE FINDING(S) AS DOCUMENTED ABOVE.

BON SECOURS ST. FRANCIS - EASTSIDE

WORKWELL

125 COMMONWEALTH DRIVE, GREENVILLE, SC 29615 (864) 255-1188

Ann Brunn
West
1201560

Page 1 of 2

NAME: BRUNN, ANN

ADMISSION NO: 002941770

SEX: F AGE: 48Y

DATE OF BIRTH: 12/07/1963

LOCATION/NS: WW-

DATE OF EXAM: Apr 12 2012 5:27PM

MR#: 247880977 PATIENT CLASS: O

ACC.#: 10389426 DISCH. DATE:

ORD. PHYSICIAN: ORITSETIMEYIN E OTUBU-SCIPIO

ORD. PHYSICIAN #: 724056

****Final Report****

ICD Codes / Adm.Diagnosis: /

Examination: SPINE THORACIC 3 VWS - 3482072 - Apr 12 2012 5:27PM

Reason: WW-INJURY-THORACIC

REPORT:

HISTORY: Injury with midback pain

Exam: Multiple views thoracic spine

FINDINGS: 3 views of the thoracic spine demonstrate multilevel cervical spondylosis and mild degenerative change of the thoracic spine, but there is preserved vertebral body height and alignment throughout. The pedicles are intact.

IMPRESSIONS: Degenerative changes both within the cervical and thoracic spine. No traumatic sequela demonstrated.

IMPRESSION:

Thank you for allowing us to participate in the care of this patient. If you would like to discuss this report with a radiologist, please call (864) 255-1188.

Interpreted/Read By: JASON P KELLY, MD (792272)

Transcribed: n/a on 04/12/2012

Approved: JASON P KELLY, MD (792272) Apr 12 2012 6:07PM

Distribution:

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THIS DOCUMENT WAS SIGNED ELECTRONICALLY
A COPY OF THIS DOCUMENT IS ON-LINE IN THE BSHSI EMR.

BY ELECTRONICALLY SIGNING THIS REPORT, I THE SIGNING PHYSICIAN ATTEST THAT I HAVE PERSONALLY REVIEWED THE IMAGES FOR THE ABOVE EXAMINATION(S) AND AGREE WITH THE FINDING(S) AS DOCUMENTED ABOVE.

NM Bone Scan

BRUNN, ANN - 0005868575

WCC File #
1201560

* Final Report *

Document Type: NM Bone Scan
Document Date: 19 March 2013 11:30 EDT
Document Status: Auth (Verified)
Document Title/Subject: RAM
Performed By/Author: BELONI , ANDREW J MD on 19 March 2013 11:30 EDT
Verified By: BELONI , ANDREW J MD on 19 March 2013 11:30 EDT
Encounter info: 1307300082, CMC-M, OP - Outpatient, 3/18/2013 - 3/19/2013
Contributor System: RAD

*** Final Report ***

8652

Accession # 20593950

Clinical Information:
DX MALIGN NEOPL BREAST NOS

Requesting Provider: KARINN CHAMBERS

DATE OF SERVICE: 3/19/2013 12:37:00

EXAM: BONE SCAN WHOLE BODY

HISTORY: Breast cancer

COMPARISON STUDIES: No prior bone scan. CT chest and abdomen done today. The

TECHNIQUE: Anterior and posterior planar whole body images were obtained approximately 3 hours after the intravenous administration of 25.0 mCi of Tc-99m MDP.

FINDINGS: There is a focus of abnormal increased uptake at the left posterior lower lumbar spine which correlates with facet joint hypertrophic degenerative changes on CT imaging. Increased activity at the right mandible most likely correlates with a dental abnormality. Activity at the left foot is probably related to prior injury. Minimal increased activity is also suggested at lower lateral ribs, possibly the 8th rib, slightly more evident on the right. Possible normal variant or related to prior injury. Metastatic disease is not suspected and CT imaging in this region shows no specific rib abnormalities. Uniform uptake is seen

Printed by: CALLON , MEGAN E RN
Printed on: 4/1/2013 12:09 EDT

Page 1 of 2
(Continued)

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

111 PETTIGRU STREET
POST OFFICE BOX 10383
GREENVILLE, SOUTH CAROLINA 29603-0383
(864) 242-3522
FAX (864) 242-3294

CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

ANN BRUNN
WCC#
1201560

ERNEST J. HOWARD
(1930-2000)
T. PRESTON REID
(1953-2007)

FEIN: 57-0508118

November 6, 2012

Ms. Ann Brunn
113 Country Estates Road
Fountain Inn, SC 29644

RE: Ann Brunn v. Staffmark
W.C.C. File No.: 1201560
Accident dated February 15, 2012

Dear Ms. Brunn:

This will confirm our telephone conversation of November 2, 2012, relative to your case, in which I communicated to you the settlement offer of the defendants wherein they would pay a lump sum of \$11,000, waive and relinquish their claim for overpayment of compensation, and pay all medical bills to date in exchange for a release from you.

I indicated to you that this amount equated to approximately 11 percent loss of use to the back. I also indicated that if you were inclined to accept this offer, I would reduce my fee to 22.5 percent so that you would net, after costs, \$7,505. You informed me that it is now your feeling that you do not wish to settle but that you wish to ask for more medical care and treatment and/or a referral to a different physician because you are not satisfied with the care and treatment which you have received to this point in time.

I indicated to you that, based upon my experience and my experience with Commissioner Roche who has been assigned your case, it is unlikely that she will order the defendants to send you to another doctor for treatment. It is likely, however, that she will make an award of a percentage loss of use of your back and allow the defendants some credit for a number of weeks of weekly workers' compensation benefits which they have paid. As you recall, Dr. Birkwits released you on August 14, 2012, with a 5 percent impairment rating of the back. He did not recommend any further medical care and treatment at that time. I informed you that 5 percent of the back equals \$5,208.75 at your compensation rate. Also, to the date of this letter, it has been 12 weeks since Dr. Birkwits released you. Therefore, in my opinion, it is unlikely that Commissioner Roche will award you any amount close to \$11,000; and, therefore, your downside risk in proceeding to a hearing is considerable.

Ann Brunn
WCC#
12015200

Ms. Ann Brunn
November 6, 2012
Page Two

On Monday, November 5, 2012, we again spoke on the phone; and I informed you that I was able to obtain an additional offer from the other attorney, which he described as final. They have now offered an additional \$1,000, for \$12,000 total. I will not charge any additional fee, so as to allow you to net the total amount of the increase in the offer, or \$8,505. I strongly advise you to accept this offer. This is, quite frankly, the best I am able to do for you. You advised me that you still did not wish to accept this, and I asked that you reconsider your decision.

Therefore, your choices are as follows: (a) to follow my advice and settle the case as I recommend; (b) proceed to the hearing, where your downside risk is considerable as I have described above; or (c) dismiss me as your attorney, allow me to ask for a 30 day continuance on your behalf so that you can procure another attorney, or to proceed on your own. (There is no guarantee that the Commissioner will grant any continuance for this reason.)

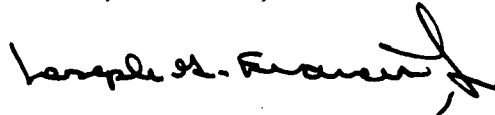
Finally, you did not appear on November 5 for your appointment with Dr. Benson Hecker. I spent considerable time and effort in obtaining this appointment. It cannot be rescheduled in time for the hearing. Based upon your failure to appear for this vocational evaluation, I would again recommend that you take my advice and accept the settlement offer or consider discharging me as your attorney and procure other counsel.

I look forward to hearing from you and hope you give this matter your favorable consideration.

With kind regards, I remain

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.



Joseph G. Francis, Jr.

JGFJr/lre

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

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JOSEPH G. FRANCIS, JR.

ERNEST J. HOWARD
(1930-2000)
T. PRESTON REID
(1953-2007)

FEIN: 57-0508118

*Ann Brunn
Wcc#
1201560*

October 26, 2012

Ms. Virginia Crocker, Judicial Director
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Ann S. Brunn v. Staffmark
W.C.C. File No.: 1201560
Date of Accident: 02/15/12

Dear Ms. Crocker:

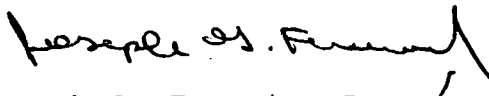
I am in receipt of a copy of the Form 21 recently filed by the defendants in the above-referenced matter.

The claimant has not achieved maximum medical improvement and it is our position that the claimant remains totally disabled, at least temporarily, if not permanently, under §42-9-10 and the various appellate decisions interpreting that section. Also, she is in need of further medical care and treatment in accordance with §42-15-60. In connection therewith, please find enclosed the report of Sybil Reddick, MD, dated June 8, 2012, for the commission's file.

Please note our opposition to the Form 21 by making this letter a part of the Commission's file. With kind regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.



Joseph G. Francis, Jr.

JGFJr/tfb

cc: Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

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CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

Ann Brunn
12015ed

ERNEST J. HOWARD
(1930-2000)
T. PRESTON REID
(1953-2007)

FEIN: 57-0508118

October 30, 2012

Benson Hecker, Ph.D.
506 Pettigru Street
Greenville, South Carolina 29601

Hand Delivered

Re: Ann Brunn
Date of Accident: 02/15/12
Date of Evaluation: 11/5/12
Social Security No.: 247-88-0977

Dear Dr. Hecker:

Please find enclosed herewith a complete copy of the medical records which I have pertaining to the above patient, whom I am referring to you for an evaluation of injuries sustained on the above date during the course of her employment with Staffmark.

On the above date, Ms. Brunn was assisting with the lead tech in cleaning a "punch machine" and the balance on the door broke, causing the door to fall onto her back.

I would appreciate your evaluating Ms. Brunn and forwarding me your usual comprehensive vocational assessment.

If there is anything further which you need, please do not hesitate to contact me.

With kind regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

Joseph G. Francis, Jr.

JGFjr/tfb
Enclosure

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

111 PETTIGRU STREET
POST OFFICE BOX 10383
GREENVILLE, SOUTH CAROLINA 29603-0383
(864) 242-3522
FAX (864) 242-3294

CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

Ann Brunn
WCH# 1201560

ERNEST J. HOWARD
(1930-2000)
T. PRESTON REID
(1953-2007)

FEIN: 57-0508118

November 29, 2012

Ms. Ann Brunn
113 Country Estates Road
Fountain Inn, SC 29644

Re: Your Workers' Compensation Claim

Dear Ms. Brunn:

Please be advised that the hearing in your workers' compensation case has been rescheduled for **Tuesday, December 11, 2012 at 1:30 p.m.**, to be held at County Square, 301 University Ridge, Suite 5100, East Wing, Greenville, SC.

I would again strongly advise you to give consideration to the settlement proposal for the reasons I have previously set out. If you are still unwilling to accept my advice, please call my office upon receipt of this letter and schedule a time to come in to prepare for the hearing.

With kind regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

Joseph G. Francis, Jr.

JGFJr/tfb
Enclosure/Hearing Notice

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

111 PETTIGRU STREET
POST OFFICE BOX 10383
GREENVILLE, SOUTH CAROLINA 29603-0383
(864) 242-3522
FAX (864) 242-3294

CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

ERNEST J. HOWARD
(1930-2000)
T. PRESTON REID
(1953-2007)

FEIN: 57-0508118

*Ann Brunn
Wed # 12/15/12*

November 21, 2012

Ms. Ann Brunn
113 Country Estates Road
Fountain Inn, SC 29644

Re: Ann Brunn v. Staffmark
D/A: 02/15/12

Dear Ms. Brunn:

The hearing in your workers' compensation case has been postponed due to a scheduling conflict of the defense attorney. It will be rescheduled when the workers' compensation commission's docket permits, either later in December or early January. We may know the date and time next week, and my office will let you know.

In the meantime, I advise you again to give favorable consideration to the settlement proposal for the reasons which I have previously set out. If you are still unwilling to heed my advice, I would recommend that you obtain a second opinion from another experienced workers' compensation attorney.

With kind regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

Joseph G. Francis, Jr.
Joseph G. Francis, Jr.

JGFJr/tb

Ann Brunn

WOC # 1201520

Terri Bazemore

From: Terri Bazemore [tbazemore@hhfr.com]
Sent: Thursday, August 23, 2012 3:49 PM
To: 'Williams, Alaina'
Cc: 'gbeard@sowellgray.com'; 'Joseph G. Francis Jr.'
Subject: Ann Brunn v. Staffmark
Attachments: DOC082312brunn.pdf

Hi Alaina, Please find the attached copy of the appointment card concerning the above matter. Ms. Brunn was given this appointment by Dr. Berkwits' office and advised her that they would be requesting authorization from the carrier, and if they were unable to obtain authorization, they would have to cancel the appointment. I would appreciate your contacting the carrier regarding this matter and advising the adjuster that prior authorization will be required.

Ms. Brunn has had no real treatment since the injury, and is continuing with multiple symptoms of chronic pain. Your assistance in this matter is very much appreciated.

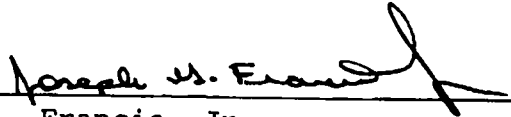
Terri Bazemore

Assistant to Joseph G. "Skip" Francis, Jr.
Howard, Howard, Francis & Reid, LLP
P.O. Box 10383 (29603)
111 Pettigru Street (29601)
Greenville, SC
Phone (864) 242-3522
Fax (864) 242-3294
tbazemore@hhfr.com

120

WCC File #
1201560

HOWARD, HOWARD, FRANCIS & REID, L.L.P.



Joseph G. Francis, Jr.
Greenville, South Carolina /
December 4, 2012

Wcc File #
1201560

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

Ann S. Brunn,

Employee-Claimant,

vs.

Staffmark, Employer,

and,

New Hampshire Insurance
Company,

Carrier,

Defendants.

W.C.C. File No.: 1201560

MOTION TO BE RELIEVED AS COUNSEL

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND ANN S. BRUNN,
EMPLOYEE/CLAIMANT:

PLEASE TAKE NOTICE THAT the undersigned attorney hereby moves pursuant to Rule 67-1203 of the Rules of Practice of the South Carolina Workers' Compensation Commission, and Rule 1.16 (b) (4), (6), (7) of the Rules of Professional Conduct, for an Order relieving him as counsel for the Claimant in the above matter.

Pursuant to Rule 1.16 (b) of the Rules of Professional Conduct, the undersigned requests that the hearing in this matter, scheduled for December 11, 2012, be cancelled, and the case reset no sooner than thirty days from the date hereof in order to allow the claimant to procure substitute counsel, and/or adequately prepare for the hearing.

The undersigned hereby waives all fees and costs in this matter.

I SO MOVE.

WCC File #
1201500

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

111 PETTIGRU STREET
POST OFFICE BOX 10383
GREENVILLE, SOUTH CAROLINA 29603-0383
(864) 242-3522
FAX (864) 242-3294

CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

ERNEST J. HOWARD
(1930-2000)
T. PRESTON REID
(1953-2007)

FEIN: 57-0508118

June 7, 2012

Sybil Reddick, MD
Pain Management Associates
1005 Grove Road
Greenville, SC 29605

Re: Ann S. Brunn
Social Security No.: 247-88-0977
Date of Birth: 12/07/63
Date of Accident: 02/15/12
Date of Evaluation: 05/21/12

Dear Dr. Reddick:

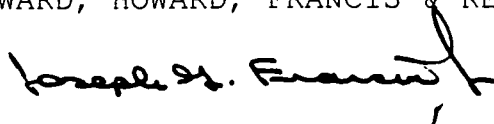
As you are aware, the above patient was previously evaluated in your office on May 21, 2012. Your office has requested that Ms. Brunn return in order that the evaluation may be completed. Therefore, an appointment was scheduled for her to return on today's date.

For your assistance in re-evaluating Ms. Brunn, I have enclosed a copy of the previous letter which I forwarded on May 16, 2012.

With kind regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.



Joseph G. Francis, Jr.

JGFJr/tfb
Enclosure

WCC file #
1201500

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

111 PETTIGRU STREET
POST OFFICE BOX 10383
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(864) 242-3522
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CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

ER

T.

I

June 6, 2012

Sybil Reddick, MD
Pain Management Associates
1005 Grove Road
Greenville, SC 29605

Re: Ann S. Brunn
Social Security No.: 247-88-0977
Date of Birth: 12/07/63
Date of Accident: 02/15/12
Date of Evaluation: 05/21/12

Dear Dr. Reddick:

Please find enclosed herewith a complete copy of the medical reports which I have pertaining to the above patient, whom I referring to you for an evaluation of injuries she sustained on above date during the course of her employment with Staffmark

On the above date, Ms. Brunn was assisting a co-employee cleaning an industrial "punch machine", when a large metal ac door came loose from the machine fell downward onto her back.

I would appreciate your performing a comprehensive examina and evaluation of this patient and forwarding me your report indicating your diagnosis with respect to this lady, and any fur recommendations of treatment, including comprehensive pain the which you feel may be necessary and beneficial towards restor function, reducing her level of pain, and returning her eventu to work. On the other hand,, if you do not feel that this pat would benefit from additional treatment, I would ask you to note opinion as to the degree of permanent impairment which she ha sustained to her spine, or any other affected anatomical body or system, as a result of the above injury.

I have enclosed a check in the requested amount; an there is anything further which you need, please do not hesitat

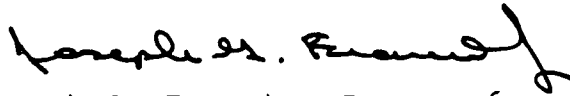
WEC File #
1201560

Sybil Reddick, MD
Pain Management Associates
May 16, 2012
Page Two

With kind regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

A handwritten signature in black ink, appearing to read "Joseph G. Francis, Jr.", with a stylized flourish at the end.

Joseph G. Francis, Jr.

JGFJr/tfb
Enclosure

WCC File #
1201560

Pain Management Associates
1005 Grove Road
Greenville, SC 29605
Phone (864) 242-6447 Fax (864) 242-6517

PatientID: 98885AB
Patient Name: ANN S BRUNN
Date of Birth: 12/07/1963

Date of Service: 06/08/2012

He noted there may be some symptom magnification with diffuse lower limb give way weakness with normal sensation and reflexes.

She presents today for evaluation with complaints of headaches that are now intermittent. These headaches are now mostly upper cervical and base of her skull. She states the low back pain is constant. There is some radicular pain reported in the right lower extremity. No particular dermatomal pattern. She has complaints of mid back pain with radiating pain around the ribs, mainly on the left side. She states her pain is constant but has been alleviated to some degree with physical therapy. Pain is exacerbated by most activities. She continues to have difficulty with sleeping as she notes she finds it difficult to find a position of comfort.

Diagnosis:

Lumbar contusion-resolved
Cervical myofascial pain
Thoracic myofascial pain
Lumbar myofascial pain
Thoracolumbar facet arthropathy

* I think she has at this point developed a chronic pain as a result of this work injury. It appears that she may have sustained a nerve injury, specially to an intercostal nerve. There was a request for an abdominal CT to investigate a possible occult rib fracture but I did not see a report indicating that it had been done. There is additional treatment that may offer this patient some relief and hopefully return to gainful employment. Recommendations for treatment include:

1. She may benefit from an intercostal nerve block. This could help aid in making this diagnosis definitively if she derives benefit.
2. Myofascial therapy with myofascial release. Ideally done in conjunction with trigger point injections.
3. I don't think her complaints are secondary to disc pathology but she clearly has some component of facet arthropathy in the lower thoracic and upper lumbar segments. Diagnostic/Therapeutic Facet Blocks may be of benefit. If beneficial follow with facet rhizotomy for more sustained relief.

She is not at MMI at this time and with implementation of the above recommendations MMI can be anticipated reasonably within 8-10 weeks.

VERIFICATION OF ANCILLARY DOCUMENTATION: The portions of the chart completed by ancillary personnel were reviewed by the physician.

Electronically Signed by: Sybil Reddick, M.D. on Friday, June 08, 2012 at 06:31 pm

SYBIL REDDICK,

Pharmacy Related Fax# 864-242-6517 Medical Records Request Fax# 864-855-1323

WCC file #
1201520

Pain Management Associates
 1005 Grove Road
 Greenville, SC 29605
 Phone (864) 242-6447 Fax (864) 242- 6517

PatientID: 98885AB

Patient Name: ANN S BRUNN

Date of Birth: 12/07/1963

Date of Service: 06/08/2012

She states she saw the doctor and was returned to work the next day. She indicates she worked in pain. She was seen again and placed on restrictions. She states she has not worked since that time.

Summary of review of records:

02/16/12: Patient was seen by Orisetimeyin Otubu-Scipio, M.D. noted on exam no swelling or discoloration, tenderness along mid back just below scapular spine in a horizontal linear pattern. Patient reports pain worsens with extension and rotation but other movements do not impact pain. She was diagnosed with contusion of the back and returned to regular duties. OTC meds recommended.

02/23/12: Patient re-evaluated by Dr. Otubu-Scipio. Noted back pain worsened since last visit. She complained of neck, chest and lower abdomen pain. Noted complaint of headache on initial visit. Increased limitation of motion noted. Lumbar spine X-ray reported negative. She was prescribed Naproxen 500 mg bid for back and neck pain. She was placed on limited duties with 10 lb weight limit, no strenuous pushing/pulling, limit bending/stooping/twisting to 2- times/hr. Follow up in one week. Diagnosis of contusion and back pain.

02/28/12: Patient re-evaluated by Dr. Otubu-Scipio. Patient complaining of pain from the neck down to the sacroiliac area. She complains of headaches with no relief after Naproxen. Noted some improvement on exam with regards to cervical range of motion but remains limited with extension and flexion. Baclofen was added mg bid. She was to continue work restrictions. One week followup. Diagnosis of contusion back with myalgias.

03/05/12: She was evaluated on follow up by Lorette Mitchem, ANP. MRI of the lumbar spine was ordered. Restricted duties continued.

03/09/12: MRI of the lumbar spine demonstrated degenerative changes affecting the lumbar spine primarily facet joint arthropathy. Most pronounced on the left L5/S12. There is no focal disc herniation or severe central canal stenosis identified.

03/15/12: Follow up evaluation with Dr. Otubu-Scipio. Noted patient appears to have a cervical strain and lumbar strain from the initial injury that are not resolving with rest alone. Restricted duties continued. Physical therapy ordered.

03/29/13? Follow up with Dr. Otubu-Scipio. Noted physical therapy not ordered on last visit. Noted previous MRI of the lumbar spine showed degenerative changes. Reported new complaint of right leg pain. Physical therapy reportedly helpful but overall pain intensity not changing with interventions. Recommended referral to physiatrist because of the primary soft tissue complaints and no significant improvement. Request for referral to physiatrist made. Baclofen and Naproxen refilled. Follow up as needed.

04/25/12 Evaluation with Leland Berkwits, M.D. Dr. Berkwits recommended:

- * CT of the abdomen assess for occult rib fracture
- * start Nortriptyline 10 mg to help with her sleep
- * Continued light duty status
- * 2 week follow up to review diagnostics

SYBIL REDDICK,

Pharmacy Related Fax# 864-242-6517 Medical Records Request Fax# 864-855-1323

WCC File #
1201500

Pain Management Associates
1005 Grove Road
Greenville, SC 29605
Phone (864) 242-6447 Fax (864) 242-6517

PatientID: 98885AB

Patient Name: ANN S BRUNN

Date of Birth: 12/07/1963

Date of Service: 06/08/2012

central. Her range of motion is within normal range but she has complaints of pain end range with rotation bilaterally.

SPINE, RIBS, PELVIS: Mild edema in the right lumbar area. Moderate tenderness in the midline thoracic area, moderate tenderness in the right lumbar paraspinal area. No kyphosis, lordosis, or scoliosis. Movement mildly restricted in all directions. Normal stability. She has some tenderness to palpation at the lower rib margins on the left.

LEFT UPPER EXTREMITY:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: No muscle or joint tenderness to palpation. No crepitation.

RIGHT UPPER EXTREMITY:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: No muscle or joint tenderness to palpation. No crepitation.

LEFT LOWER EXTREMITY:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: No tenderness. No crepitation.

RIGHT LOWER EXTREMITY:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: No tenderness. No crepitation.

LOW BACK:

Right straight leg raise is negative for back or leg pain.

Left straight leg raise is negative for back or leg pain.

Lumbar facet provocation maneuvers positive on the right.

Exaggerated lumbar flexion is painful. Extension from flex position is more difficult for her than flexion from extension

There is tenderness to palpation over the right lumbar paraspinals.

POSTURE: Normal.

Spurling's maneuver is negative bilaterally.

Gait intact. Does not use mobility aids.

ASSESSMENT/PLAN:

The patient is a 48 year old woman who was injured in a work related incident 2/15/12. She states she was instructed by her lead tech to clean out the back of a machine. She called this a punch machine and described it as a very large structure that punches holes in leather material (parts for BMW). She states she was sweeping in a bent over position when the door/gate on the back of the machine came down on her back. She describes the door as the size of a single car garage door. Unsure of the weight. She indicates 2 co-workers were needed to lift the door. She states immediately after the incident she noted pain in the mid back and chest. She states she also felt light headed, there was no loss of consciousness reported. She indicates the supervisor and safety officer were notified. She states she was told by maintenance that a balance broke on the door. A large bruise across her back was reportedly evident at that time. She states she was instructed by the safety officer to go home, ice and take Tylenol. She states she was contacted by the Temp Service that she was employed by and directed her to fill out statement and from there she would be referred to see the company doctor.

SYBIL REDDICK,

Pharmacy Related Fax# 864-242-6517 Medical Records Request Fax# 864-855-1323

Pain Management Associates
1005 Grove Road
Greenville, SC 29605
Phone (864) 242-6447 Fax (864) 242-6517

PatientID: 98885AB
Patient Name: ANN S BRUNN
Date of Birth: 12/07/1963

Date of Service: 06/08/2012

CURRENT MEDICATION LIST:
NONE

REVIEW OF SYSTEMS:

Positive for Headaches, trouble with eyesight, low back pain, joint pain, numbness/tingling, trouble with sleep.

Negative for

Fever, chills, nausea, vomiting, diarrhea, constipation, chest pain, shortness of breath

PHYSICAL EXAM:

VITAL SIGNS:

VS-BLOOD PRESSURE: 122/78 Left Arm Sitting

VS-RESPIRATION: 18

VS-HEIGHT: 5ft7in

VS-WEIGHT: 187lbs

BMI: 29.29

Black female, well nourished body habitus, appears stated age, appropriately groomed. In no acute distress. The patient was very pleasant and cooperative.

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.

GENERAL EXAM:

SKIN: Warm, dry.

HEAD/FACE: The head is normocephalic. There are no maxillofacial abnormalities. Normal facial appearance.

EYES: Lids are normal without ptosis, edema. Conjunctivae are normal and without inflammation, injection, hemorrhages or exudates. Pupils are equal, round.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline.

RESPIRATORY: Normal respiratory effort with symmetrical lung expansion.

PAIN BEHAVIORS: No pain behaviors.

WADDELL'S TESTING: Waddell's testing is negative.

REFLEXES:

Deep tendon reflexes normal and symmetrical.

SENSATION:

DERMATOMES (TOUCH & PRESSURE): Touch and pressure intact on the left side. Touch and pressure intact on the right side.

MUSCULOSKELETAL EXAM:

HEAD/NECK (POSTERIOR), SHOULDER GIRDLE: No erythema, ecchymosis or edema.

Moderate tenderness in the midline. Head and neck in neutral position. Normal stability.

Normal strength and tone. The tenderness is located in the lower cervical segments centrally.

There is also some degree of tenderness over the paraspinals bilaterally but less so compared to

SYBIL REDDICK,

Pharmacy Related Fax# 864-242-6517 Medical Records Request Fax# 864-855-1323

WCC File #
1201500

212-3294

Pain Management Associates

1005 Grove Road

Greenville, SC 29605

Phone (864) 242-6447 Fax (864) 242-6517

PatientID: 98885AB

Patient Name: ANN S BRUNN

Date of Birth: 12/07/1963

Date of Service: 06/08/2012

REFERRING PHYSICIAN:**CHIEF COMPLAINT:**

Mid-low back pain/right leg

HISTORY OF PRESENT ILLNESS:

Patient seen today for an IME.

THORACIC, LUMBAR SPINE: The pain began approximately 3 months ago. The onset was spontaneous and sudden. The onset of pain began at work after being struck by a falling object. The location of the pain is in the lower lumbar region bilaterally, tailbone, mid-lumbar region, upper lumbar region. The pain radiates into the right leg. The quality is achy, sharp, throbbing. The severity is marked. Numerical pain scale is subjectively graded 7/10, to 8/10. The symptoms were worse with standing, walking, sitting. The patient has tried pool therapy, hot packs, no medication has been tried. There was no improvement noted with the therapies tried. The patient has not seen anyone else for this problem. Prior evaluation for this problem has included a MRI scan of the lumbar spine, plain film x-ray.

PAST MEDICAL HISTORY: Right breast cancer.**PAST SURGICAL HISTORY:** Right lumpectomy, hysterectomy, tubal ligation, left ear surgery**SOCIAL HISTORY:****MARITAL STATUS:** Separated.**CHILDREN:** One child. She lives in Fountain Inn.**OCCUPATION:** She was working through a temp service at Faurecia (manufactures parts for BMW and VW) She states she was working in the Vao Form Department at the time of injury. She started the position in Jan 2012. States she was terminated by the temp service a few weeks after injury.**FUNCTIONAL HISTORY:** She previously walked for exercise. She also worked as a CNA in NH- required lifting patients.**ALCOHOL:** Does not give any significant history of alcohol usage.**TOBACCO USE:** Has no smoking history.**CAFFEINE:** Does not use caffeinated beverages.**EXERCISES:** The patient does not exercise regularly.**DIET:** Follows a regular diet that is appropriate for age and weight.**ILLCIT DRUG USE:** No history of illicit drug use or prescription misuse.**FAMILY HISTORY:****GENERAL FAMILY ILLNESS:** Positive history of hypertension, positive for kidney failure requiring dialysis, positive history of diabetes.**CURRENT ALLERGY LIST:**

NKDA

SYBIL REDDICK,

Pharmacy Related Fax# 864-242-6517 Medical Records Request Fax# 864-855-1323

NM Bone Scan

BRUNN, ANN - 0005868575

WCC File #
1201560

* Final Report *

Document Type: NM Bone Scan
Document Date: 19 March 2013 11:30 EDT
Document Status: Auth (Verified)
Document Title/Subject: RAM
Performed By/Author: BELONI, ANDREW J MD on 19 March 2013 11:30 EDT
Verified By: BELONI, ANDREW J MD on 19 March 2013 11:30 EDT
Encounter info: 1307300082, CMC-M, OP - Outpatient, 3/18/2013 - 3/19/2013
Contributor System: RAD

*** Final Report ***

8652

Accession # 20593950

Clinical Information:
DX MALIGN NEOPL BREAST NOS

Requesting Provider: KARINN CHAMBERS

DATE OF SERVICE: 3/19/2013 12:37:00

EXAM: BONE SCAN WHOLE BODY

HISTORY: Breast cancer

COMPARISON STUDIES: No prior bone scan. CT chest and abdomen done today. The

TECHNIQUE: Anterior and posterior planar whole body images were obtained approximately 3 hours after the intravenous administration of 25.0 mCi of Tc-99m MDP.

FINDINGS: There is a focus of abnormal increased uptake at the left posterior lower lumbar spine which correlates with facet joint hypertrophic degenerative changes on CT imaging. Increased activity at the right mandible most likely correlates with a dental abnormality. Activity at the left foot is probably related to prior injury. Minimal increased activity is also suggested at lower lateral ribs, possibly the 8th rib, slightly more evident on the right. Possible normal variant or related to prior injury. Metastatic disease is not suspected and CT imaging in this region shows no specific rib abnormalities. Uniform uptake is seen

Printed by: CALLON, MEGAN E RN
Printed on: 4/1/2013 12:09 EDT

Page 1 of 2
(Continued)

NM Bone Scan

BRUNN, ANN - 0005868575

WCC File #
1201560

* Final Report *

throughout the remaining osseous structures. There is no evidence of metastatic disease to bone. No additional degenerative disease is identified. Symmetric nephrograms are noted.

IMPRESSION: Exam appears to be negative for metastatic disease.

Report ID: 5470857

D: 3/19/2013 12:33:19 SC: 187

Dictated by: Andrew J. Beloni, MD

Verified By: ANDREW BELONI M.D. Date: 03/19/2013 Time: 12:58

IMAGE

This document has an image

Completed Action List:

- * Order by CHAMBERS , KARINN M MD on 11 March 2013 15:22 EDT
- * Perform by PERSONNEL , RADIOLOGY on 19 March 2013 11:30 EDT
- * VERIFY by BELONI , ANDREW J MD on 19 March 2013 11:30 EDT
- * Endorse by CHAMBERS , KARINN M MD on 19 March 2013 14:20 EDT

Printed by: CALLON, MEGAN E RN
Printed on: 4/1/2013 12:09 EDT

Page 2 of 2
(End of Report)

WCC File #
1201560

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA

COUNTY OF GREENVILLE

WORKERS' COMPENSATION COMMISSION

Ann Brunn

W.C.C. File No.: 1201560

Employee,

CERTIFICATE OF SERVICE BY MAIL

Claimant,

vs.

Staffmark,

Employer,

and,

New Hampshire Insurance
Company,


Carrier,

Defendants.

The undersigned employee of Howard, Howard, Francis & Reid, Attorneys for the Claimant, hereby certifies that service of the attached to Be Relieved, was made upon the following person(s) by placing copy in the United States Mail, first class postage prepaid, and return clearly indicated on said envelope this the 4th day of December, 2012, as follows:

Grady L. Beard, Esquire
Nicolas L. Haigler, Esquire
Sowell Gray Stepp & Laffitte, LLC
Post Office Box 11449
Columbia, SC 29611

Ms. Ann Brunn
113 Country Estates Road
Fountain Inn, SC 29644


Terri Bazemore
HOWARD, HOWARD, FRANCIS, & REID, L.L.
Attorneys for the Employee-Claimant
Post Office Box 10383
Greenville, South Carolina 29603

WCC File #
1201560

HOWARD, HOWARD, FRANCIS & REID, L.L.P.

ATTORNEYS AT LAW

111 PETTIGRU STREET
POST OFFICE BOX 10383
GREENVILLE, SOUTH CAROLINA 29603-0383
(864) 242-3522
FAX (864) 242-3294

CHARLES E. HOWARD
JOSEPH G. FRANCIS, JR.

ERNEST
(19
T. PRE
(19
FEIN:

December 4, 2012

The Honorable Andrea C. Roche
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Ann Brunn v. Staffmark
W.C.C. File No.: 1201560

Dear Commissioner Roche:

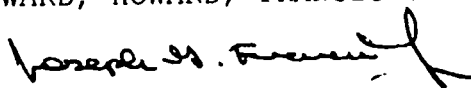
Please find enclosed herewith a Motion and Order to be Relieved as Counsel, and Certificate of Service concerning the above matter. I am submitting the same for approval.

I have enclosed a self-addressed, stamped envelope for certified copies of the same, assuming that it meets with your approval.

Thank you for your assistance in this matter, and with kin regards I am,

Sincerely yours,

HOWARD, HOWARD, FRANCIS & REID, L.L.P.



Joseph G. Francis, Jr.

JGFJr/tfb
Enclosure

Cc: Ms. Ann Brunn
Grady L. Beard, Esquire

WCC File #
1201560

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

Ann S. Brunn,

Employee-Claimant,

vs.

Staffmark,

Employer,

and,

New Hampshire Insurance
Company,

Carrier,

Defendants.

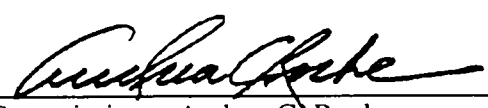
W.C.C. File No.: 1201560

ORDER RELIEVING COUNSEL

Based upon the attached Motion, IT IS HEREBY ORDERED that Josep Francis, Jr. and the firm of Howard, Howard, Francis & Reid, L.L.P. be as counsel for the claimant in the above captioned matter, and are here and finally discharged from any further responsibilities in connect. the representation of the Claimant in the above matter; and,

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMI

By: 
Commissioner Andrea C. Roche
December 19, 2012

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled acti upon all parties to this cause by sending an electronic copy hereof by electronic mail address to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in tl United States mail addressed to any unrepresented party.