

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
South Carolina Workers' Compensation Commission

Full Commission Review
Derrick Williams, Commissioner

W.C.C. File No.: 0813280
And
W.C.C. File No.: 0823253

RECEIVED

MAR 30 2012

S.C. Supreme Court

Patricia D. Johnson.....Appellant,

v.

BMW Manufacturing Corporation, LLC,.....Employer, Respondent,

And

Hartford Insurance Company of the Midwest
and Specialty Risk Services, Inc. Carrier, Respondent.

RECORD ON APPEAL

Albert V. Smith
Attorney for Appellant
410 Magnolia Street
Post Office Box 5866
Spartanburg, SC 29304
Telephone: (864) 585-8174
Fax: (864) 573-6843

Vernon F. Dunbar
Attorney for Respondent
Turner Padgett Graham & Laney P.A.
Post Office Box 1509
Greenville, SC 29602
Telephone: 864-552-4601

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Exhibits

Claimant's Exhibit...

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May 15, 2005, August 7, 2008... 520

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1. Incident Report dated August 25, 2008... 526
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 3. Industrial Health Services Progress Notes
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Claimant's Name: Patricia Dianne Johnson SSN: _____ Employer's Name: BMW Manufacturing Co. LLC
Address: _____ Address: 1400 Hwy. 101 S.
City: _____ State: _____ Zip: _____ City: Greer State: SC Zip: 29651
Home Phone: _____ Work Phone: () _____ Insurance Carrier: Hartford Ins. Of Midwest
Preparer's Name: Albert V. Smith Law Firm: ALBERT V. SMITH, PA Preparer's Phone #: 864/585-8174

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness: 08-23-08 Last date of exposure

☒ Injury ☐ Illness ☒ Repetitive Trauma

- 1a. The claimant sustained an injury to the right shoulder, r. elbow, left shoulder and left elbow, caused by repetitive trauma, and/or aggravation of a
1b. pre-existing condition to the left shoulder and elbow caused by repetitive exposure to upper extremity. (Part(s) of Body Injured) on 08-23-08 (Month/Day/Year)
in Spartanburg county, state of SC.
Body part(s) affected are: Bilateral shoulders and elbows.

Briefly describe how the accident occurred. Repetitive hammering of the sand hammer while in the course and scope of her employment.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 08-23-08 (Month/Day/Year) in the following manner:
Reported to immediate supervisor.

☒ 6. Due to injury, the claimant is in need of (check one):

- ☒ (a) medical examination and treatment for: Bilateral shoulders and elbows
☒ (b) additional medical examination and treatment for: Bilateral shoulders and elbows

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
08-23-08 forward.

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

- ☒ (1) General Disability: ☒ Total ☐ (2) Specific Disability: ☐ Total
☒ (3) Wage Loss ☐ Partial ☐ Partial

☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$TBD, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11a. Further grounds or unusual aspects of claim:

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. John Millon, The Hand Surgery Center, 1120 Grove Rd., Ste. A, Greenville, SC 29605, Dr. Ken Hommel, BMW Health Services, P.O. Box 11000, Sptbg, SC 29304, Diagnostic Health, 1 Cannon Dr., Greenville, SC 29605.

11c. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

☒ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: 30 minutes

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

Preparer's Signature: [Signature] Attorney for Claimant: smithoffice1@albertsmithattv.com Email: _____ Date: 3-19-09

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

Record on Appeal
000005

STATE OF SOUTH CAROLINA)

BEFORE THE SOUTH CAROLINA

COUNTY OF SPARTANBURG)

WORKERS' COMPENSATION

COMMISSION

Patricia Dianne Johnson, Employee,)

WCC File No.:

Claimant,)

-vs-)

CERTIFICATE OF SERVICE BY MAIL

BMW Manufacturing Co., Employer)

and Hartford Of Midwest, Carrier,)

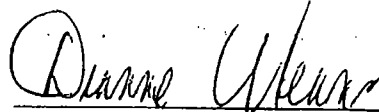
Defendants.)

I, the undersigned, hereby certify that I have served the foregoing Letter of Representation and Form 50 upon, Employer/Carrier by mailing a copy of same, postage prepaid and return address clearly indicated, to him/her at the following address on March 19, 2009:

Hartford Insurance of Midwest
P.O. Box 958459
Lake Mary, FL 32795

BMW Manufacturing Co.
1400 Hwy. 101 S.
Greer, SC 29651

ALBERT V. SMITH, P.A.



Dianne Means, Secretary

Spartanburg, South Carolina



Claimant's Name: Patricia D. Johnson

Employer's Name: BMW Manufacturing Corporation

Address: _____

Address: P.O. Box 11000

City _____ State: SC Zip: _____

City Spartanburg State: SC Zip: 29304-1400

Home Phone: _____ Work Phone: _____

Carrier: Specialty Risk Services Inc.

Preparer's Name: Vernon F. Dunbar, Esq. Law Firm: Turner Padgett Graham & Laney P.A. Preparer's Phone #: (864) 552-4601

Date of Injury or Illness: 8/23/2008 alleged
3/14/2008 correct

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

- It is **Admitted in part/denied in part** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit to claimant's bilateral shoulder injury sustained on the day of March 14, 2008 only. We deny elbow injury.
- It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
- It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
- It is **Admitted** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: _____
- It is **Admitted** notice of injury was given the employer. The reasons for denial are: _____
- It is **Denied** the employee **Needs** medical care as a result of injury or illness. The reasons for denial are:
Claimant is being treated by Dr. Timothy Brown with the Hand Surgery Center
- It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
Dr. Brown states there are no "restrictions" to her shoulder.
- It is **Denied** the employee is permanently disabled. The reasons for denial are:
No proof or evidence claimant sustained loss of use of any body part or earning capacity.
- It is **Denied** the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ Pursuant to Form 20 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are:
- Estimated time needed for hearing: 1 hour

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Albert V. Smith, Esquire

Address: P.O. Box 5866, Spartanburg, SC 29304

on the 17th day of April, 2009 by ☒ first class mail ☐ personal service ☐ certified mail.

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

Vernon F. Dunbar Esq.
Preparer's Signature Title

VDunbar@TurnerPadgett.com
Email

April 17, 2009
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

April 17, 2009

FLORENCE
GREENVILLE
MYRTLE BEACH**REPLY TO:****Vernon F. Dunbar
Attorney at Law**

RECEIVED APR 20 2009

VDunbar@TurnerPadget.com
Direct Dial: (864) 552-4601
Direct Fax: (864) 282-5942

The Honorable Greg Line
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29201-1715

RE: Claimant: Patricia D. Johnson
 Employer: BMW Manufacturing Corporation
 Carrier: Specialty Risk Services Inc.
 Claim No.: YMG96273
 WCC File No.: 0813280
 Our File No.: 02920.00555
 D/A: 8/23/2008

Dear Greg:

Patricia Johnson has two pending claims with the South Carolina Worker's Compensation Commission. Unfortunately, it appears that both claims have been inadvertently listed under WCC File No.: 0813280, which references a date of accident of August 23, 2008 involving the back. This claim has been denied.

Ms. Johnson is also alleging a work related injury to her right upper extremity and/or shoulder, which occurred on March 14, 2008. This claim has been admitted.

It appears that two separate workers' compensation file numbers need to be established for these claims. First, the accidents involved different body parts on different injury dates. Second, the back claim, which has been assigned a worker's compensation file number, is denied; wherein, the right shoulder claim has been admitted.

By copy of this letter to Albert Smith, Esquire, I am apprising him of this issue and I am providing him with a copy of the Form 12A, which I am also submitting for filing.

BUSINESS • LITIGATION • SOLUTIONS

200 East Broad Street • Suite 250 (29601) • PO Box 1509 • Greenville, SC 29602
Phone (864) 552-4600 • Fax (864) 552-4620 • turnerpadget.comRecord on Appeal
000009

EMPLOYER (NAME & ADDRESS INCL. ZIP) BMW 1400 Highway 101 South Greer SC 29651		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE	
SIC CODE		JURISDICTION		JURISDICTION CLAIM NUMBER	
EMPLOYER FEIN 223190143		INSURED REPORT NUMBER		LOCATION # 01820	
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		PHONE # (864)989-5547	
CARRIER/CLAIMS ADMINISTRATOR					
CARRIER (NAME, ADDRESS & PHONE NO.) Hartford Casualty PO Box 17286 Nashville TN 37217- (864)258-2193		POLICY PERIOD 01/01/08 TO 12/31/08 CHECK IF APPROPRIATE ☐ SELF INSURANCE		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.) Hartford Casualty PO Box 14205 Lexington, KY 40512 (866)803-8089	
CARRIER FEIN		POLICY/SELF-INSURED NUMBER 20WND68700		ADMINISTRATOR FEIN	
AGENT NAME & CODE NUMBER					
EMPLOYEE/WAGE					
NAME JOHNSON, PATRICIA D.		DATE OF BIRTH 10/14/51		SOCIAL SECURITY NUMBER	
ADDRESS (INCL. ZIP)		SEX ☐ MALE ☒ FEMALE ☐ UNKNOWN		DATE HIRED 11/13/00	
PHONE		# OF DEPENDENTS 0		STATE OF HIRE SC	
		MARITAL STATUS ☐ UNMARRIED ☒ MARRIED ☐ SEPARATED ☐ UNKNOWN		OCCUPATION/JOB TITLE PRODUCTION ASSOCIATE	
				EMPLOYMENT STATUS ACTIVE	
RATE PER: ☐ DAY ☐ WEEK ☒ MONTH ☐ OTHER		DAYS WORKED/WEEK 4		FULL PAY FOR DAY OF INJURY? ☒ YES ☐ NO DID SALARY CONTINUE? ☒ YES ☐ NO	
OCCURRENCE/TREATMENT					
TIME EMPLOYEE BEGAN WORK 08:00		DATE OF INJURY/ILLNESS 03/14/08		TIME OF OCCURRENCE ☐ AM ☒ PM	
CONTACT NAME/PHONE Jerry DeYoung (864)989-5547		TYPE OF INJURY/ILLNESS Sprain/Strain		PART OF BODY AFFECTED Right Shoulder	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Assembly - 1820		ALL EQUIPMENT MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Hammer			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Assoc. alleges while using hammer to install seals on window frame Signed by QT32552 on 3/26/2008 at 4:56am		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 Assoc. alleges while using hammer to install seals on window frame, right shoulder pain occurred. Signed by QT32552 on 3/26/2008 at 4:57am					
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		CAUSE OF INJURY CODE	
		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		☒ YES ☐ NO ☒ YES ☐ NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) Dr. Ken Hommel		HOSPITAL (NAME & ADDRESS) BMW 1400 Highway 101 South Greer SC 29651-		INITIAL TREATMENT ☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☒ MINOR CLINIC/HOSP ☐ EMERGENCY CARE ☐ HOSPITALIZED > 24 HRS ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED	
WITNESSES (NAME & PHONE #)		DATE ADMINISTRATOR NOTIFIED 03/14/08		DATE PREPARED 03/26/08	
		PREPARER'S NAME & TITLE Grote, Anne		PHONE NUMBER (864)989-5547	
		R.N.-COHN			

SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE

Record on Appeal
000010

WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL. ZIP) BMW MANUFACTURING CORP P O BOX 11000 SPARTANBURG, SC 29304		CARRIER/ADMINISTRATOR CLAIM NUMBER YYCC 05724	OSHA LOG NUMBER	REPORT PURPOSE CODE
INDUSTRY CODE 3711		EMPLOYER FEIN 38-1710768	JURISDICTION SC	
INSURED REPORT NUMBER		JURISDICTION CLAIM NUMBER		
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 1400 HIGHWAY 101 SOUTH GREER SC 29651		LOCATION # 01620		
PHONE # (864) 989-5547				
CARRIER (NAME, ADDRESS, & PHONE #) HARTFORD INSURANCE CO. OF ONE HARTFORD PLAZA HARTFORD CT 06116	POLICY PERIOD TO 12/31/2007 12/31/2008	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) SR6 SOUTHERN NASHVILLE WORK COMP OFFICE ATTN: CLERICAL SUPERVISOR P O BOX 305104 NASHVILLE TN 37230 (800) 541-0139		
CARRIER FEIN 081008028	POLICY/SELF-INSURED NUMBER 20WN D68700	ADMINISTRATOR FEIN 200730592		
AGENT NAME & CODE NUMBER				
NAME (LAST, FIRST, MIDDLE) PATRICIA D JOHNSON		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED 11/13/2000
ADDRESS (INCL. ZIP)		SEX ☐ Male ☒ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknown	STATE OF HIRE SC
PHONE		# OF DEPENDENTS 0	OCCUPATION/JOB TITLE PRODUCTION ASSOC	
RATE PER: ☐ DAY ☐ WEEK ☐ MONTH ☐ OTHER		DAYS WORKED/WEEK 4	EMPLOYMENT STATUS	
FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO		DID SALARY CONTINUE? ☐ YES ☐ NO		
TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM	DATE OF INJURY/ILLNESS 03/14/2008	TIME OF OCCURRENCE ☐ AM ☒ PM	DATE EMPLOYEE NOTIFIED 03/14/2008	
CONTACT NAME/PHONE NUMBER JEARY DEYOUNG (864) 989-5547	TYPE OF ALIEN/ILLNESS S2	DATE DISABILITY BEGAN		
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO		PART OF BODY AFFECTED 38		
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED BMW MANUFACTURING CORP - 1400 HIGHWAY 101 SOUTH GREER SC 29651		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 USING HAMMER TO INSTALL SEALS		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED USING HAMMER TO INSTALL SEALS		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECT SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL ASSOC ALLEGES WHILE USING HAMMER TO INSTALL SEALS ON WINDOW FRAME, RIGHT SHOULDER PAIN OCCURRED.				
DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☒ YES ☐ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) BMW 1400 HIGHWAY 101 SOUTH GREER SC 29651		INITIAL TREATMENT ☐ NO MEDICAL TREATMENT ☐ MINOR BY EMPLOYER ☒ MINOR CLINICAL HOSP ☐ EMERGENCY CARE ☐ HOSPITALIZED > 24 HOURS ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED		
WITNESSES (NAME & PHONE #)				
DATE ADMINISTRATOR NOTIFIED 01/14/2009	DATE PREPARED 01/14/2009	PREPARER'S NAME & TITLE ANNE GROTE RN-COHN		PHONE NUMBER (864) 989-5547

WCC FORM 12-A
REV. DATE 04/08

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

REPRINTED WITH PERMISSION OF UIABC

42653/01620/CLAIM # YYCC 05724/3007685

Record on Appeal
000011



Carrier Code #: **00428**
Employer FEIN #: **223190143**

Claimant's Name: Patricia Dianne Johnson SSN: _____ Employer's Name: BMW Manufacturing Co. LLC
Address: _____ Address: 1400 Hwy. 101 S.
City: _____ State: SC Zip: _____ City: Greer State: SC Zip: 29651
Home Phone: _____ Work Phone: () Insurance Carrier: Hartford Ins. Of Midwest
Preparer's Name: Albert V. Smith Law Firm: ALBERT V. SMITH, PA Preparer's Phone #: 864/585-8174

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☒ Repetitive Trauma

Date of Injury or Illness: **08-23-08**

- 1a. The claimant sustained an injury to Back and upper extremity, aggravation of a pre-existing condition, and/or in the alternative, repetitive trauma to the back that aggravated the pre-existing condition, and repetitive exposure to upper extremity. (Part(s) of Body Injured) on 08-23-08 (Month/Day/Year) in Spartanburg county, state of SC.
Body part(s) affected are: Back and upper extremity.
Briefly describe how the accident occurred. Claimant was bending over while in the course and scope of her employment, and felt a pain in her back
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 08-23-08 (Month/Day/Year) in the following manner:
Reported to immediate supervisor.
- ☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: The back and upper extremity
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
08-23-08 forward.
- ☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☐ (2) Specific Disability: ☐ Total
☒ (3) Wage Loss ☐ Partial ☐ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

- 10a. At the time of the injury, the Claimant was paid weekly wages of \$1BD, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None
- 11a. Further grounds or unusual aspects of claim:

- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Richard B. Bannon, Foothills Family Medicine, 391 Glenn Springs Rd., Pacolet, SC 29372, Dr. Cavert K. McCorkle, Spartanburg Neurosurgical, 1075 Boiling Springs Rd., Spartanburg, SC 29303, Dr. Phillip C. LaTourette, 1330 Boiling Springs Rd., Ste. 2700, Spartanburg, SC 29303, Dr. John Millon, The Hand Surgery Center, 1120 Grove Rd., Ste. A, Greenville, SC 29605, SRMC, 101 E. Wood St., Spartanburg, SC 29303, Regional Rehabilitation Services, 631 N. Church St., Spartanburg, SC 29303, The Diagnostic Center Mary Black Health System, 1700 Skylyn Dr., Spartanburg, SC 29307.
- 11c. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 30 minutes

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

Preparer's Signature: _____ Attorney for Claimant
Title

smithoffice1@albertsmithattv.com
Email

Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

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JAN 20 2009

Division of Claims
Administrative

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

Patricia Dianne Johnson, Employee,)

Claimant,)

-vs-)

BMW Manufacturing Co., Employer)

and Hartford Of Midwest, Carrier,)

Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION
WCC File No.:

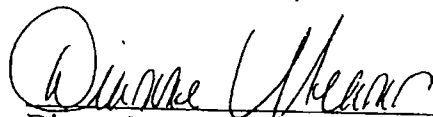
CERTIFICATE OF SERVICE BY MAIL

I, the undersigned, hereby certify that I have served the foregoing Letter of Representation and Form upon, Employer/Carrier by mailing a copy of same, postage prepaid and return address clearly indicated, to him/her at the following address on January 17th, 2009:

Hartford Insurance of Midwest
P.O. Box 958459
Lake Mary, FL 32795

BMW Manufacturing Co.
1400 Hwy. 101 S.
Greer, SC 29651

ALBERT V. SMITH, P.A.


Dianne Means, Secretary

Spartanburg, South Carolina

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JAN 20 2009

Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.



Claimant's Name: _____ SSN: _____ Employer's Name: BMW Manufacturing Co. LLC
Address: _____ Address: 1400 Hwy. 101 S.
City: _____ State: SC Zip: _____ City: Greer State: SC Zip: 29651
Home Phone: _____ Work Phone: () - _____ Insurance Carrier: Hartford Ins. Of Midwest
Preparer's Name: Albert V. Smith Law Firm: ALBERT V. SMITH, PA Preparer's Phone #: 864/585-8174

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness: **08-23-08**

☒ Injury ☐ Illness ☒ Repetitive Trauma

- 1a. The claimant sustained an injury to Back and upper extremity, aggravation of a pre-existing condition, and/or in the alternative, repetitive trauma to the back that aggravated the pre-existing condition, and repetitive exposure to upper extremity. (Part(s) of Body Injured) on 08-23-08 (Month/Day/Year) in Spartanburg county, state of SC.
Body part(s) affected are: Back and upper extremity.

Briefly describe how the accident occurred. Claimant was bending over while in the course and scope of her employment, and felt a pain in her back

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 08-23-08 (Month/Day/Year) in the following manner:

Reported to Immediate supervisor.

☒ 6. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: The back and upper extremity

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 08-23-08 forward.

☒ 8. Due to the Injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability:

☒ Total

☐ (2) Specific Disability:

☐ Total

☒ (3) Wage Loss

☐ Partial

☐ Partial

☐ 9. Due to the Injury, the Claimant has a serious bodily disfigurement consisting of: _____

10a. At the time of the Injury, the Claimant was paid weekly wages of \$1BD, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11a. Further grounds or unusual aspects of claim: _____

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Richard B. Bannon, Foothills Family Medicine, 391 Glenn Springs Rd., Pacolet, SC 29372, Dr. Cavert K. McCorkle, Spartanburg Neurosurgical, 1075 Boiling Springs Rd., Spartanburg, SC 29303, Dr. Phillip C. LaTourette, 1330 Boiling Springs Rd., Ste. 2700, Spartanburg, SC 29303, Dr. John Millon, The Hand Surgery Center, 1120 Grove Rd., Ste. A, Greenville, SC 29605, SRMC, 101 E. Wood St., Spartanburg, SC 29303, Regional Rehabilitation Services, 631 N. Church St., Spartanburg, SC 29303, The Diagnostic Center Mary Black Health System, 1700 Skylyn Dr., Spartanburg, SC 29307.

11c. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

☒ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: 30 minutes

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

Preparer's Signature: _____

Attorney for Claimant
Title _____

smithoffice1@albertsmithattv.com
Email _____

Date: Jan 20 2009

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

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JAN 20 2009

Division of Claims
Administrator

Record on Appeal
000016

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)
Patricia Dianne Johnson, Employee,)
Claimant,)
-vs-)
BMW Manufacturing Co., Employer)
and Hartford Of Midwest, Carrier,)
Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION
WCC File No.:

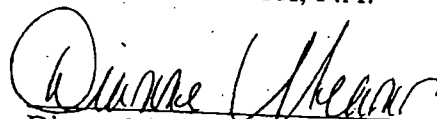
CERTIFICATE OF SERVICE BY MAIL

I, the undersigned, hereby certify that I have served the foregoing Letter of Representation and Form upon, Employer/Carrier by mailing a copy of same, postage prepaid and return address clearly indicated, to him/her at the following address on January 17, 2009:

Hartford Insurance of Midwest
P.O. Box 958459
Lake Mary, FL 32795

BMW Manufacturing Co.
1400 Hwy. 101 S.
Greer, SC 29651

ALBERT V. SMITH, P.A.


Dianne Means, Secretary

Spartanburg, South Carolina

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JAN 20 2009

Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

Pending – Date of
WCC File # Alleged Accident: 8/23/08
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Patricia Dianne Johnson
Claimant's Name
SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
William E. Shaughnessy
Preparer's Name
Phone # 864-552-4602

BMW Manufacturing Co., LLC
Employer's Name
1400 Highway 101 South, Greer, SC 29651
Address _____ City _____ State _____ Zip _____
Hartford Insurance Company of the Midwest
Insurance Carrier

Date of Injury or Illness: Alleged 8/23/08

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.

The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is **denied** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: _____
2. It is **admitted** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: Pending investigation
3. It is **admitted** that the relationship of employer and employee existed at the time in question. The reasons for denial are: Pending investigation
4. It is **denied** that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: _____
5. It is **denied** that notice of injury was given the employer. The reasons for denial are: _____
6. It is **denied** that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are: _____
7. It is **denied** that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is **denied** that the employee is permanently disabled. The reasons for denial are: _____
9. It is **denied** that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ to be determined applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Defendants specifically assert Sections 42-15-20 and Section 42-15-40 in defense of claim
12. Estimated time needed for hearing: _____

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Mr. Albert V. Smith,
Name

Attorney at Law, 410 Magnolia Street, Spartanburg, SC 29303; and Virginia Crocker, SCWCC, P. O. Box 1715, Columbia, SC 29202-1715
Address

on the 13th day of February, 2009 by ☒ first class mail; ☐ personal service; ☐ certified mail.

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

Preparer's Signature _____ Attorney/Employer wshaughnessy@turnerpadget.com February 13, 2009
Title _____ Email _____ Date _____

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL. ZIP) BMW MANUFACTURING CORP P O BOX 11000 SPARTANBURG, SC 29304		CARRIER/ADMINISTRATOR CLAIM NUMBER YMGC 98273	OSHA LOG NUMBER	REPORT PURPOSE CODE
		JURISDICTION SC	JURISDICTION CLAIM NUMBER	
		INSURED REPORT NUMBER		
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 1400 HIGHWAY 101 SOUTH GREER SC 29851		LOCATION # 01820 PHONE # (864) 989-5547
INDUSTRY CODE 3711	EMPLOYER FEIN 38-1710758			

CARRIER (NAME, ADDRESS & PHONE #) HARTFORD INSURANCE CO. OF ONE HARTFORD PLAZA HARTFORD CT 06115	POLICY PERIOD 12/31/2007 TO 12/31/2008 CHECK IF APPROPRIATE ☐ SELF INSURANCE	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE #) SRS SOUTHERN NASHVILLE WORK COMP OFFICE ATTN: CLERICAL SUPERVISOR P O BOX 305104 NASHVILLE TN 37230 (800) 541-0139
CARRIER FEIN 061008026	POLICY/S SELF-INSURED NUMBER 20WN D68700	ADMINISTRATOR FEIN 200730592
AGENT NAME & CODE NUMBER		

NAME (LAST, FIRST, MIDDLE) PATRICIA D JOHNSON	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED 11/13/2000	STATE OF HIRE SC
ADDRESS (INCL. ZIP)	SEX ☐ Male ☒ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE PRODUCTION ASSOCIATE	
PHONE	# OF DEPENDENTS 0	EMPLOYMENT STATUS		
RATE PERC ☐ DAY ☐ WEEK ☐ MONTH ☐ OTHER:	DAYS WORKED/WEEK 0	FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO DID SALARY CONTINUE? ☐ YES ☐ NO		

TIME EMPLOYEE BEGAN WORK 08:00 ☐ AM ☒ PM	DATE OF INJURY/ILLNESS 08/19/2008	TIME OF OCCURRENCE ☐ AM ☒ PM ☐ CANNOT BE DETERMINED	LAST WORK DATE	DATE EMPLOYER NOTIFIED 08/25/2008 DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER JERRY DEYOUNG (864) 989-5347	TYPE OF INJURY/ILLNESS 62	PART OF BODY AFFECTED 42		
DO INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO				

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED BMW MANUFACTURING CORP - ASSEMBLY 1020 1400 HIGHWAY 101 SOUTH GREER SC 29851	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 BENDING TOO LOW	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED PUTTING SCREWS ON BOTTOM OF DOOR

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED, DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECT SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL
EE REPORTS THAT "BENDING TOO LOW-PUTTING SCREWS IN BOTTOM OF DOOR, CAUSED LOW BACK PAIN. SIGNED

DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) BMW MANUFACTURING CORP 1400 HIGHWAY 101 SOUTH GREER SC 29851		WERE THEY USED? ☐ YES ☐ NO
		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS) BMW MANUFACTURING CORP 1400 HIGHWAY 101 SOUTH GREER SC 29851
		DENTAL TREATMENT 0 ☐ NO MEDICAL TREATMENT 1 ☒ MINOR BY EMPLOYER 2 ☐ MINOR CLINICAL HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

WITNESSES (NAME & PHONE #)			
DATE ADMINISTRATOR NOTIFIED 09/05/2008	DATE PREPARED 09/05/2008	PREPARED BY NAME & TITLE LATU PERSON	PHONE NUMBER (864) 989-5547
WCC FORM 12-A REV. DATE 04/08		SEE INSTRUCTIONS FOR IMPORTANT INFORMATION	WC ACCT REP

42653/01820/CLAIM # YMGC 98273/2787057

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SC Court of Appeals

EMPLOYER (NAME & ADDRESS INCL. ZIP) BMW 1400 Highway 101 South Greer SC 29651		JURISDICTION JURISDICTION CLAIM NUMBER	
SIC CODE EMPLOYER FEIN 223190143		INSURED REPORT NUMBER EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) LOCATION # 01820 PHONE # (864)989-5547	
CARRIER/CLAIMS ADMINISTRATOR CARRIER (NAME, ADDRESS & PHONE NO.) Hartford Casualty PO Box 17286 Nashville TN 37217- (864)258-2193		POLICY PERIOD 01/01/08 TO 12/31/08 CHECK IF APPROPRIATE ☐ SELF INSURANCE CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.) Hartford Casualty PO Box 14205 Lexington, KY 40512 (866)803-8089	
CARRIER FEIN POLICY/SELF-INSURED NUMBER 20WND68700		ADMINISTRATOR FEIN	
AGENT NAME & CODE NUMBER			
EMPLOYEE/WAGE			
NAME JOHNSON, PATRICIA D. ADDRESS (INCL ZIP)		DATE OF BIRTH SOCIAL SECURITY NUMBER DATE HIRED 11/13/00 STATE OF HIRE SC	
SEX ☐ MALE ☒ FEMALE ☐ UNKNOWN # OF DEPENDENTS 0		MARITAL STATUS ☐ UNMARRIED ☐ SINGLE/DIVORCED ☒ MARRIED ☐ SEPARATED ☐ UNKNOWN	
PHONE RATE PER: ☐ DAY ☐ MONTH ☐ WEEK ☐ OTHER		OCCUPATION/JOB TITLE PRODUCTION ASSOCIATE EMPLOYMENT STATUS ACTIVE DAYS WORKED/WEEK 0 FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO DID SALARY CONTINUE? ☐ YES ☐ NO	
OCCURRENCE/TREATMENT			
TIME EMPLOYEE BEGAN WORK ☐ AM ☒ PM 08:00 DATE OF INJURY/ILLNESS 08/19/08		TIME OF OCCURRENCE ☐ AM ☐ PM LAST WORK DATE 08/25/08 DATE EMPLOYER NOTIFIED 08/25/08 DATE DISABILITY BEGAN	
CONTACT NAME/PHONE Jerry DeYoung (864)989-5547		TYPE OF INJURY/ILLNESS Sprain/Strain PART OF BODY AFFECTED Back - Low	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO		TYPE OF INJURY/ILLNESS CODE PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Assembly - 1820		ALL EQUIPMENT MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Screw, Door Panel	
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Assoc. reports that "bending too low - putting screws in bottom of door." caused low back pain. Signed by QT53300 on 9/05/2008 at 5:29am		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 Assoc. reports that "bending too low - putting screws in bottom of door." caused low back pain. Signed by QT53300 on 9/05/2008 at 5:29am			
CAUSE OF INJURY CODE			
DATE RETURN(ED) TO WORK IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO WERE THEY USED? ☐ YES ☐ NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) Dr. Ken Hommel		HOSPITAL (NAME & ADDRESS) BMW 1400 Highway 101 South Greer SC 29651-	
WITNESSES (NAME & PHONE #)		INITIAL TREATMENT ☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☐ MINOR CLINIC/HOSP ☐ EMERGENCY CARE ☐ HOSPITALIZED > 24 HRS ☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED	
DATE ADMINISTRATOR NOTIFIED 08/25/08		DATE PREPARED 08/25/08 PREPARER'S NAME & TITLE Latu Person WC Account Rep PHONE NUMBER (864)989-5547	

SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE

Record on Appeal
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INCIDENT REPORT

(Please answer every question completely.)

Associate's Name Patricia D. Johnson
First Middle Last
Associate's Badge # 4266 Shift B Cost Center 1800 Work Phone _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____ Birth Date _____ Hire Date 11/13/00
Social Security Number _____ Job Title Assembly
Department B4C Process Name door Panel Shift Model B
Line _____ Supervisor D. Brown Work Station _____
Date of Injury 8-19-08 Time of Injury 4th Quarter
Fully describe your injury / illness: back Pain

Did the incident occur from one specific incident? bending to low Yes or No (circle)

If yes, describe the incident: Putting screws in bottom of door

Did your injury / illness develop gradually over a period of time? Yes or No (circle)

If yes, indicate period: From (date) _____ To (date) _____

Describe how injury / illness developed: _____

Is there anything else that could have contributed to your injury / illness? Yes or No (circle)

If so, please give details: _____

Explain what caused your injury / illness (describe the process): bending to low

If you were lifting or moving an object when you were injured or became ill, describe the object: 100

Give the approximate weight of the object:

When did you first realize you were injured?

Date:

Time:

When did you first feel pain?

Date:

Time:

Who at work did you first tell about your injury / illness?

Off Line - Denise Mayes

When did you first tell your supervisor? Next Day

Date:

Time:

Name of supervisor you reported your injury / illness to:

D. Brown

If the injury / illness was not reported to your supervisor on the date you were injured or became ill, state the reason it was not reported:

Name(s) of person(s) who witnessed your injury:

List the parts of your body affected:

back

Right, Left or Both (circle)

Name and address of physician(s) who treated you for this injury / illness:

Bannon Date of Visit: 8-19-08

Name and address of hospital where you were treated for this injury / illness:

Have you lost time from work?

NO

If so, indicate the first day you missed from work:

NO

If so, indicate the date you returned to work:

I certify that the answers given to the questions above are correct and accurate to the best of my ability and recollection. I hereby authorize the release of all medical records, including but not limited to psychological, psychiatric, alcohol and drug, and all other pertinent medical information relevant to my workers' compensation claim. Additionally, I authorize BMW Manufacturing Co., LLC and its workers' compensation carrier and their respective agents to communicate directly, both orally and in writing, with all treating physicians or medical providers of any kind regarding all facts and opinions relevant to my workers' compensation claim until my claim has ended. I understand that pursuant to S.C. Code Ann. §42-15-80 that no fact communicated to or otherwise learned by any physician or surgeon who may have attended or examined me, or who may have been present at any examination, is privileged.

Associate's Signature

I.H.S. Representative's Signature

Date

Date

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0823253

PATRICIA D. JOHNSON,

Employee,

Claimant,

VS.

BMW MANUFACTURING CORPORATION,

Employer,

AND

SPECIALTY RISK SERVICES, INC.,

Carrier,

Defendants.

CONSENT ORDER

Patricia Dianne Johnson, claimant, filed a Form 50 dated March 19, 2009, requesting an adjudicatory hearing with respect to injuries sustained to the right and left upper extremities. Claimant also requested additional medical treatment and the payment of disability compensation benefits.

A Form 51 was timely filed by BMW Manufacturing Corporation, LLC and its worker's compensation insurance carrier, Specialty Risk Services. The Form 51 reflected an accident date of March 14, 2008 as opposed to an accident date of August 23, 2008. Defendants are providing medical treatment to claimant for her upper extremity injuries on the basis of an accidental injury date of March 14, 2008, which date is reflected on the Commission forms.



Claimant did allege an accident date of August 23, 2008 with respect to a denied low back claim. The back claim was adjudicated by The Honorable T. Scott Beck. Specifically, an adjudicatory hearing was held in Spartanburg on April 23, 2009, with respect to the denied low back claim and alleged accident date of August 23, 2008. Commissioner Beck has issued his directives with respect to preparing a Decision and Order, which is to be submitted to him for approval on or before July 10, 2009.

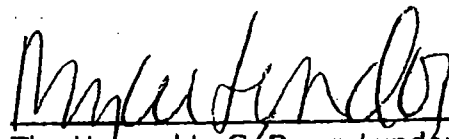
The parties agree that because claimant is being provided medical benefits with respect to her upper extremity claims, the issues are not ripe for an adjudicatory hearing with respect to the March 14, 2008 upper extremity claims. The parties further agree that the file should be returned to general files until all issues are ripe for an adjudicatory or judicial determination.

ORDER

IT IS HEREBY ORDERED that because the claim involving Ms. Johnson's upper extremity is not ripe for a judicial determination, the file shall be returned to general files until a hearing is requested by the parties.

AND IT IS SO ORDERED.

South Carolina Worker's
Compensation Commission



The Honorable ~~G. Bryan Lyndon~~, Commissioner *Scott Beck*

Columbia, South Carolina

July 13, 2009

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

2 This 14th day of July, 2009
By Jarvis Thomas

Administrative Assistant to the Commissioner

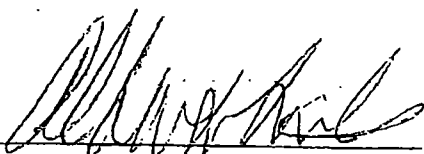
Record on Appeal
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*AS
VD*

WE CONSENT:

ALBERT V. SMITH

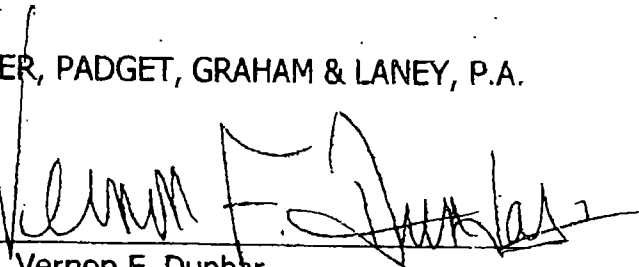
By:



Albert V. Smith, Esquire
Attorney for Claimant

TURNER, PADGET, GRAHAM & LANEY, P.A.

By:



Vernon F. Dunbar
Attorney for Defendants

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0813280 and 0823253

RECEIVED AUG 26 2009

Patricia D. Johnson,)
)
Employee/Claimant,)
)
and)
)
BMW Manufacturing Corporation,)
)
Employer,)
)
vs.)
)
Specialty Risk Services, Inc.)
)
Defendant/Respondent,)
)
_____)

DECISION AND ORDER

HEARING: Held in Spartanburg, South Carolina on April 23, 2009.

APPEARANCES: Claimant was represented by Albert V. Smith, Esquire.

Defendants represented by Vernon F. Dunbar, Esquire
of Turner Padgett Graham & Laney P.A.

PURPOSE OF THE HEARING: To determine the issues as set forth in Forms 50 and 51.

DECISION AND ORDER: The Honorable T. Scott Beck, Commissioner

DATE OF DECISION: 8/26/09

TPGL 2793351v1

STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

(1) The purpose of the hearing is to determine the issues as set forth on the Forms 50 and 51. Although it appears claimant's compensable injuries to her upper extremities had been designated to be adjudicated along with the issue of the compensability of claimant's alleged low back injury which occurred on or about August 19 and 23, 2008, the parties stipulated that the upper extremity injury claim was not ripe for an adjudicatory hearing. In short, claimant had not attained maximum medical improvement for the upper extremity injuries and is still receiving medical treatment. Therefore, the only issue to be adjudicated involved the compensability of the alleged low back claim.

(2) Notice of the hearing was timely and properly served upon all parties of interest.

(3) The Claimant's average weekly wage is \$1,223.29 and the corresponding compensation rate is \$661.21.

(4) Proper venue is in Spartanburg County as agreed by all parties.

(5) The Claimant alleges that on or about August 19 or 23, 2008, she suffered an injury to her lumbar spine or low back as a consequence of engaging in repetitive employment activities during the course and scope of her employment at BMW Manufacturing Corporation. Claimant alleges that her work related accident caused an injury to her lumbar spine or aggravated a preexisting condition, which entitles her to temporary total disability compensation benefits and additional medical treatment.

Consequently, the South Carolina Workers' Compensation Commission has subject matter jurisdiction over this proceeding.

(6) Without objection the Commission file is made part of the record excluding unstipulated evidence, hearsay testimony, and self-serving statements.

APA SUBMISSIONS

Claimant's Submissions

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGES
1.	Dr. Richard B. Bannon/ Foothills Family Medicine	11/18/04 Opinion: 11/10/08	1 - 6
2.	The Diagnostic Center/Mary Black Health Center	01/12/05 - 09/19/08	7 - 16
3.	Dr. Cavert K. McCorkle/ Spartanburg Neurosurgical	01/31/05 - 12/13/05 Opinion: 10/29/08	17 - 33
4.	Dr. S. John Millon/The Hand Surgery Center	07/16/07 - 08/20/07	34 - 43
5.	Dr. Cavert K. McCorkle / SRMC	05/20/05 & 06/24/05	44 - 54
6.	Dr. Raul Ceballos, Jr./Piedmont Imaging	06/10/05	55 - 58
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Additionally, the deposition testimonies of Drs. Cavert McCorkle and Richard Bannon were placed into evidence over the objection of counsel for the defendants. Similarly, defendants objected to claimant's evidentiary submissions as contained on APA Pages 32 -33 on the basis that such was self-serving. This objection was also overruled.

STATEMENT OF THE CASE

Patricia Dianne Johnson, claimant, is a 58 year old married female, who stands approximately 5'4" tall and weighs 145 pounds. Claimant is the mother of one child.

Ms. Johnson graduated from high school and obtained a certificate for completing a computer class at Spartanburg Technical College.

Ms. Johnson's past job experience consists of working at Union Mills filling batteries; working as a machine operator at Farmer's Sports Wear; and rebuilding automobile parts at Hoke Manufacturing.

Ms. Johnson began working as a production associate for BMW on November 13, 2000. Claimant alleges that various job duties as a production associate resulted in a disabling injury to her back on August 23, 2008. Specifically, claimant contends her repetitive activities involving overhead lifting; pulling racks and bending to install screws on doors resulted in an injury to her low back. Claimant is requesting a finding of

compensability; payment of temporary total disability compensation benefits from August 23, 2008 and continuing; and additional medical treatment.

Conversely, defendants, BMW Manufacturing Corporation and Specialty Risk Services, Inc., argued that claimant did not sustain an accidental injury or aggravating injury to her back on August 23, 2008. Rather defendants contend claimant's condition is precisely the same as it was as a result of residual problems stemming from back surgery in 2005. Defendants contest claimant's request for payment of temporary total disability compensation benefits, arguing that claimant's inability to work is not as a consequence of disabling back injuries, but rather from her extensive utilization of narcotic pain medications.

Finally, defendants assert that claimant's need for additional medical treatment emanates from a long standing chronic back condition resulting from continuing degenerative problems of the spine.

EVIDENCE OF THE CASE

Patricia Dianne Johnson testified that in 2005, she injured her lumbar spine and low back as a consequence of retrieving mirror caps. (Tr. of Recd. p 16, lines 9-24). According to Ms. Johnson, she felt pain in her lower back that radiated into her legs. Because of constant back pain, claimant began treating with her family physician, Dr. Richard Bannon. (Tr. of Recd. p. 17).

Dr. Bannon referred claimant to Dr. Cavert McCorkle, who performed surgery on claimant's low back in May 2005. Ms. Johnson did not report the occurrence of the injury as an accident to BMW in 2005 nor to any of the medical providers. Instead,

claimant filed all medical charges associated with her 2005 back condition on her group health insurance. (Tr. of Recd. pp. 18 and 19; p. 41, lines 21-25; pp. 42-42). Claimant was unable to work as a consequence of her back surgery for approximately six months. (Tr. of Recd. p. 19, lines 15-22).

Ms. Johnson testified that because of continuing pain subsequent to her surgery, she was referred to Dr. Phillip C. Latourette of The Carolina Center for Advanced Management of Pain. (Tr. of Recd. pp. 21, 43-44; APA p. 108). Dr. Latourette has continuously treated claimant from 2005 to the present. (Tr. of Recd. p. 22 and APA pp. 91-208). Dr. Latourette initially treated claimant's chronic pain condition with narcotic medications such as Morphine B or Avinza, and Lortab. (Tr. of Recd. pp. 43-44). Because the aforesaid medications failed to alleviate claimant's chronic pain condition, Dr. Latourette later prescribed Percocet, which is a stronger medication with respect to claimant's complaints of back and radicular pain into the leg and foot. (APA p. 112 and Tr. of Recd. p. 44, lines 11-20).

Claimant testified that despite experiencing continuous chronic pain from 2005 until August 23, 2008, she was able to work four days a week, ten hours a day on a regular basis. (Tr. of Recd. p. 23, lines 10-25; p. 24, lines 1-4). During this time, claimant continued to be treated by Dr. Latourette for chronic pain.

Ms. Johnson testified that on August 23, 2008, she was working in the re-work area. While claimant was bending to install screws in the bottom of a door, she testified she injured her back. (Tr. of Recd. pp. 24-25). Claimant admitted that she did not apprise her supervisor of the occurrence of the work related accident. (Tr. of Recd. p.

26, lines 5-9). Claimant testified the pain she was experiencing in August 2008 was different from pain she had previously experienced subsequent to her back injury in 2005. (Tr. of Recd. p. 27).

Consequently, claimant reported to Industrial Health Services for medical treatment complaining of back pain. As a result of receiving medical treatment at Industrial Health Services [hereinafter "IHS"], claimant disclosed she was taking various narcotic pain medications for chronic back pain. (Tr. of Recd. p. 32; and defendants' Exhibit "3" to Dr. Bannon's deposition transcript). Claimant was not permitted to continue to work on the assembly line while consuming these potent medications because of the hazard such posed to claimant's safety and the safety of claimant's co-workers.

Ms. Johnson contends that subsequent to her surgery in 2005, officials at BMW were aware she was consuming narcotic medications for her chronic back condition. However, on cross-examination, claimant admitted that at the time of her alleged 2008 injury, she was taking stronger narcotic medications for her chronic back condition, namely Morphine and Oxycodone. (Tr. of Recd. pp. 44-45).

Although claimant testified the alleged August 23, 2008 work related accident resulted in different and increased symptoms of back and leg pain, the medical records contradicted claimant's version of events. In particular, claimant had continuously treated with Dr. Phillip Latourette from August 10, 2005 through February 5, 2009, for the same complaints of chronic low back pain, with pain radiating into her legs and feet. Claimant treats with Dr. Latourette approximately one time per month, wherein

Dr. Latourette inquires about the claimant's pain and location of such pain. (Tr. of Recd. pp. 45-47).

Further, subsequent to claimant's initial surgery, Ms. Johnson and her husband discussed claimant's degenerative disc disease condition. The Johnson's discussed applying for disability benefits with Dr. Cavert McCorkle on September 14, 2005.

Claimant testified about non-occupational and occupational related activities exacerbating her back pain over the years prior to her August 2008 alleged accident. (APA pp. 49-51). As a matter of fact, claimant admitted that even when she was not engaged in any occupational activities, she still experienced severe chronic back pain. (Tr. of Recd. p. 51, lines 8-25, pp. 52-53; and APA pp. 96, 180, 184 and 230). Even consuming narcotic pain medications, claimant reported that sitting and walking exacerbated her back and leg pain. (Tr. of Recd. pp. 48-49; and APA p. 92).

After the alleged accident of August 23, 2008, claimant reported to physicians at IHS on September 4, 2008 that she was fine and was able to return to work. (Tr. of Recd. p. 58, lines 2-21; Dr. Bannon's Depo. and attached Exhibit "3").

John David Huss, Section Leader on the door line and claimant's supervisor, testified on behalf of the defendants. Mr. Huff testified he is familiar with the assembly line upon which Ms. Johnson was employed as well as the re-work department. Mr. Huss acknowledged that at the time of claimant's alleged injury, she was working in the re-work department. (Tr. of Recd. pp. 69-70). According to Mr. Huss, the re-work position consists primarily of inspection duties. In particular, in the re-work department,

an employee is required to physically examine the doors to make certain the seals are lined up and to make small adjustments. (Tr. of Recd. pp. 70-71).

Mr. Huss testified that the re-work job is a preferred job because it is not as physical as working on the main assembly line. (Tr. of Recd. p. 71, lines 13-21).

With respect to claimant's allegations that she injured her back while installing screws at the bottom of a door, Mr. Huss testified it was uncommon for an employee to remove a door panel on the F-1A line. (Tr. of Recd. p. 73, lines 12-22). Moreover, Mr. Huss testified assuming claimant was putting on a door panel when she injured her back, only minor and limited bending would be involved. According to Mr. Huss, BMW has processes to raise and lower the carriers which would place the door at its lowest position 20 inches to a maximum height of 44 inches. (Tr. of Recd. p. 75, lines 1-7). Last, Mr. Huss disputed the fact that the re-work area required constant bending. (Tr. of Recd. p. 76, lines 3-21).

On cross-examination Mr. Huss reviewed an incident report completed by claimant describing her injury. (Tr. of Recd. pp. 79-80).

MEDICAL EVIDENCE

The deposition testimony of Dr. Richard B. Bannon, claimant's family physician, was submitted into evidence. Dr. Bannon is board certified in the area of family practice; and he has been practicing medicine for the past 33 years. Dr. Bannon first began treating Ms. Johnson in 1981. On November 18, 2004, Dr. Bannon treated the claimant for back pain and sciatica. (Bannon Depo. p. 8, lines 5-6). An MRI was ordered

and revealed claimant had degenerative disc changes at L4-L5 as of January 12, 2005. (Bannon Depo. p. 8, lines 14-22).

Because of claimant's complaint of back pain, Dr. Bannon referred claimant to Dr. Calvert McCorkle for surgery. Aside from low back complaints, claimant also complained of cervical spine problems. (Bannon Depo. p. 9). Dr. Bannon last saw claimant on May 19, 2005 and did not evaluate or treat her again until August 14, 2008. (Bannon Depo. p. 9).

Dr. Bannon testified that on August 14, 2008, claimant had complained of chronic back pain, chronic headaches and blood pressure problems. (Bannon Depo. p. 9, lines 20-25). Dr. Bannon noted that at the time he began treating claimant on August 14, 2008, she was already taking potent narcotic pain medications for her chronic pain problems. Dr. Bannon prescribed Naprosyn, an anti-inflammatory medication, for claimant's complaints of chronic pain. (Bannon Depo. p. 10).

Dr. Bannon testified that on July 17, 2008, claimant had degenerative disc disease with stenosis and osteophytes formation. Dr. Bannon stated that the condition of the degenerative disc disease normally continues to progress as one ages. The degenerative disc disease plays a large role with respect to claimant's chronic pain condition. (Bannon Depo. pp. 19-20). Dr. Bannon noted that claimant had been taking potent narcotic medications prescribed by Dr. Latourette before her alleged work related accident in August 2008. (Bannon Depo. p. 25, lines 3-20; pp. 26-27).

Dr. Bannon acknowledged he did not know the size or the weight of the screws claimant installed on the doors; or the amount of time claimant spent working on a

door stooping and bending. (Bannon Depo. p. 41). Dr. Bannon admitted that his opinion on causation was based in large part upon information provided to him by claimant's counsel. To this end, Dr. Bannon opined that his conclusion that claimant's job aggravated her preexisting back condition consisted of "an educated speculation". (Bannon Depo. p. 41, lines 19-23).

Dr. Bannon testified that a comparison of the 2005 MRI scan with the 2008 MRI scan shows a progression of claimant's degenerative disc disease. Dr. Bannon testified that absent claimant performing any occupational duties, it was still probable that she would experience chronic lumbar pain. (Bannon Depo. p. 43, lines 4-11). Finally, Dr. Bannon noted that because claimant was not working but was still complaining of chronic pain, it required some degree of speculation to associate claimant's current symptoms of pain with her occupational duties. (Bannon Depo. p. 43, lines 12-21).

In support of her claim of compensability, claimant submitted a letter dated October 29, 2008 from Dr. Calvert McCorkle. Dr. McCorkle is a neurosurgeon who performed surgery on Ms. Johnson in 2005. Dr. McCorkle last treated claimant in December 2005. Dr. McCorkle had not seen claimant since December 2005, but yet opined that claimant's occupational duties of repetitive pushing, pulling, bending, lifting, walking long distances and standing for long periods of time most probably aggravated her preexisting conditions with respect to back, left leg and foot pain.

Dr. McCorkle was deposed and his deposition testimony was submitted into evidence. Dr. McCorkle admitted that at the time he rendered his opinion in the letter dated October 10, 2008, he had not seen Ms. Johnson in almost three (3) years; nor

had he discussed with claimant her occupational duties. Similarly, Dr. McCorkle had not discussed claimant's occupational duties with a representative of BMW. (McCorkle Depo. p. 20, lines 13-25; p. 21). Dr. McCorkle further admitted he was unaware of the frequency required for claimant to perform various activities and the intensity needed to perform certain job duties. (McCorkle Depo. p. 21). Dr. McCorkle further admitted that at the time of his written medical opinion in October 2008, the only source of information regarding claimant's job activities was from counsel's letter dated October 10, 2008 describing Ms. Johnson's work related activities. (McCorkle Depo. pp. 22-23).

Dr. McCorkle testified that after he performed surgery, claimant was referred to Dr. Latourette for pain control because her underlying degenerative disc disease condition was long term. (McCorkle Depo. p. 30).

Dr. McCorkle further testified he was not privy to Dr. Phillip LaTourette's medical reports since he had not treated claimant since 2005. (McCorkle Depo. pp. 23-24). Dr. McCorkle stated that claimant had been diagnosed with degenerative disc disease of her spine in 2005. According to Dr. McCorkle, degenerative disc disease can get worse with age and is not necessarily exacerbated by occupational duties. The condition can be exacerbated by non-occupational duties. To this end, Dr. McCorkle testified that he did not inquire and was unaware of claimant's non-occupational duties. (McCorkle Depo. pp. 25-26).

Dr. Latourette, a pain management physician, who has continuously treated claimant since 2005 to the present responded to a letter from claimant's counsel regarding an opinion on causation of claimant's back pain with respect to the alleged

work related accident of August 23, 2008. On November 7, 2008, in a handwritten note,

Dr. Latourette stated:

I am prepared to declare that Ms. Johnson is fully disabled. I am not prepared to declare her pain & (sic) disability is due to a work related injury.

Finally, Dr. Kevin Kopera evaluated claimant. Dr. Kopera diagnosed the claimant as having chronic low back pain with chronic degenerative disc disease and a left chronic L4 and L5 radiculopathy. Dr. Kopera further noted that Ms. Johnson's chronic low back pain has been associated with narcotic dependence with respect to managing her chronic pain condition. Upon examining the claimant and ascertaining a description of bending to install screws, Dr. Kopera opined that he did not feel the activity of installing screws on August 23, 2008 proximately produced back pain that claimant was experiencing. Dr. Kopera noted that claimant had performed this activity on a daily basis in the past without any apparent difficulty. Moreover, Dr. Kopera noted that if the activity as described by claimant did produce or aggravate back pain, such would only be temporary and not permanent. (APA pp. 255-256).

Based upon the foregoing testimonies, medical evidence, incident reports and other evidence, the following findings of fact are made:

FINDINGS OF FACT

1. Claimant failed to prove by a preponderance of the evidence that she sustained an injury by accident to her back on or about August 23, 2008 or any other time in 2008 as a consequence of her occupational duties. Claimant failed to prove by a preponderance of the evidence that she sustained an injury to her back either by

specific accident or as a consequence of repetitive trauma. Claimant further did not prove by a preponderance of the evidence that she suffered an aggravated injury of her preexisting back condition.

2. The finding that claimant failed to prove she sustained a compensable work related accident to her back is based upon the greater weight of the medical evidence, which clearly shows an extensive history of back related problems beginning in 2004/2005 through the date of the alleged injury, August 23, 2008. Specifically, Dr. McCorkle had performed a decompressive partial hemilaminectomy for lumbar stenosis and nerve root compression at L4-L5 and L5-S1 on May 20, 2005. Claimant underwent a second surgery on June 24, 2005, which consisted of a re-exploration of L4-5 and L5-S1 with the removal of disc at the L5-S1 level. Since claimant's surgeries in 2005, she has continued to suffer with persistent and constant chronic pain, for which she has received treatment from 2005 to the present from Dr. Phillip Latourette at The Carolina Center for Advance Management of Pain.

3. Claimant's condition is chronic and progressive with respect to the degenerative disc disease. This finding is corroborated by the testimony of Dr. Richard Bannon noting that a comparison of the MRI tests in 2005 and 2008 reveal a progression of the degenerative disc disease, and constitutes the cause of claimant's current pain. Before claimant's alleged date of accident, she took medications and received spinal injections regardless of the level of activities. Not only has the degenerative disc disease affected claimant's low back, but has also caused symptoms in her upper extremities and cervical spine.

4. Claimant's complaints of chronic back pain with radicular pain into the left leg and foot constitute neither a new accidental injury nor an aggravation of preexisting condition. The overwhelming evidence reflects a continuation and clear progression of symptoms and complaints of pain and discomfort from 2005 to the present based upon the type of medications prescribed and claimant's need for constant medical supervision as a result of the deteriorating condition of the spine.

5. Little weight was placed upon the opinions of Drs. McCorkle and Bannon with respect to the issue of causation or an aggravation of a preexisting condition via work. In particular, Dr. McCorkle had not treated or evaluated the claimant since December 13, 2005. Dr. McCorkle's lack of knowledge of claimant's specific occupational duties and non-occupational activities since 2005 make his opinion unreliable and speculative. Similarly, the opinion of Dr. Bannon on the issue of causation and answers to claimant's counsel's questions were not afforded any appreciable weight because such was based upon an "educated speculation" and conjecture.

6. The opinion of Dr. Phillip Latourette was afforded great weight. Specifically, Dr. Latourette has continuously treated claimant on a routine basis since 2005 to the present. Dr. Latourette opined in a handwritten report to claimant's counsel dated November 7, 2008, that he was unable to relate claimant's back pain and disability to the alleged work related accident of August 23, 2008. (APA p. 197). Given Dr. LaTourette's consistent familiarity with claimant's activities and complaints of pain

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0813280 and 0823253

PATRICIA D. JOHNSON,

EMPLOYEE,
CLAIMANT/APPELLANT,

- v -

BMW MANUFACTURING CORPORATION, LLC,

EMPLOYER,

- and --

HARTFORD INSURANCE COMPANY OF THE MIDWEST AND
SPECIALTY RISK SERVICES, INC.,

CARRIER,
DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia,
South Carolina on January 25, 2010 per
notices timely and properly served on all
parties of interest.

Appellate Panel Decision and Order filed
April 27, 2010

APPEARANCES:

Claimant/Respondent represented by
Albert V. Smith, Esquire of Spartanburg, South Carolina

Defendants/Appellants represented by
Vernon F. Dunbar, Esquire of Greenville, South Carolina

TPGL 3135238v1

STATEMENT OF THE CASE

The worker's compensation claim of Patricia Dianne Johnson, claimant/appellant, was heard by Commissioner T. Scott Beck in Spartanburg, South Carolina on April 23, 2009. Appellant is a 58 year old married female, who graduated from high school. Appellant later obtained a certificate for completing computer classes at Spartanburg Technical College. Appellant began working as a production associate for BMW Manufacturing Corporation, LLC, defendant/respondent, on November 13, 2000.

Appellant alleges that various job duties as production associate resulted in a disabling injury to her back on or about August 23, 2008. Specifically, appellant contends repetitive activity involving overhead lifting; pulling racks; and bending to install screws on doors caused her to sustain an injury to her low back or lumbar spine. As a consequence of the allegation of sustaining an injury to her low back arising out of and in the course of her employment, Ms. Johnson seeks an adjudication of compensability; payment of temporary total disability compensation benefits from August 23, 2008 to the present; and additional medical treatment.

Conversely, respondents, BMW Manufacturing Corporation, LLC, and its worker compensation insurance carrier, Hartford Insurance Company, argue that appellant did not sustain an accidental injury or aggravating injury to her back on or about August 23, 2008 or at any time during the course and scope of her employment. Respondents contend that appellant's condition is as a result of residual problems stemming from a prior back surgery that occurred in 2005. Specifically, appellant developed low back problems as a result of non-occupational maladies and progressive degenerative

conditions of her back. Because appellant's back condition is chronic and progressive with respect to degenerative disc disease, Respondents argue Ms. Johnson's inability to work is as a consequence of the preexisting congenital condition and extensive use of narcotic pain medications.

In sum, respondents assert that appellant's need for additional medical treatment emanates from a long-standing chronic back condition caused by the continued progression of degenerative disc disease of the lumbar spine, as opposed to an occupational injury.

The evidentiary submissions of the parties consisted of approximately 258 pages of medical evidence, and the deposition testimonies of Drs. Calvert McCorkle and Richard Bannon.

Dr. Bannon testified that appellant had degenerative disc disease with stenosis and osteophyte formation. Dr. Bannon testified that the condition of degenerative disc disease normally progresses as one ages. Dr. Bannon also testified that degenerative disc disease played a large role, with respect to appellant's chronic pain condition. With respect to the impact of appellant's work upon her back condition, Dr. Bannon acknowledged that he did not know the size or the weight of the screws installed on the doors; or the amount of time appellant spent working on a door. Dr. Bannon admitted that his opinion on causation was based in large part upon information provided to him by appellant's counsel. Finally, Dr. Bannon testified that any conclusion he reached that appellant's job duties aggravated her preexisting back condition consisted of "an educated speculation".

Dr. Calvert McCorkle, the neurosurgeon who performed surgery on appellant's back in 2005, admitted that he had not seen Ms. Johnson since December 2005. Likewise, Dr. McCorkle had not discussed appellant's employment activities with her or with a representative of BMW. To this end, Dr. McCorkle admitted that he was unaware of the frequency required for claimant to perform various activities and the intensity needed to perform certain jobs.

Dr. Phillip LaTourette, a pain management physician, who has continuously treated appellant since 2005 opined on November 7, 2008 that he was unable to declare that appellant's pain and disability emanates from a work related injury.

On August 26, 2009, Commissioner Beck issued the following order with respect to appellant's claims surrounding the alleged work related accident to her back:

IT IS HEREBY ORDERED that because Claimant failed to meet her burden of proof with respect to proving the occurrence of a compensable work related accident on or about August 19 or August 23, 2008, either by specific accidental injury or by repetitive trauma, the claimant is hereby denied and dismissed.

IT IS FURTHER ORDERED that defendants are not responsible for payment of medical treatment, temporary total or temporary partial disability compensation benefits or permanent partial disability compensation benefits.

IT IS FURTHER ORDERED that claimant's claim with respect to compensable upper extremity injuries are hereby held in abeyance and shall be adjudicated once claimant has attained maximum medical improvement or upon further order of the Commission, if the case is not resolved voluntarily by the parties.

Within the statutory period, Appellant filed an Application for Review in the case setting forth reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on January 25, 2010. All proffered testimony has been taken. Such testimony, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission Appellate Panel and has since been under study and consideration.

By appeal, appellant respectfully submits the following:

1. That the Commissioner erred in finding that the claimant did not suffer compensable injury by accident due to an accidental injury or by an aggravation of a preexisting injury when the overwhelming evidence from the claimant and medical experts gave opinions that the claimant suffered an accidental injury by aggravation of a preexisting injury and/or a workers' compensation injury to her back on August 23, 2008 as she was bending over at work performing work duties in repetitive nature, repetitive job injury.

2. That the Commissioner erred in finding that the claimant did not suffer a compenable injury by accident as a result of aggravation of a preexisting injury from the work site when in fact the Commissioner accepted the employer and carrier's position that indeed the claimant did suffer an aggravation of preexisting injuries and/or repetitive injury to her upper extremities, and the findings as to the back are inconsistent with the admissions made by the employer and carrier at the time of the hearing on the upper extremities.

3. That the Commissioner erred in finding that the claimant failed to prove she sustained a compensable work related accident to her back by greater weight of the medical evidence and late testimony when in fact the claimant aggravated her preexisting history of extensive back problems as testified to me by Dr. Cavert K. McCorkle and by Dr. Richard Bannon.

4. That the Commissioner erred in giving little weight to the opinion testimonies of Drs. McCorkle and Bannon with respect to the issue of causation and aggravation of a preexisting condition after these doctors, who had a history of treatment with the claimant, and had described to them the working conditions about the claimant was required to work on hundreds of automobiles a day for up to ten (10) hours a day for four days a week when these working conditions, by the admissions of the employer and carrier existed, aggravating the preexisting conditions and/or caused repetitive damages to the claimant's upper extremities.

5. That the Commissioner erred in giving great weight to the opinion of Dr. Phillip LaTourette when Dr. LaTourette says he is unable to give an opinion as to causation, when in fact, he did not refute or deny that the claimant's injuries were either caused by an accident at her job site or aggravated by her job requirements to her preexisting conditions.

6. That the Commissioner erred in finding as a fact that the Defendant's refuted claimant's contention that the installation of screws on a door resulted in an injury to her back and caused her to become disabled when in fact the claimant had worked on the job site with back conditions since 2005 on a repetitive basis when in

fact the claimant's employer's representative admitted that there was repetitive and constant work requirements at the claimant's job site as she described.

7. That the Commissioner erred in failing to find that the claimant was entitled to TTD compensation benefits and medical treatment as a result of the work related accident caused by repetitive trauma and/or an accident specifically when the greater weight of the evidence clearly shows by the employer and carrier's admission that there was repetitive requirements at the claimant job site on the date of the alleged injuries.

In an appellate review of a Single or Hearing Commissioner's Decision and Order, the Appellate Panel shall, pursuant to Section 42-17-50 of the South Carolina Code of Laws Ann. (2010), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Full Commission Appellate Panel, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Fact and Conclusions of Law are affirmed. Accordingly, the Order is affirmed in its entirety based upon the following findings of fact:

FINDINGS OF FACT

1. Appellant failed to prove by a preponderance of the evidence that she sustained an injury by accident to her back on or about August 23, 2008 or any other time in 2008 as a consequence of her occupational duties. Appellant failed to prove by a preponderance of the evidence that she sustained an injury to her back either by specific accident or as a consequence of repetitive trauma. Appellant further did not

prove by a preponderance of the evidence that she suffered an aggravating injury of her preexisting back condition.

2. The finding that Appellant failed to prove she sustained a compensable work related accident to her back is based upon the greater weight of the medical evidence, which clearly shows an extensive history of back related problems beginning in 2004/2005 through the date of the alleged injury, August 23, 2008. Specifically, Dr. McCorkle performed a decompressive partial hemilaminectomy for lumbar stenosis and nerve root compression at L4-L5 and L5-S1 on May 20, 2005. Appellant underwent a second surgery on June 24, 2005, which consisted of a re-exploration of L4-5 and L5-S1 with the removal of disc at the L5-S1 level. Since Appellant's surgeries in 2005, she has continued to suffer with persistent and constant chronic pain, for which she has received treatment from 2005 to the present from Dr. Phillip Latourette at The Carolina Center for Advance Management of Pain.

3. Appellant's condition is chronic and progressive as a result of the degenerative disc disease. This finding is corroborated by the testimony of Dr. Richard Bannon noting that a comparison of the MRI tests in 2005 and 2008 reveal a progression of the degenerative disc disease. The progression of the disc disease constitutes the cause of Appellant's current pain. Before Appellant's alleged date of accident, she took medications and received spinal injections regardless of the level of activities. Not only has the degenerative disc disease affected Appellant's low back, but has also caused symptoms in her cervical spine.

4. Appellant's complaints of chronic back pain with radicular pain into the left leg and foot constitute neither a new accidental injury nor an aggravation of and underlying preexisting condition. The overwhelming evidence reflects a continuation and clear progression of symptoms and complaints of pain and discomfort from 2005 to the present based upon the type of medications prescribed and claimant's need for constant medical supervision as a result of the deteriorating condition of the spine.

5. Little weight was placed upon the opinions of Drs. McCorkle and Bannon with respect to the issue of causation or an aggravation of a preexisting condition because of work. In particular, Dr. McCorkle had not treated or evaluated the Appellant since December 13, 2005. Dr. McCorkle's lack of knowledge of claimant's specific occupational duties and non-occupational activities since 2005 makes his opinion unreliable and speculative. Similarly, the opinion of Dr. Bannon on the issue of causation and answers to Appellant's counsel's questions were not afforded any appreciable weight because such was based upon an "educated speculation" and conjecture.

6. The opinion of Dr. Phillip Latourette was afforded great weight. Specifically, Dr. Latourette has continuously treated Appellant on a routine basis since 2005 to the present. Dr. Latourette opined in a handwritten report to Appellant's counsel dated November 7, 2008, that he was unable to relate Appellant's back pain and disability to the alleged work related accident or the occupational duties of August 23, 2008. (APA p. 197). Given Dr. LaTourette's consistent familiarity with Appellant's

activities and complaints of pain and discomfort, he was in the best position to render an expert opinion in a medically complicated case.

7. Respondents refuted Appellant's contention that the installation of screws on a door resulted in an injury to her back and caused her to become disabled. The testimony of John Huss reflects that Appellant did not engage in repetitive activities on a frequent or intense basis which would have resulted in an injury to her back. Appellant further had asserted she was not disabled and was capable of returning to work on September 4, 2008, as is reflected in a note from IHS. (Dr. Bannon's Depo., Defendants' Exhibit "3").

8. Appellant failed to prove she is entitled to temporary total disability compensation benefits as a consequence of the aforesaid work related accident, which has been found to be non-compensable.

9. Appellant's admitted work related injuries to her upper extremity are premature for adjudication and did not emanate from her work activities of August 19 or 23, 2008.

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-1-160 (2009) governs the occurrence of accidental injuries arising out of and during the course and scope of employment.

2. S.C. Code Ann. §42-1-120 (2009) governs the payment of temporary total disability compensation benefits. Temporary total disability compensation benefits are paid when an individual is totally incapacitated from all gainful employment.

3. S.C. Code Ann. §42-15-60 (2009) governs the payment of medical benefits and the provision of medical treatment.

4. S.C. Code Ann. §42-9-30 (2009) governs the payment of permanent disability benefits which arise out of and during the course and scope of one's employment as a consequence of an accidental injury.

5. S.C. Code Ann. §42-17-50 (2009) governs review of awards and rehearing by the Commission.

ORDER

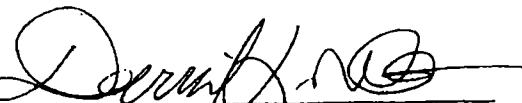
IT IS THEREFORE ORDERED that the Order of the Single Commissioner filed in the above referenced matter on August 26, 2009, is hereby affirmed by the Full Commission Appellate Panel.

IT IS FURTHER ORDERED that the Appellant's claim of a compensable back injury purportedly emanating from a work related accident on either August 19 or 23, 2008 is hereby denied and dismissed because of Appellant's failure to meet her burden of proof; and to prove the occurrence of a compensable accident by credible and objective evidence and testimony. The Appellate Panel's Decision is further corroborated by its review of the witnesses' testimonies and a review of the historical accounts provided in the medical records. The evidence supporting a legal and factual finding of the non occurrence of a compensable work related accident is not as a result of hearsay, self-serving statements and speculative evidence.

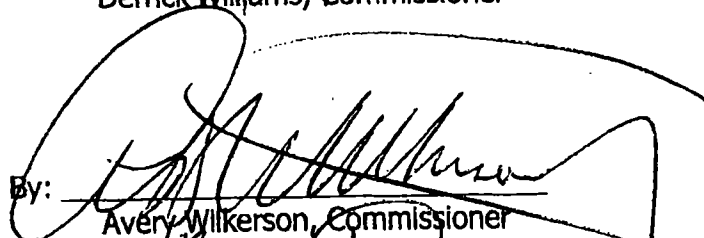
IT IS FURTHER ORDERED that Appellant's request for medical treatment; future medical treatment and payment of temporary and permanent disability compensation benefits are hereby denied and dismissed.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

By: 
Derrick Williams, Commissioner

CONCUR IN AFFIRMATION:

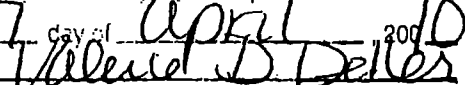
By: 
Avery Wilkerson, Commissioner

By: 
Andrea Roche, Commissioner

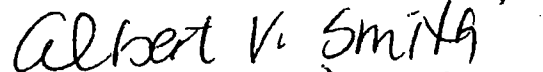
April 27, 2010

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 27 day of April, 2010
By: 

Administrative Assistant to the Commissioner




State of South Carolina
Before the
South Carolina Workers' Compensation Commission
WCC File No.: 0813280

Patricia D. Johnson,
Claimant,
vs.
BMW Manufacturing
Corp.,
Employer,
and
Specialty Risk Services,
Carrier, Defendants.

RECEIVED MAY 19 2009

HEARING

April 23, 2009

COPY

Hearing reported by Deborah S. Thomas,
Certified Verbatim Reporter and Notary Public in and
for the State of South Carolina; said hearing taken
before Commissioner T. Scott Beck, and in accordance
with the South Carolina Workers' Compensation Laws,
at the South Carolina Workers' Compensation
Commission, 366 N. Church Street, Spartanburg, South
Carolina, on April 23, 2009, at the hour of 1:03
p.m.

ABACTIS REPORTING SERVICES
2117 PINE LAKE DRIVE
WEST COLUMBIA, SOUTH CAROLINA 29169
(803) 206-7390

Appearances

Representing the Claimant:

ALBERT V. SMITH ESQUIRE
Albert V. Smith, P.A.
P.O. Box 5866
Spartanburg, South Carolina 29304

Representing the Defendants:

VERNON DUNBAR, ESQUIRE
Turner, Padgett, Graham & Laney, P.A.
P.O. Box 1509
Greenville, South Carolina 29602

Also Present:

Lynne Fairey, BMW

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PATRICIA JOHNSON

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EXHIBIT INDEX

Exhibits:

Marked at Page

(Exhibits retained by
Commissioner Beck.)

Claimant's Exhibit 1

4

(Deposition of Dr. Brannon, 3/19/09)

Claimant's Exhibit 2

Deposition of Dr. McCorkle, 3/23/09)

4

* * * * *

1 This hearing is conducted in
2 accordance with the South Carolina Workers'
3 Compensation Commission Laws.

4 (MARKED CLAIMANT'S EXHIBIT NO. 1.)

5 (MARKED CLAIMANT'S EXHIBIT NO. 2.)

6 COMMISSIONER BECK: Today's date is
7 April 23rd, 2009. This is Workers' Compensation
8 File Number 0813280. The Claimant in this matter is
9 Patricia D. Johnson represented today by Attorney
10 Albert B. Smith. The Employer is BMW Manufacturing
11 Corporation. The Carrier is Specialty Risk Services
12 both represented today by Attorney Vernon F. Dunbar.

13 The average weekly wage in this matter is
14 stipulated at \$1,223.29 with a corresponding
15 compensation rate of \$661.29. The date of alleged
16 accident is August 23rd, 2008. I've received
17 A.P.A.s from both the Claimant and the Defendant in
18 this matter as well as the deposition of Dr. Bannon
19 and Dr. McCorkle submitted on behalf of Claimant.
20 Are there any objections to those A.P.A.s or
21 depositions, Mr. Smith?

22 MR. SMITH: Your Honor, I believe and
23 I'm not -- Mr. Dunbar can correct me. I believe
24 that there are some A.P.A.s that were discussed in
25 the depositions of Dr. Bannon and Dr. McCorkle at

1 MR. DUNBAR: Your Honor, I do have an
2 objection to the deposition testimony as well as the
3 letter of Dr. Cavert McCorkle. I think that is
4 A.P.A. Page 33 or 32 as well as his deposition
5 testimony that being his testimony is self-serving
6 or is at least based on self-serving statements made
7 by Mr. Smith.

8 He had not seen Ms. Johnson since
9 December 13, 2005, if my memory serves me correctly,
10 and had not interviewed her, examined her, nor
11 treated her. Therefore any opinion that he
12 expresses is certainly based upon surmise,
13 speculation, and conjecture.

14 In the alternative, if this Commission --
15 if you are not inclined to exclude it, we would take
16 the position that no weight should be given to or
17 little weight should be given to Dr. McCorkle's
18 deposition testimony based upon the aforesaid
19 argument.

20 MR. SMITH: Mr. Commissioner, of
21 course our position would be that as an expert for
22 the record Dr. McCorkle is, as you are letting in
23 the record in this case, with the University giving
24 an opinion as an expert and that is what he's doing.
25 And we would think that those records should be

1 given full weight by the Commissioner as he deems
2 necessary, as the same with Dr. Bannon.

3 COMMISSIONER BECK: All right. Mr.
4 Dunbar, I'm going to overrule your objection. And I
5 will place the appropriate weight on that deposition
6 and that medical evidence once I've had a chance to
7 review it.

8 MR. DUNBAR: I understand. Thank
9 you, sir.

10 COMMISSIONER BECK: Any other
11 objections?

12 MR. SMITH: None from the Claimant,
13 Your Honor.

14 MR. DUNBAR: None from the Defendant,
15 Your Honor.

16 COMMISSIONER BECK: All right.
17 Without further objection the Commission file
18 becomes a part of the record with the exception of
19 self-serving declarations and unstipulated medical
20 reports. During a rather extensive prehearing
21 conference in this matter the respective positions
22 of each of the parties was discussed.

23 From the standpoint of the Claimant, they
24 are here today seeking a finding of compensability
25 to the back. They are asking for causally related

1 medical treatment to be ordered. And further asking
2 that T.T.D. benefits be paid from August 23rd, 2008,
3 to the present and continuing.

4 From the standpoint of the Defendants,
5 they deny an injury by accident to the back based on
6 extensive preexisting chronic conditions. And
7 further deny an aggravation of any preexisting
8 condition.

9 They do, in fact, admit compensability of
10 both upper extremities due to repetitive trauma,
11 would assert that the Claimant is not at M.M.I. for
12 the upper extremities. However, do note the initial
13 date of complaint as to the upper extremities was
14 March 4th, 2008.

15 Defendants further contend that the
16 Claimant is out of work not based on an injury to
17 the back, but due to extensive medications for pain
18 that she was taking even prior to the date of the
19 alleged accident. Defendants contend that they were
20 unaware of those medications until the report of
21 this alleged back injury.

22 Are there any additions to those
23 respective positions that I haven't already put on
24 the record, Mr. Smith?

25 MR. SMITH: None from the Claimant,

1 Your Honor.

2 COMMISSIONER BECK: Mr. Dunbar?

3 MR. DUNBAR: None from the Defendant.

4 COMMISSIONER BECK: All right. We
5 are here on Claimant's Form 50. Mr. Smith, you may
6 call your first witness.

7 MR. SMITH: We call Patricia Johnson,
8 Your Honor.

9 COMMISSIONER BECK: All right. Ms.
10 Johnson, would you come on over and have a seat,
11 please. Would you raise your right hand, ma'am. Do
12 you swear or affirm that the testimony that you are
13 about to give today is the truth, the whole truth,
14 and nothing but the truth, ma'am?

15 MS. JOHNSON: I do.

16 COMMISSIONER BECK: All right.
17 Please state your full name for the record.

18 MS. JOHNSON: My name is Patricia
19 Diane Johnson.

20 COMMISSIONER BECK: All right. Ms.
21 Johnson, I know you've got a low voice. I'm going
22 to ask you to --

23 MS. JOHNSON: Patricia Diane Johnson.

24 COMMISSIONER BECK: Okay. I'm going
25 to ask you as you are being asked questions to speak

1 up as clearly as you can. The court reporter has to
2 pick you up on those microphones.

3 MS. JOHNSON: Okay.

4 COMMISSIONER BECK: And she's got to
5 be able to hear you, too. Okay?

6 MS. JOHNSON: Okay.

7 MR. SMITH: Thank you, Commissioner.

8 COMMISSIONER BECK: Mr. Smith.

9 WHEREUPON:

10 PATRICIA JOHNSON, being duly sworn
11 and cautioned to speak the truth, the whole truth
12 and nothing but the truth, testifies as follows:

13 DIRECT EXAMINATION

14 BY MR. SMITH:

15 Q. Okay. Where do you live, Ms. Johnson?

16 A.

17 Q. And who lives there with you?

18 A. My husband.

19 Q. Is that your husband back here?

20 A. Benjamin Johnson, uh-huh.

21 Q. Okay. And how old are you?

22 A. Fifty-eight.

23 Q. I've got to ask you some other
24 information.

25 A. Okay.

1 Q. How tall are you?

2 A. 5'4".

3 Q. And how much do you weigh?

4 A. 145.

5 Q. You are married, of course?

6 A. Yes.

7 Q. Children?

8 A. One son; Rodney Johnson.

9 Q. How much education have you had, ma'am?

10 A. I graduated from high school.

11 Q. Anything beyond high school?

12 A. I have just one class, a computer class.

13 Other than that, no.

14 Q. Did you receive a certificate in that
15 class?

16 A. I did.

17 Q. Okay. Where was that?

18 A. Spartanburg Tech.

19 Q. Spartanburg Technical College?

20 A. Yes.

21 Q. Okay. And anything on the job that you
22 have had since high school? Any on-the-job
23 training?

24 A. No.

25 Q. Okay. And where have you worked since you

1 first started work beginning with the very first
2 job?

3 A. Where did I work?

4 Q. Uh-huh.

5 A. My very first job was Union Mill.

6 Q. Okay. What did you do at Union Mill?

7 A. Batteries -- fill batteries.

8 Q. Was that physical activity?

9 A. Uh-huh.

10 Q. Okay. And your second job?

11 A. Farmer's Sportswear.

12 Q. What did you do there?

13 A. Sewing. I was sewing, machine operator.

14 Q. Was that a physical job?

15 A. Yes.

16 Q. The next job?

17 A. Arrow Automotive.

18 Q. And what did you do there?

19 A. I was working in assembly.

20 Q. Doing what?

21 A. Remanufacturing automobile parts, rebuild
22 automobile parts.

23 Q. And where did you work after that?

24 A. Hoke Manufacturing.

25 Q. Was that a textile plant? Was that a

1 textile plant? Did it have to do with cloth?

2 A. No. No. No. No.

3 Q. Okay. What did you do with them?

4 A. We built these fixtures that go like in
5 sinks and, you know, bathrooms or whatever.

6 Q. Okay. And where did you work after that?

7 A. I went to BMW.

8 Q. Okay. And what year did you go to BMW?

9 A. 2000.

10 Q. Okay. And when you first went there what
11 was your job description, what were your job duties?

12 A. I was in assembly working on door liners.

13 Q. And what kind of activity was required to
14 work on door liners?

15 A. It was physical.

16 Q. Okay. Were you required to stand on your
17 feet?

18 A. Yes.

19 Q. A full eight-hour day?

20 A. Uh-huh.

21 Q. Did you work an eight-hour day?

22 A. When I first went there, yes, I think it
23 was eight hours.

24 Q. Okay. And did it require any lifting
25 above your head?

1 A. Yes.

2 Q. Okay. What kind of items or material
3 would you lift above your head?

4 A. Well, we had to pull our racks from the --
5 to get our parts out of that was above the head.

6 Q. Okay. And you did that on a constant
7 basis?

8 A. Yes.

9 Q. Okay. And did you have to do any bending?

10 A. Yes.

11 Q. What kind of bending would you do?

12 A. The same. Putting screws in the doors --
13 yeah, under the doors and just -- trying to think of
14 jobs that was down low. We also had to pull racks
15 out down low, too.

16 Q. Okay. Now, would you ever bend down on
17 your knees to pull those racks out or would you be
18 standing at all times?

19 A. Be standing.

20 Q. At all times?

21 A. Uh-huh.

22 Q. Okay. And would you have to bend below
23 your knees at times?

24 A. Yes.

25 Q. As part of your job?

1 A. Yes.

2 Q. Would that be on a regular --

3 A. Regular basis.

4 Q. Okay. And did you have to do any
5 stooping?

6 A. Yes.

7 Q. And what would you have to stoop for?

8 A. Sometimes we would stoop to do that.

9 Q. Okay.

10 A. Yeah.

11 Q. All right.

12 A. Just according to how fast the line was
13 going or whatever, you know, we had time --

14 Q. Was it a job -- excuse me. I'm sorry.

15 A. If you had time.

16 Q. Was it a job that required fast hand, eye,
17 and body coordination?

18 A. Yes.

19 Q. Okay. And were you on a production limit?
20 Did you have to do this for a certain number of
21 vehicles a day?

22 A. Yes.

23 Q. And how many vehicles would you have to do
24 beginning in 2000 a day or how many doors would you
25 do?

1 A. I can't remember how many cars we were
2 running at that time.

3 Q. Okay. And did you continue on that job?

4 A. Uh-huh.

5 Q. Were you on that job in 2008?

6 A. Yes.

7 Q. Okay. And were you on that job in 2005?

8 A. Yes.

9 Q. Okay. And I believe you had to go out of
10 work in 2005; is that correct?

11 A. Yes.

12 Q. Tell the Commissioner why you had to go
13 out in 2005. What happened?

14 A. I was getting some mirror cap out of -- it
15 was a rack that the mirror caps came in. Is the
16 Commissioner right here? Okay. Mirror caps came
17 in. And the bin that they brought them in at that
18 time was very, very hard to turn around.

19 And at first they would have the forklift
20 people to turn them around for us when they come --
21 when they bring the parts out. Then they stopped
22 doing that and had us to do it, the people -- the
23 folks that was working on the job. And I was
24 turning it around that day.

25 And most of the times they pretty much be

1 hard to turn around. And I remember back that I did
2 have some that was very hard to turn around. And
3 one I had in particular that was real hard to turn
4 around, and I didn't have anybody to turn it around.
5 So I asked the forklift driver to turn it around.
6 And they said that we had to do it ourselves. So I
7 had to turn it around. And it was real hard.

8 Well, that day -- that morning when I went
9 home I started feeling pain in my back -- you know,
10 lower back, and it started going down the back of my
11 legs. I didn't know what it was. I honestly didn't
12 have no idea what it was. And it just got worse and
13 worse. That is when I injured my back on the job.

14 Q. Did you work under those conditions for a
15 time period before seeking medical attention?

16 A. Yes. I kept -- I went back to work
17 because I didn't know what it was. I thought it was
18 going to go away.

19 Q. Okay. Did it go away?

20 A. No, it didn't. It got worse.

21 Q. Did you ultimately seek medical attention
22 for that condition?

23 A. I did seek medical attention.

24 Q. And what doctor did you see for that?

25 A. I went to Dr. Bannon.

1 Q. Okay. Did he make a referral?

2 A. Yes.

3 Q. And what referral did -- whom did he refer
4 you to?

5 A. Dr. McCorkle.

6 Q. And as a result of seeing Dr. McCorkle was
7 there any kind of procedures performed on you?

8 A. Dr. McCorkle did back surgery on me.

9 Q. When was that?

10 A. My first one was in May of 2005.

11 Q. Okay. Did you file any kind of Workman's
12 Compensation claim for that?

13 A. No.

14 Q. And why not?

15 A. Well, I didn't -- because I thought it was
16 going to go away. I didn't know what it was. I had
17 never even heard of that before, that happening
18 before. And I didn't want to just report something
19 not knowing, you know, that -- if I had known that I
20 was really injured like that I would have, but I
21 thought, you know, it was just something that was
22 just going to go away like I said. And I didn't
23 file. And I thought after that day up until
24 recently I thought when you get hurt on the job like
25 that if you didn't report it that day, then it was

1 too late to report it. And I didn't report it. I
2 didn't go back and tell them that, you know, that I
3 had gotten hurt.

4 Q. Okay. And what was the date of that
5 surgery, if you can recall?

6 A. It was in May. It was like the end of May
7 I'm thinking.

8 Q. Of 2005?

9 A. Yeah. Like the 24th or 25th, something
10 like that.

11 Q. Okay. Did you go back to work?

12 A. After surgery?

13 Q. Uh-huh.

14 A. I didn't --

15 Q. At some point in time did you go back to
16 work?

17 A. Yeah, I went back to work.

18 Q. When was that?

19 A. I was out six months. So I must have went
20 back like November, I guess. No, from June. It
21 must have been like December because I had another
22 surgery.

23 Q. Okay. Were you working the same job in
24 2005 when you had to have the surgery that you were
25 working in 2002? The same job that you --

1 A. 2001 when I went there?
2 Q. Yes, ma'am.
3 A. Same job.
4 Q. Same job?
5 A. Uh-huh.
6 Q. Okay. And you went back to work after six
7 months?
8 A. I went back to work.
9 Q. What job did you go to then?
10 A. Same job.
11 Q. Same job?
12 A. Uh-huh.
13 Q. Would you describe to the Commissioner
14 your job requirements were at that time? Were they
15 the same or --
16 A. They were the same.
17 Q. Did you have to deal with that same --
18 A. I had to do the same thing.
19 Q. The mirror caps?
20 A. Right.
21 Q. And did you get assistance in turning that
22 around?
23 A. No.
24 Q. Not at all?
25 A. Uh-uh.

1 Q. You had to do it yourself?

2 A. I had to do it myself.

3 Q. Okay. And how was your back doing in this
4 time period between the time you went back and then
5 March -- August of 2008? Did you have any problems
6 with your back? Were you seeing anybody concerning
7 your back?

8 A. I was going to Pain Management.

9 Q. And was that Dr. Laterette?

10 A. Dr. Laterette, uh-huh.

11 Q. When did you start with him, do you
12 remember?

13 A. I started with him -- Dr. McCorkle
14 referred me to Dr. Laterette.

15 Q. Okay. Did Dr. Laterette have you on any
16 type of medication?

17 A. Yes.

18 Q. What kind of medication did he have you
19 on?

20 A. At that time he started me out with
21 oxycodone and Avensa I think it was. I was on a
22 different medication when I started out.

23 Q. Were you having pain? Were you having
24 pain?

25 A. Yes, I was having pain.

1 Q. Okay. Were you able to work with this
2 pain that you were having?

3 A. Yes.

4 Q. With the treatment of Dr. McCorkle and Dr.
5 Laterette?

6 A. Yes.

7 Q. And do you know exactly when you started
8 treating with Dr. Laterette?

9 A. I don't know exactly.

10 Q. Do you know what year?

11 A. Yeah. It was in 2000 -- I think I started
12 with him in -- I think it was 2005 also.

13 Q. Would it have been about August the 10th?
14 Does that sound about right?

15 A. Dr. Laterette?

16 Q. Uh-huh. Pain management. Carolina Center
17 for the Advanced Management of Pain?

18 A. Yeah. It could have been, yeah.

19 Q. Okay. And did you see him on a continuing
20 basis?

21 A. I did.

22 Q. And why did you see him on a continuing
23 basis? What was the problem?

24 A. Because of the pain in my back.

25 Q. And will you describe the pain? Was it

1 mild, severe, moderate?

2 A. No, I had bad pain.

3 Q. Bad pain? Where was it?

4 A. It was pretty moderate. It was steady
5 pain. I had steady pain.

6 Q. Okay. What part of your back?

7 A. My lower back.

8 Q. The lower part of your back?

9 A. Uh-huh, yes.

10 Q. All of that pain, did you work with that
11 pain?

12 A. I worked with it.

13 Q. Okay. And how many hours a day were you
14 working?

15 A. Ten.

16 Q. How many days a week?

17 A. Four days a week.

18 Q. Four days a week?

19 A. Yes.

20 Q. Did you report to work on a regular basis?

21 A. Every day. I never missed a day when I
22 was with BMW.

23 Q. You never missed a day? So from the time
24 you went back in 2005 up until August of 2009 or
25 '08, I'm sorry, you never missed a day?

1 A. I never missed a day.

2 Q. Okay. Did you continue to see any other
3 doctors other than Dr. Laterette?

4 A. No, just Dr. Laterette.

5 Q. Did you see Dr. Bannon on any occasion?

6 A. I went back to Dr. Bannon when -- about my
7 back when BMW put me out of work.

8 Q. And when were you put out of work?

9 A. August 23rd.

10 Q. August 23rd? Why were you put out of
11 work?

12 A. Well, I was put out of work -- I mean I
13 was going out of work for my back. I went up there
14 for my back.

15 Q. Did anything happen to you in August of
16 2009 about your back?

17 A. 2008?

18 Q. 2008. I'm sorry.

19 A. Yeah. When I was doing my job I hurt my
20 back.

21 Q. Tell the Commissioner what happened and
22 describe how it happened?

23 A. I was on -- out on doing some rework area.
24 And I was bending over to put screws in the bottom
25 of the door which is very, very, low. Excuse me.

1 And when you are doing a job the car is moving. And
2 I had a gun in my hand to put the screws in, drill
3 gun.

4 And when I went to bend over, I was
5 pushing it in and I felt something pull in my back.
6 I felt something like slip in my back. And it hurt,
7 you know. It was hurting me, but it hurt worse as
8 the time passed on. It got worse.

9 Q. And what shift were you working at that
10 time?

11 A. Third. Night shift.

12 Q. Night shift?

13 A. B shift.

14 Q. You went to work at what time?

15 A. Excuse me?

16 Q. You went to work at what time?

17 A. I went to work at 8:00 o'clock.

18 Q. And got off what time?

19 A. They sent me home early. My regular hours
20 was 6:40. From 8:00 to 6:40.

21 Q. 8:00 to 6:40? Okay. What time of night
22 did this happen, do you remember, or morning?

23 A. It happened around -- I'm thinking
24 around -- around 5:00, 4:30, something like that.

25 Q. You reported it to someone?

1 A. No, I didn't -- I wasn't over on my side
2 where I normally work. I was on the re-work -- I
3 was at the re-work area. And I went straight on to
4 the doctor. I went straight up to the doctor.

5 Q. Okay. Did you tell anyone at BMW what had
6 happened at the time that it happened?

7 A. People around me knew.

8 Q. Did you tell your supervisor?

9 A. No, I didn't tell my supervisor.

10 Q. Did you tell the plant nurse?

11 A. Yes. I went to the doctor.

12 Q. To the doctor at the plant?

13 A. Uh-huh. Yes.

14 Q. Okay. Who was that?

15 A. Dr. Hommel.

16 Q. Dr. Hommel?

17 A. Yes.

18 Q. You went that day?

19 A. Yes.

20 Q. Okay. About what time did you arrive at
21 his office, do you remember?

22 A. I'm thinking like 5:00.

23 Q. In the morning?

24 A. Or 4:00, something like that.

25 Q. In the morning?

1 A. In the morning, yes.

2 Q. Okay. And did you relate to him what had
3 happened?

4 A. I told him exactly what happened. The
5 nurse came in.

6 Q. Okay.

7 A. But they -- when I went in there they knew
8 I was hurting really bad.

9 Q. Okay. Had you been hurting like that the
10 day before?

11 A. No.

12 Q. The way you were hurting at that point in
13 time, were you able to continue working on that job?

14 A. No.

15 Q. You could not work?

16 A. No.

17 Q. Have you been able since, that feel like
18 you could do that job today with the type pain that
19 you are having?

20 A. Not with this type pain.

21 Q. Is that pain different than what you were
22 having before the 23rd of August 2009?

23 A. Yes.

24 Q. 2008?

25 A. Yes.

1 Q. I show you now a document. Do you know
2 Ms. A. Melton? Do you know Ms. Melton at BMW?

3 A. Melton?

4 Q. Uh-huh.

5 A. Not by name I don't.

6 Q. Okay. I show you what has been submitted
7 as Claimant's Exhibit A.P.A. 212 and 213. Do you
8 recognize the writing on that, please, ma'am? It's
9 called an incident report?

10 A. Yes, uh-huh.

11 Q. Is that your writing?

12 A. This is my writing.

13 Q. You filled it out?

14 A. Yes.

15 Q. Okay. And the second page, 213, did you
16 sign that?

17 A. Yes, I did.

18 Q. Okay. And on that, what did you say was
19 the cause of your pain?

20 A. My back.

21 Q. Did you say on there what had happened to
22 you?

23 A. Yes, I told them what happened.

24 Q. Okay. Whose signature is that over to the
25 left?

1 A. Mine.

2 Q. That is yours? Whose signature is that
3 over to the right?

4 A. That must be Anne. I know her by her
5 first name. She's the nurse, so I guess it's hers.

6 Q. She's the nurse?

7 A. Yes.

8 Q. Okay.

9 A. I see an A so I'm thinking it's Anne.

10 Q. Okay. And as a result of reporting it to
11 Anne and to the doctor what happened? Were you
12 allowed to go back to the floor?

13 A. No, they told me to leave.

14 Q. Who told you to leave?

15 A. The doctor did.

16 Q. Okay.

17 A. And the nurse.

18 Q. Did he have you leave with any medication?

19 A. They didn't give me anything.

20 Q. Did he know what medication you were on?

21 A. Yes.

22 Q. But when did he know that?

23 A. When I went -- when I went -- really
24 before I started back in 2005 because I had to see
25 the doctors there before I went back to work.

1 Q. And what medications were you on then?

2 A. I was on Lortab -- Lortab. Oxycodone and
3 I think at the time I was on Avensa.

4 Q. Okay. At any time during that time period
5 that I'm talking about between 2005 and when you
6 hurt your back in 2008 did your medication change at
7 any point in time?

8 A. No.

9 Q. Okay. Did the doctors and nurses at BMW
10 know what medications you were on?

11 A. Yes.

12 Q. Had they ever sent you out of work because
13 they said your medication was too strong?

14 A. No.

15 Q. Okay. Now, after going home that day
16 after they told you, what did you do then? Did you
17 go back to work?

18 A. I called them because they told me to go
19 home and rest my back. They didn't want me to
20 injure my back any further. So they told me to go
21 back and -- go home and rest my back. So I was kind
22 of confused of when was I suppose to go back to
23 work. Even though I was hurting, you know, I hurt
24 in pain before. So I called back over there and
25 asked them, you know, what did they mean, you know,

1 by me going home to rest my back. When was I
2 suppose to come back to work. And they said you
3 need to see your doctor.

4 Q. Who were you talking to then?

5 A. I think Anne, the nurse.

6 Q. Okay. You were directed to see your
7 doctor?

8 A. My doctor. They told me that before I
9 left work to see my doctor.

10 Q. Okay. Did they offer any other kind of
11 medical treatment under the Workers' Compensation?

12 A. No.

13 Q. Did you see another doctor?

14 A. No, I went to my -- I went on to my
15 doctor.

16 Q. That is what I'm talking about.

17 A. Yes.

18 Q. Okay. Who is your doctor?

19 A. I went to Dr. Bannon.

20 Q. Okay. And what kind of complaint did you
21 give to Dr. Bannon?

22 A. I told him what had happened and that, you
23 know, BMW told me to see him.

24 Q. Okay. And did you treat with Dr. Bannon
25 for your back?

1 A. Yes.

2 Q. Okay. Did you report to Dr. Laterette?

3 A. I did. I called Dr. Laterette because
4 when I called them -- when I called back to BMW --
5 when I left there they told me that to go home and
6 rest my back, but when I called back to them they
7 told me I couldn't come back to work taking the
8 medications that I take.

9 Q. Okay. Did the medication change?

10 A. The medication didn't change.

11 Q. Who told you that, that you couldn't come
12 back because of the medication that you were taking?

13 A. The lady in short-term.

14 Q. Do you know her name?

15 A. I did know her name. I've talked to so
16 many people --

17 Q. That is fine.

18 A. -- I can't remember her name.

19 Q. What did you do after that conversation
20 then? Did you seek medical attention?

21 A. I asked her, you know, a question about
22 it, you know, why I couldn't come back to work. And
23 I told her that I had been taken it all along, ever
24 since that I had started back to work.

25 Q. Did you ever see the doctor -- the plant

1 doctor at BMW subsequent to August 23rd, 2008?

2 A. Have I seen him since then?

3 Q. Uh-huh.

4 A. I went back to see him, but not for my
5 back. I went back to see him for another problem.

6 Q. What was that?

7 A. My shoulder.

8 Q. And when was that?

9 A. See, the dates I can't remember all the
10 dates.

11 Q. Well, it was after August 23rd, 2008?

12 A. Right.

13 Q. Okay. Both shoulders?

14 A. Both my shoulders and my elbow.

15 Q. Okay. And what kind of problems were you
16 having with your shoulders and your elbow?

17 A. Just a lot of pain. Just aching. And I'm
18 having terrible problems with my shoulder.

19 Q. And when did that start?

20 A. That started probably about 2006, I think.

21 Q. And before 2006 had you had any problems
22 with that shoulder and elbow before that?

23 A. Yes, all the time.

24 Q. Okay. And was that -- did you have it at
25 home, problems at home?

1 A. Yes. I couldn't sleep. I still can't
2 sleep with it.

3 Q. When you worked did the problem get more
4 severe or what?

5 A. It got worse.

6 Q. Okay. And were you required to use your
7 arms and your shoulders?

8 A. Yes.

9 Q. And your elbows at work?

10 A. Yes.

11 Q. On a repetitive basis?

12 A. Right.

13 Q. Okay. And in March I believe of 2000 --
14 March 4th, 2004, is that date significant to you as
15 far as problems or complaints you might have been
16 reporting to BMW about your shoulders and your
17 elbow?

18 A. I went up there a lot, quite often for it.

19 Q. You saw Anne or someone else?

20 A. I saw Anne.

21 Q. What about the doctor?

22 A. The doctor each time.

23 Q. Did he ever use --

24 COMMISSIONER BECK: I'm sorry. Did
25 you say 2004?

1 MR. SMITH: I'm sorry. It's 2008.

2 March 4th, 2008. Sorry.

3 BY MR. SMITH:

4 Q. Okay. And did you see the doctor did you
5 say?

6 A. Yes, I will see the doctor.

7 Q. Would they ever recommend any kind of
8 physical therapy for you or anything of that nature?

9 A. No. I had an injection. I had an
10 injection.

11 Q. Who gave you that?

12 A. Dr. Hommel.

13 Q. Do you know when you had the injection?

14 A. I had about three, I think, or four.

15 Q. Three or four?

16 A. In different, you know, both of my
17 shoulders and my elbow. I had as many as I could
18 take. They said I couldn't have any more.

19 Q. Okay. Did you ever see a private
20 physician? Did anyone ever refer you to a private
21 physician for your elbow and your shoulders?

22 A. Just recently since I've been out of work
23 because I called them because the problem is getting
24 so bad -- has gotten so bad I called them about it.
25 And I went over to see the doctor.

1 Q. Now, when you say doctor, say who.

2 A. Dr. Hommel.

3 Q. Okay.

4 A. I went over to -- finally got an
5 appointment to go over and see him.

6 Q. Okay. And he referred you?

7 A. At first he didn't. And I had to keep
8 calling back. And then -- you know, to talk to him
9 and Anne about it. And they finally made me an
10 appointment to see a doctor outside, a Workman's
11 Comp doctor.

12 Q. And who was that? Have you seen him yet?

13 A. Yes, I did see him.

14 Q. How many times have you seen that doctor?

15 A. Dr. Brown. I saw him two times so far. I
16 think it's only two times.

17 Q. Do you have a return appointment to see
18 him?

19 A. I do.

20 Q. Okay. And is there any kind of -- what
21 kind of treatment is being prescribed for your arms
22 and your elbow at present?

23 A. Dr. Brown don't seem to think that -- he
24 didn't really --

25 MR. DUNBAR: Objection, Your Honor.

1 BY MR. SMITH:

2 Q. Just tell us --

3 COMMISSIONER BECK: Sustained.

4 BY MR. SMITH:

5 Q. -- what kind of treatment you were
6 getting. Don't say what the doctor said. Just tell
7 us what kind of treatment you are getting. Are you
8 getting physical therapy?

9 A. He gave me an injection the last time I
10 was there in one of my shoulders.

11 Q. And when was that?

12 A. I think it was -- it was this month. I
13 don't know the date.

14 Q. Do you have a return appointment for him?

15 A. Yes, I do.

16 Q. Okay. Is there any kind of physical
17 therapy being ordered for you?

18 A. No.

19 Q. Okay. For the kind of pain that you are
20 having in your arms and your elbow, could you do
21 that job that you were doing at BMW?

22 A. Can I do the job?

23 Q. Would you be able with the pain and the
24 way your arms are now, would you be able to do that
25 job?

1 A. No, my shoulders have gotten worse. It's
2 just getting -- it's getting really bad. I'm
3 getting to where now it hurts just moving. And I
4 can't even hardly sleep with the pain.

5 Q. Okay. And are you on any separate
6 medication for the pain in your elbows and for your
7 back?

8 A. I just take over-the-counter medicine for
9 my shoulders.

10 Q. For your shoulders?

11 A. Yeah.

12 Q. Okay. And --

13 A. I'm using Biofreeze on my elbow.

14 Q. Okay. Would you describe then since
15 you've been out of work what is a typical day for
16 you once you get up? You are able to take care of
17 your own personal hygiene, are you not?

18 A. Take care of myself?

19 Q. Yes, ma'am.

20 A. I can take care of myself.

21 Q. Okay. What happens after that when you
22 get up? Are you able to do the housework?

23 COMMISSIONER BECK: Excuse me. We
24 are looking at a compensability finding, not an
25 awards hearing today.

1 MR. SMITH: Okay. Well, that will be
2 fine. I was just trying to go to the ability to
3 work, whether or not she can do anything.

4 COMMISSIONER BECK: Okay. If you are
5 headed in that direction, keep on going.

6 MR. SMITH: Yeah, that is all I was
7 trying to show is she can't work.

8 COMMISSIONER BECK: Okay.

9 BY MR. SMITH:

10 Q. What is a typical day like for you
11 activity-wise?

12 MR. SMITH: And I'll be brief, Your
13 Honor.

14 THE WITNESS: There is not very much
15 I can do because bending hurts -- makes me hurt. I
16 be in extreme pain, you know, when I bend over.

17 BY MR. SMITH:

18 Q. Okay. Where?

19 A. In my back.

20 Q. What about your shoulders and your arm?

21 A. My shoulders, too. But my shoulders
22 bother me -- they hurt the most when I'm trying to
23 sleep or reaching for something. When I reach out.

24 Q. Okay. Now, when you saw Dr. Hommel,
25 H-o-m-m-e-l, each time you --

1 A. I think it's Hamid. I think I spelled it
2 wrong. I think it's H-a --

3 Q. I'm looking at the spelling here.
4 H-o-m-m-e-l. Dr. Ken Hommel, is that his name?

5 A. Yes.

6 Q. Okay. And today -- let's get back to your
7 back now and I'll be finished with you. What, if
8 any, kind of problems are you having now today with
9 your back?

10 A. I'm having a lot of problems with my back.

11 Q. Describe them once again for me.

12 A. Just aching and just a lot of pain in
13 there. I can't, you know, do my daily activities
14 the way I was with my back hurting the way I do. I
15 just do a lot -- I just lay around a lot. And I do
16 walk in the evening to try to exercise it, you know,
17 try to get in some exercise.

18 Q. Okay. Now, is the pain localized or is it
19 just in your back or where?

20 A. It's in my back as far as other than my
21 shoulders now. We are talking about my back. It's
22 mostly in my back. And I can tell when it's almost
23 time for me to take my medication because it starts
24 to hurt down my leg and it will go into my foot, my
25 left foot.

1 Q. Okay. And this kind of pain you did not
2 have before August 23rd, 2008?

3 A. No, I didn't, not like that.

4 MR. SMITH: Answer any questions Mr.
5 Dunbar or the Commissioner might have of you.

6 COMMISSIONER BECK: Mr. Dunbar?

7 MR. DUNBAR: Thank you very much,
8 Your Honor.

9 CROSS EXAMINATION

10 BY MR. DUNBAR:

11 Q. Ms. Johnson, it's my understanding that
12 you claim that sometime in 2004, 2005, you sustained
13 an injury to your back at BMW, but you just didn't
14 report it, correct?

15 A. Yes.

16 Q. Now, as I look at A.P.A. Page 1, it seems
17 that you were simply walking and you developed pain
18 in your back; is that correct?

19 A. Yes. That is when I first felt it in
20 2005, I was walking.

21 Q. All right. And as a consequence of that
22 you went to see Dr. Bannon. And you didn't tell him
23 anything about a work-related accident, did you?

24 A. He asked me was it work related. And at
25 that time I told him I wasn't sure.

1 Q. You told him you weren't sure?

2 A. Yes.

3 Q. Now, let me show you a report, A.P.A. Page
4 17. About midway down, the date of this report is
5 dated January 31st, 2005. He asked you whether you
6 had a work-related accident.

7 A. Okay.

8 Q. And do you see that note there where it
9 says she denies any injury by accident?

10 A. Yes, I do see it.

11 Q. Okay. Dr. Bannon is your family doctor,
12 correct?

13 A. Correct.

14 Q. Treated you for a number of years, right?

15 A. Correct.

16 Q. Familiar with him and he's familiar with
17 you?

18 A. Correct.

19 Q. Hide nothing from him, correct?

20 A. Correct.

21 Q. If you have urological problems,
22 gynecological problems you tell Dr. Bannon about
23 them, do you not?

24 A. Well, I -- I got a gynecologist.

25 Q. Right. But he's made referrals to a

1 urologist for you, has he not?

2 A. Sure. Correct.

3 Q. Okay. So he did ask you about it, whether
4 you had a work-related accident back in 2000 --

5 A. He asked me was it work related.

6 Q. All right. Now, as I understand your
7 testimony, you indicated that your pain -- and you
8 had surgery as a consequence of this 2005 accident,
9 correct?

10 A. Correct.

11 Q. And you went back to work, did you not?

12 A. I did.

13 Q. Did you go back to work sometime in
14 December 2005 or sometime before December 2005, do
15 you recall?

16 A. I'm not sure what date I went back to
17 work, but it was six months after the surgery.

18 Q. And when was the surgery, do you recall?

19 A. I had one in May and one in June.

20 Q. In June. So by December you probably were
21 back at work, correct?

22 A. Correct.

23 Q. Now, as I look at Dr. Laterette's report,
24 and I'm looking at Page 108, when he released you,
25 you were on Avensa, which is morphine B, and Lortab,

1 correct?

2 A. Okay. Correct.

3 Q. And you were on those medications?

4 A. Yes.

5 Q. And as I understand your testimony, the
6 doctor at BMW had to know what you were on before
7 they would clear you to go back to work?

8 A. Right.

9 Q. You told them what you were on?

10 A. Right.

11 Q. Now, if we fast forward from A.P.A. Page
12 108 to A.P.A. Page 112, you are no longer on the
13 Lortab, but now you take Percocet in addition to the
14 morphine, do you not?

15 A. That is oxycodone.

16 Q. Well, oxycodone?

17 A. Uh-huh.

18 Q. Okay. And that is a little bit stronger
19 medication than the Lortab, is it not, if you know?

20 A. Yeah, I would think so.

21 Q. Okay. As a matter of fact, so from 2005
22 and I believe if my memory serves me correct, in
23 2006 not only are you taking morphine, but you are
24 taking oxycodone?

25 A. I am.

1 Q. As a matter of fact, you are still taking
2 oxycodone as we sit here today, correct?

3 A. Correct.

4 Q. And in 2005 you weren't taking oxycodone,
5 but you were taking Lortab, correct?

6 A. I may have been. I thought I was taking
7 oxycodone at that time also.

8 Q. Okay. Now, I believe it's your testimony
9 that today you are experiencing back and leg
10 problems?

11 A. Yes.

12 Q. Correct?

13 A. Correct.

14 Q. And I think you said -- and don't let me
15 put words in your mouth. Please don't. Before
16 August 2008 you didn't have any leg problem?

17 A. Yeah, the pain -- I would have the aching
18 in my legs because I have numbness in my legs.

19 Q. So you would have numbness in your legs?

20 A. Uh-huh.

21 Q. As a matter of fact, you would see Dr.
22 Laterette approximately once a month, wouldn't you?

23 A. Yes.

24 Q. And he would ask you about your pain
25 scale, would he not?

1 A. Yes.

2 Q. And you would tell him that you were
3 having pain in your leg, back, and sometimes even
4 going to your foot?

5 A. Right.

6 Q. Would that be correct?

7 A. Correct.

8 MR. DUNBAR: Your Honor, I'm looking
9 at A.P.A. Pages 109, 112, 116.

10 BY MR. DUNBAR:

11 Q. And that continued, did it not?

12 A. The pain in my leg and into my foot is --
13 when the medication starts wearing off, then I would
14 have the pain in my leg and foot. I would feel some
15 discomfort in there, yes.

16 Q. So if you did not take your pain
17 medications you would feel a discomfort, correct?

18 A. Yes. In my leg and foot, uh-huh.

19 Q. And that is still the case, is it not?

20 A. Yes.

21 Q. You still feel pain in your leg and foot?
22 So nothing has really changed since 2005, 2006. You
23 still have the back pain with pain going into your
24 left leg and foot?

25 A. You are talking about today?

1 Q. Yes, ma'am.

2 A. Yes, I still have pain in there whether
3 I -- like I say, if I don't take my medicine when I
4 need to, the pain starts coming back. It does. It
5 goes into my leg and my foot.

6 Q. Okay. And you also have problems with
7 your arms as well?

8 A. My shoulders and my elbow.

9 Q. And you last saw Dr. McCorkle, who
10 performed the surgery, back in December 2005?

11 A. Yes.

12 Q. You've not seen Dr. Cavert McCorkle since
13 December of 2005 for any reason, have you?

14 A. No.

15 Q. No one made any referral to Dr. McCorkle
16 for you since you last saw him in 2005?

17 A. No.

18 Q. Now, in terms of your problems with your
19 back and leg, you've had foot weakness, have you
20 not?

21 A. After my surgery I had foot weakness.

22 Q. And you continued to have that -- it would
23 be off and on; is that correct?

24 A. No, that is not correct.

25 Q. Okay. When is the last time you had some

1 foot weakness or numbness in your foot?

2 A. I don't have numbness in my foot.

3 Q. No longer have that. Did the last
4 surgery --

5 A. It wasn't -- it was pain into my foot.

6 Q. Okay.

7 A. I have numbness in my leg.

8 Q. Do you still have pain in the foot?

9 A. Yes, uh-huh. Like I say, when I don't
10 take my medicine on time the pain goes down into my
11 foot.

12 Q. Now, you haven't worked since August 2008,
13 correct?

14 A. That's correct.

15 Q. And you are still taking your pain
16 medication?

17 A. Yes.

18 Q. And you are still having the same pain in
19 your back, leg, and foot, aren't you?

20 A. Yes. I'm having pain.

21 Q. As a matter of fact, you indicated that
22 even sitting and walking makes your pain worse. Do
23 you recall telling Dr. Laterette that?

24 A. Yes. Sitting does make my pain worse.

25 Q. So since you are not working, you are at

1 home, you sit down, do you not?

2 A. Yeah, I sit down.

3 Q. And you walk, correct?

4 A. I walk.

5 Q. And if you were at work you would sit
6 sometimes in the cafeteria to eat your lunch,
7 correct?

8 A. Yes.

9 Q. And you would walk?

10 A. Yes, I walk.

11 MR. DUNBAR: Your Honor, I was
12 looking at A.P.A. Page 92.

13 BY MR. DUNBAR:

14 Q. Now, after Dr. McCorkle performed the
15 surgery on you, you continued -- he referred you to
16 Dr. Laterette for chronic pain management, correct?

17 A. Yes.

18 Q. And you and your husband talked to Dr.
19 Laterette as early as September 14, 2005, about your
20 degenerative disk disease and about disability. Do
21 you recall that?

22 A. I remember talking about degenerative disk
23 disease, yes.

24 Q. Do you recall talking to him about
25 disability and your inability to work at that point

1 in time?

2 A. I don't remember it.

3 Q. Do you recall even discussing with your
4 husband and Dr. Laterette --

5 MR. DUNBAR: Your Honor, I'm looking
6 at A.P.A. Page 96.

7 BY MR. DUNBAR:

8 Q. That last paragraph in that first
9 sentence --

10 A. I'm not saying he -- you know, it wasn't
11 discussed. I don't remember talking to him about
12 it.

13 Q. Okay. Certainly.

14 A. I didn't ask him about any disability.

15 Q. So you just don't recall it at this point
16 in time?

17 A. I can't recall it.

18 Q. Now, as I look at Dr. Laterette's report
19 from 2006 and continuing, your pain ranged from a
20 scale of four up to seven, do you recall that?

21 A. And when was that?

22 Q. That was from 2006 through the present.

23 A. I'm not aware of that because my pain is
24 never the same. On a scale from zero to 10 when I
25 fill out the papers it's usually not the same all

1 the time. Sometimes I hurt worse than others.

2 Q. Certainly. And do you know what causes
3 you to hurt worse at other times than others?

4 A. The bending, you know, pushing and all.
5 Just different activities like that of work.
6 Bending is really bad, really -- it makes me hurt
7 really bad.

8 Q. And your job requires you to bend is your
9 testimony, correct?

10 A. Yes.

11 Q. Let me show you a report here dated
12 September 15th, 2008. And it's A.P.A. Page 180.
13 You weren't working at this point in time, were you?

14 A. What is the date? You are talking about
15 October on the 17th, 2008?

16 Q. At the very top. I'm sorry. I thought I
17 had given you 9/15. Well, right here is when you
18 had the visit, to the far left. 9/15/2008?

19 A. I got -- I was out of work -- I went out
20 of work August.

21 Q. Certainly. So you weren't working then,
22 correct, in September?

23 A. That is the eighth month, right. Okay.
24 No, I wasn't working.

25 Q. And you were still having pain; is that

1 correct?

2 A. Oh, yeah. I have pain.

3 Q. All right. But you said working makes it
4 worse?

5 A. It does.

6 Q. Let me show you A.P.A. Page 184. This is
7 dated October 6, 2008. You had been out of work now
8 for about a month and a half, correct?

9 A. Correct.

10 Q. Yet when you go and you talk to Dr.
11 Laterette you complain about your low back pain,
12 left lower extremity pain, but your pain scale has
13 now gone from a four now to a seven?

14 A. Since August 23rd I've had more pain, a
15 lot more pain.

16 Q. I understand that. And my point is if
17 work is aggravating it, Ms. Johnson, and you hadn't
18 worked, why are you having more pain? Because your
19 testimony is work makes it worse?

20 A. It does. I think I'm having more pain
21 because of August 23rd when -- I don't know if I
22 pulled something in my back or what, but I've been
23 hurting a lot more since that day.

24 Q. Well, if you look back in Dr. Laterette's
25 notes, and I'm certain you haven't had a chance to

1 do that, but you had complained of excruciating pain
2 well before August 2008. Wouldn't you agree with
3 me?

4 A. Yes, I would agree because certain things
5 I did at work would make my back hurt worse.

6 Q. And since you've been off from work
7 certain things still make your back worse based upon
8 this last pain scale. Would you agree with that?

9 A. If I would do what I did at work I'm sure
10 it would, but I haven't been doing -- you know, I
11 haven't been working.

12 Q. Now, It's my understanding you applied for
13 Disability?

14 A. Sure I did.

15 Q. And you asked Dr. Laterette to complete
16 some paperwork for you, did you not?

17 MR. DUNBAR: Your Honor, I'm looking
18 at A.P.A. Page 230.

19 BY MR. DUNBAR:

20 Q. Do you recall that?

21 A. I don't remember asking Dr. Laterette to
22 fill out any papers for my disability. This look
23 like -- it looks like the paper that I send in
24 for --

25 Q. F.M.L.A.?

1 A. Yeah, for short-term.

2 Q. Okay. Well, for short-term disability
3 then?

4 A. He has to fill those out every month.

5 Q. Certainly. And he's been seeing you since
6 2005, correct?

7 A. Correct.

8 Q. He knows you better than any other doctor
9 in terms of having seen you on a regular and
10 consistent basis. Would you agree with that?

11 A. As far as my back he could.

12 Q. You didn't see Dr. Bannon from 2005 until
13 sometime late 2008, correct?

14 A. That's correct.

15 Q. All right.

16 A. Well, I saw him for personal, not for my
17 back.

18 Q. Okay. And you also haven't seen Dr.
19 McCorkle since December 2005, correct?

20 A. Dr. Laterette said I only see Dr. McCorkle
21 because he's a surgeon. Unless I was having
22 surgery, I wouldn't see Dr. McCorkle. So that is
23 the reason I haven't seen Dr. McCorkle since 2005.

24 Q. But my question simply is you have not
25 seen him --

1 A. Dr. McCorkle?

2 Q. Yes, ma'am.

3 A. I have not.

4 Q. So the individual or the doctor or
5 physician that you have been seeing once a month for
6 the past three years has been Dr. Laterette,
7 correct?

8 A. As far as for my back it has been.

9 Q. Okay. And in terms of your condition, it
10 says current status here at the bottom. It says
11 your condition has regressed. Isn't it a fact that
12 at the time of this accident you were taking more
13 medication? Wasn't Dr. McCorkle prescribing you
14 more medication before you had this accident in
15 August 2008?

16 A. Dr. McCorkle was prescribing medication to
17 try to find something to ease my pain. And nothing
18 he prescribed to me helped the pain.

19 Q. And this was Dr. Laterette. And he was
20 consistently prescribing --

21 A. No, this is Dr. McCorkle.

22 Q. My question is, and perhaps I got confused
23 as well, but before you had this accident in
24 August 2008 Dr. Laterette was consistently
25 prescribing you increased medications for your back

1 pain, was he not?

2 A. He was not.

3 Q. Your back -- your medications didn't
4 increase?

5 A. No.

6 Q. But you were taking Percocet or oxycodone
7 at the time you had your accident?

8 A. Some of my medications changed because one
9 of them was causing me to have migraine headaches.
10 One of them was causing real severe constipation.
11 He changed my medications on those basis, not
12 because of one wasn't helping me.

13 Q. Now, did you tell Dr. Laterette that you
14 hurt yourself bending?

15 A. I did.

16 Q. Did you see this letter that he wrote to
17 Mr. Smith dated November 7, 2008?

18 A. Yes. Wait a minute. Let me see. Yes,
19 I've seen that.

20 Q. Now, you also went to see Dr. Bannon,
21 correct?

22 A. When?

23 Q. Right after you had this accident in
24 August 2008?

25 A. The doctor -- BMW doctor asked me to see

1 Dr. Bannon.

2 Q. And you had seen Dr. Bannon I believe a
3 little bit before that complaining of back pain?

4 A. My neck.

5 Q. Yes, your back and neck.

6 A. Uh-huh.

7 Q. Now, you also had some problems with
8 elevated blood pressure. Do you recall that?

9 A. No.

10 Q. Well, I'm looking at A.P.A. Page 5.

11 A. No. I don't know anything about that
12 nobody never told me I had blood pressure problems.

13 Q. Okay. Well, when you went in on
14 August 14th, 2008, you were having back pain and
15 neck pain, correct?

16 A. To Dr. Bannon?

17 Q. That's correct.

18 A. My neck.

19 Q. And he also assessed you for chronic back
20 pain. Let me show you this highlighted here.

21 A. Yeah, he know about my back.

22 Q. Okay.

23 A. Uh-huh.

24 Q. Now, when you went back to see him on
25 August 27th, 2008, your pain had gotten better

1 hadn't it according to what you told Dr. Bannon?

2 A. My pain had gotten better?

3 Q. Yes, ma'am. If you will look at that
4 notation that I've just handed you. You said that
5 you were in a lot less pain now?

6 A. I don't remember stating that.

7 Q. As a matter of fact, you also told the BMW
8 doctors --

9 MR. DUNBAR: And, Your Honor, I'm
10 looking at Dr. Bannon's deposition testimony,
11 Exhibit 3.

12 BY MR. DUNBAR:

13 Q. -- that on or about September 4th, 2008,
14 that you were fine now and you were able to go back
15 to work?

16 A. I was wanting to go back to work.

17 Q. And you indicated that you were fine,
18 didn't you?

19 A. At that time I probably was. I felt --
20 you know, I felt pretty good like I -- because I
21 wanted to go back to work.

22 Q. Okay.

23 A. I really didn't want to be out of work.

24 Q. All right. So in September 2008 you were
25 feeling fine, well enough to go back to work,

1 correct?

2 A. Correct.

3 Q. You were still on the same medications
4 that you were taking before you had this accident in
5 August 2008, correct?

6 A. Well, yeah, I'm taking the same medicine.
7 I'm taking additional medicines, but I'm taking the
8 same medicine that the doctor prescribed.

9 Q. And I believe at this point in time you
10 were also being evaluated for some kidney -- a mass
11 on your kidney or a cyst on your kidney?

12 A. Right.

13 Q. And you went to see a neurologist for
14 that, right?

15 A. I did.

16 MR. DUNBAR: That is all the
17 questions I have. Thank you very much.

18 COMMISSIONER BECK: Mr. Smith,
19 anything further?

20 MR. SMITH: Yes, sir. Just a few
21 follow-up.

22 REDIRECT EXAMINATION

23 BY MR. SMITH:

24 Q. Ms. Johnson, when you saw the Carolina
25 Center for Advanced Management of Pain, Dr.

1 Laterette, on 9/12 of '07, do you recall -- well, I
2 didn't say what Dr. Laterette's note said. She's
3 bending a lot at work which notes -- which she notes
4 can increase pain. Was that true then?

5 A. I was bending a lot?

6 Q. It says that she is bending a lot at work
7 which she notes can increase her pain. Was that the
8 case?

9 A. That is the case.

10 Q. Okay. That was on 9/12, September 12th of
11 2007.

12 A. Okay.

13 Q. Was that still the case August 23rd, 2008?

14 A. Yes, I was bending a lot.

15 Q. Was it causing you pain?

16 A. Yes, it was causing me pain.

17 Q. Okay. You saw Dr. Laterette on
18 11/14/2007.

19 MR. SMITH: And, Your Honor, we are
20 talking about Defendant's Exhibit Number 2 to the
21 Bannon deposition.

22 BY MR. SMITH:

23 Q. And do you recall telling Dr. Laterette
24 that you note -- you note that the days that she
25 works she's able to take four Percocet. If she is

1 not working she can cut back on Percocet. Is that
2 the case?

3 A. I did.

4 Q. So what was happening at work to cause you
5 to take more Percocet?

6 A. All the bending and lifting, pushing, the
7 activity.

8 Q. And that was occurring on 11/14/2007?

9 A. Yes.

10 Q. And if you saw Dr. Laterette on 7/23 of
11 '08 and you state to him patient report bending at
12 work will aggravate pain.

13 MR. SMITH: Your Honor, we are
14 looking at -- that is a note that is dated to the
15 left at the top 7/23/08.

16 COMMISSIONER BECK: Got it.

17 MR. SMITH: And it's about midway
18 down where it says P.T. reports on the left after
19 the 6/28/08 notation.

20 COMMISSIONER BECK: Got it.

21 MR. SMITH: Got it?

22 BY MR. SMITH:

23 Q. And so you were telling him what was
24 aggravating your pain at that time, were you not?

25 A. Yes.

1 Q. Was that the same thing that was
2 aggravating your pain before August 23rd, 2008, that
3 you were complaining to him about?

4 A. Yes.

5 Q. So Dr. Laterette then saw you on 10/6 of
6 '08. And he put down here that you are unable to
7 work. Would that have been true?

8 A. 10/6?

9 Q. October 6th, 2008.

10 A. Yes.

11 Q. And if he says you were unable to work,
12 would that have been true?

13 A. Yes.

14 MR. SMITH: And, Commissioner, we are
15 looking at Defendant's A.P.A. 229 and 230. And
16 maybe even 231.

17 BY MR. SMITH:

18 Q. And if Dr. Laterette says in the middle of
19 the page, and he puts a checkmark there, and I'll
20 show you on Page 230, and if he says no ability to
21 work, you could not work then on 10/6/06 -- I mean
22 '08?

23 A. No.

24 Q. Would that have been true?

25 A. That is true.

1 Q. Would you have been able to work prior to
2 August 23rd of '08?

3 A. Yes.

4 Q. Were you working? Were you, in fact,
5 working?

6 A. Yes, I was working.

7 Q. Were you seeking any kind of disability
8 from anybody because of back pain?

9 A. No.

10 Q. Because of the level of the pain did you
11 think that you could work and work through that pain
12 on August 22nd of 2008, did you, in fact, do that?

13 A. Yes.

14 Q. The day before you got hurt?

15 A. Yes. I was cutting back on my medicine
16 before August 23rd. All the time I didn't need as
17 much medication as I do now. Now, my pain comes
18 back even before time for me to take the medicine as
19 prescribed.

20 Q. And if Dr. Laterette says on Page 232 of
21 the A.P.A.s that your activity has decreased, would
22 that be correct?

23 MR. SMITH: And that is down,
24 Commissioner, on the --

25 COMMISSIONER BECK: Got it.

1 BY MR. SMITH:

2 Q. Would that be the truth?

3 A. That is true.

4 Q. Had your activities decreased from 2008,
5 August 23rd?

6 A. Yes.

7 Q. And I'm sorry. Had your activities --
8 were they decreasing from 7/23 -- on 7/23/08 were
9 they decreasing and declining because of what you
10 were having to do on your job, the bending,
11 stooping, and pushing?

12 A. August the 23rd?

13 MR. DUNBAR: Object to the form.

14 BY MR. SMITH:

15 Q. July 23rd. I'm sorry.

16 COMMISSIONER BECK: Mr. Dunbar?

17 MR. DUNBAR: Object to the form of
18 the question.

19 MR. SMITH: I withdraw the question.

20 COMMISSIONER BECK: Very well.

21 MR. SMITH: That is all we have.

22 COMMISSIONER BECK: All right.

23 Anything further, Mr. Dunbar?

24 MR. DUNBAR: Yes, very quickly, Your
25 Honor.

RECROSS EXAMINATION

BY MR. DUNBAR:

Q. Ma'am, if I could approach you, even when the plant was closed, and I'm looking at A.P.A. page 32, you would still have numbness of your leg, foot, and back pain; is that correct?

A. Yes, I would have back pain.

Q. So even when you weren't working, when you weren't working 10 hours a day, when you weren't bending, stooping, lifting, pushing, you still had back pain?

A. I had some back pain.

Q. And that is because you were just at home sitting, driving, whatever the case may be?

A. I've had back pain since I first had back problems in 2005.

Q. Precisely. And looking at Page -- A.P.A. Page 32 that your attorney was referencing, even when your activity decreased --

MR. DUNBAR: Which is on Page 232, Your Honor.

BY MR. DUNBAR:

Q. -- and when it stayed the same --

MR. DUNBAR: Which is on A.P.A. Page 234.

1 BY MR. DUNBAR:

2 Q. -- you still experienced back pain and
3 radiating pain into your leg and foot, correct?

4 A. Not as much pain.

5 Q. But you still had the pain, correct?

6 A. Some pain.

7 Q. So nothing has changed in 2006, 2007,
8 2008, or 2009, has it? You are still experiencing
9 pain?

10 A. I have more pain.

11 Q. You still have pain, but it's in your back
12 and leg, correct?

13 A. And my shoulders and my elbow.

14 Q. And Dr. Hommel talked to you about your
15 condition is just getting worse, did he not?

16 A. No, he did not.

17 MR. DUNBAR: Your Honor, I would just
18 refer to Dr. Hommel's notes that are attached to Dr.
19 Bannon's deposition.

20 COMMISSIONER BECK: All right.

21 MR. DUNBAR: In which he makes an
22 opinion about the causal relationship.

23 THE WITNESS: Dr. Hommel didn't tell
24 me that.

25 MR. DUNBAR: All right. Thank you,

1 ma'am.

2 COMMISSIONER BECK: Mr. Smith,
3 anything further?

4 MR. SMITH: Just a couple. I guess
5 we may go all afternoon with this, but I hope to end
6 it.

7 REDIRECT EXAMINATION

8 BY MR. SMITH:

9 Q. If you were out of work and you hurt, when
10 the plant opened up again did you go back to work
11 with that plant?

12 A. I went back to work.

13 Q. Can you work with the pain that you are
14 having now?

15 A. No.

16 MR. SMITH: Thank you, ma'am.

17 COMMISSIONER BECK: Anything further,
18 Mr. Dunbar?

19 MR. DUNBAR: Nothing further, Your
20 Honor.

21 COMMISSIONER BECK: All right.

22 MR. SMITH: That is our case,
23 Commissioner.

24 COMMISSIONER BECK: All right.

25 Ma'am, you may step down. Thank you very much.

1 THE WITNESS: Oh, okay.

2 COMMISSIONER BECK: Mr. Dunbar, you
3 may call your first witness.

4 MR. DUNBAR: Mr. Huss is outside.

5 COMMISSIONER BECK: Pardon?

6 MR. DUNBAR: Mr. Huss is outside.

7 COMMISSIONER BECK: Coss?

8 MR. DUNBAR: Huss, H-u-s-s.

9 COMMISSIONER BECK: Okay.

10 MR. DUNBAR: If you will go right
11 there and take a seat in the witness stand.

12 COMMISSIONER BECK: Okay. Mr. Huss,
13 would you raise your right hand, sir. Do you swear
14 or affirm that the testimony that you are about to
15 give today is the truth, the whole truth, and
16 nothing but the truth, sir?

17 MR. HUSS: Yes, sir.

18 COMMISSIONER BECK: Please state your
19 full name for the record.

20 MR. HUSS: John David Huss.

21 COMMISSIONER BECK: Mr. Dunbar?

22 MR. DUNBAR: Thank you very much,
23 Your Honor.

24 WHEREUPON:

25 JOHN HUSS, being duly sworn and

1 cautioned to speak the truth, the whole truth and
2 nothing but the truth, testifies as follows:

3 DIRECT EXAMINATION

4 BY MR. DUNBAR:

5 Q. Mr. Huss, would you please state your
6 official position and title at BMW.

7 A. I am the section leader on the door line
8 in Cost Center 1820.

9 Q. And how long have you been an employee of
10 BMW?

11 A. I have been at BMW for eight and a half
12 years.

13 Q. And during that eight and one-half years
14 of employment tenure, have you had the occasion to
15 know Ms. Patricia Diane Johnson?

16 A. I haven't worked a whole lot with
17 Patricia, but I know Patricia.

18 Q. And because you are a supervisor or
19 section leader, are you familiar with the line upon
20 which Ms. Johnson works?

21 A. Yes, sir.

22 Q. Are you also familiar with the re-work
23 department in which she worked at the time she
24 alleges that she had this injury?

25 A. Yes, sir.

1 Q. By way of background, would you please
2 provide Commissioner Beck a little bit about what is
3 involved in the re-work. And if you can also make a
4 comparison to the physical requirements of that job
5 as opposed to being on the assembly line?

6 A. The re-work position consists of we have
7 some -- they inspect the doors. Basically it an
8 inspection process that they do. When the X-5s come
9 down the line after the doors are hung on the car,
10 we have some processes where we have to look and
11 kind of look and make sure the seals are lined up
12 and make sure everything is -- because there are
13 just some things we can't do until the doors are
14 actually on the car.

15 So what the re-work position on that F-1A
16 line, what they do is they make sure everything is
17 lined up. And if they are not, they make small
18 adjustments. And then they have an inspection that
19 they have to go through on all four doors. And
20 working on the line -- well, let me say the
21 inspection on F-1A line, we actually at that time
22 had a bottleneck. So you are probably looking at
23 two cars, and then a different car which we didn't
24 build these doors. They come from another line.

25 And then probably two to one is what

1 the -- you inspected on it. Probably looking at --
2 there were two lines. So it was -- F-1A line is
3 actually kind of slow. So it's pretty good compared
4 to being on the main line on the door line. The
5 line did actually run pretty good. It was a
6 consistent same job, what job you did, you focused
7 on this car. And then you went to the next car and
8 did the same process and did the same process for
9 one quarter.

10 And then every quarter they switched up
11 and went to a different process. It can be -- some
12 jobs are pretty tough. Some jobs are not so tough.

13 Q. In terms of the re-work job, would it be
14 considered a tough job or a not so tough job or an
15 easy job? How would you describe it?

16 A. A re-work job is a preferred job. We --
17 most people would actually love to have that
18 position.

19 Q. Why is that?

20 A. It's not as physical as actually being on
21 the main line. You -- it's -- you know, you have a
22 little bit more freedom to walk around the cars.
23 You are not actually stuck in one actual process
24 area. You can actually float up a little bit. You
25 don't have the time limits of what you do on the

1 line.

2 The main line you have a set time you have
3 to be finished and you have to be at the next car.
4 On the re-work side of it you walk around the cars.
5 If you have to make a minor adjustment, if it takes
6 you a little bit longer to do it, you have a little
7 bit of flexibility because the next car may not be a
8 car that you have to inspect or there may not be
9 anything wrong with that car.

10 And then you just keep going back. So you
11 have a lot of time, flexibility. It's not very --
12 not as tedious and not as demanding as actually
13 being on the main line.

14 Q. On the main line, was that consistent,
15 more repetitive activity as opposed to the re-work
16 line?

17 A. The main line is definitely going to be
18 repetitive. The one thing we ask for at BMW is you
19 do the exact same process on every car. On the
20 re-work side of it, you know, you may have this top
21 seal that may have to be adjusted or you may have a
22 cavity cover that may need to be adjusted. It's
23 just different things on what you see and what you
24 need to inspect.

25 Q. We've already been provided with a copy of

1 the incident report. We know that she reported --
2 she never -- a copy of the incident report, one
3 wasn't given to you with respect to this accident,
4 was it?

5 A. No, sir. Actually I took over the area
6 probably about a week. And I didn't receive
7 anything or I didn't know. It was more of a
8 surprise to me, but I was in the process of
9 transitioning over. I had already took over the
10 head count. And at that time, she actually belonged
11 to me at that time.

12 Q. Now, she's alleged that in terms of
13 re-work, that she had to bend and put screws in the
14 doors and that caused her back pain. Putting screws
15 in a door, is that a common occurrence on re-work?

16 A. On the F-1A line it wasn't a very common
17 thing to actually remove a door panel on the F-1A
18 line. We -- even now we normally don't remove door
19 panels. There are times if we wanted to pop them
20 loose as far as taking the door panel completely
21 off, that is -- I don't -- that don't happen very
22 often.

23 Q. In terms of the main line, someone working
24 on doors, how long would they be situated on that
25 particular station?

1 A. When Patricia was there we were working 10
2 hours. It would be two and a half hours would be
3 considered a quarter. And on quarters we would
4 rotate to different jobs.

5 Q. Okay. Now, I understand -- it's my
6 understanding she testified that she hurt her back
7 on the main line, but in terms of installing doors
8 on the main line, what equipment is there -- what
9 equipment is utilized or is involved in making sure
10 that the door is constructed or put together?

11 A. Well, as far as putting a door panel on a
12 car, you open a casket is what we call them. It's
13 a -- it's five shelf drawers. We actually pull them
14 over. They are on a lever. You slide them out.
15 You pick the panel up. Then you take the panel to
16 the door itself. You make sure all the connections
17 are made. You -- most of them have an impact glove
18 which they use. And then basically they hit the
19 panels and knock the clips in. And then clip them
20 on the bottom. As far as doing any screws or
21 anything on that process, that is not part of that
22 process.

23 Q. Okay. And in terms of bending on the main
24 line, is there bending involved? And, if so, how
25 much?

1 A. There is bending involved and -- but on
2 those processes when we have the processes up we
3 raise -- we actually have the processes are to raise
4 the carriers that the doors are actually on. At the
5 low end it's about 20-inches when it's all the way
6 down. At the high end it's about 44 inches with --
7 at the bottom of the door when it's all the way up.

8 MR. DUNBAR: That is all the
9 questions that I have, Mr. Huss. Answer any
10 questions Mr. Smith may have.

11 COMMISSIONER BECK: Mr. Smith?

12 MR. SMITH: If it please the
13 Commissioner.

14 CROSS EXAMINATION

15 BY MR. SMITH:

16 Q. What is your position again, now?

17 A. Section leader on the door line, Cost
18 Center 1820.

19 Q. Okay. When did you become section leader
20 on the door line?

21 A. I become section leader on the door line
22 in April of 2008, but I was on the upper end -- it
23 all -- at that time it was all 1820, but there were
24 three different section leaders covering three
25 different areas.

1 Q. Okay. And you knew Ms. Johnson?

2 A. I know Ms. Johnson.

3 Q. Okay. You knew the work that she had to
4 do?

5 A. Yes, sir.

6 Q. And she did that work for 10 hours a day?

7 A. Yes, sir.

8 Q. And that work required her to stand on her
9 feet?

10 A. Like we all do, yes, sir.

11 Q. Ten hours a day. And bend?

12 A. Now, the re-work -- on the re-work station
13 now, the three months I think I was on the door line
14 at nights for about three months. And she spent
15 most of her time on the re-work end of it. As far
16 as the bending goes, I don't think that there is a
17 whole lot of bending that really goes on at the
18 re-work area. There is more of a -- you know, you
19 are more at a height looking at the door, inspecting
20 the door, opening the door, but there is not a whole
21 lot of bending.

22 Q. Well, if you are putting screws in the
23 bottom of the door would you have to bend?

24 A. If you are putting screws in the bottom of
25 the door, yes, sir, but to remove a door panel on

1 the F-1A line was a very rare instance.

2 Q. But it involved bending? It could have
3 been then that on this day in question that she said
4 here she was putting screws in the bottom of the
5 door. You can't deny that, can you?

6 A. No, sir. I'm not saying she didn't remove
7 a panel. It was a very rare occasion that we had to
8 remove a panel.

9 Q. If you removed a panel, how much did the
10 panel weigh?

11 A. Probably 10 pounds.

12 Q. About that?

13 A. Maybe 10 pounds. I'm not sure. I mean,
14 they are not very heavy.

15 Q. Is there a requirement that you use some
16 kind of screw gun?

17 A. Well, you have to have a screw gun to put
18 the screws in, yes, sir.

19 Q. And how much does that weigh?

20 A. A screw gun, maybe five pounds, maybe.

21 Q. You have to use a screw gun and hold the
22 panel at the same time?

23 A. No, sir.

24 Q. Well, how does it work?

25 A. You put the panel on. The panel is

1 actually held on with clips. You put the panel on.
2 Then you pick up your screw gun to put the screws
3 in.

4 Q. Okay. Do you have to turn around and
5 twist to get the screw gun?

6 A. It depends on where you set your screw
7 gun.

8 Q. Okay. But it does require some twisting
9 then, that job?

10 A. It depends on where you put your screw
11 gun.

12 Q. And it requires some bending?

13 A. On the F-1A if you had to put a panel on,
14 yes, sir, you would have to bend down to put the
15 screws in the bottom.

16 Q. Okay. Would you have to -- do you have a
17 panel box though that you wouldn't have to pull out?

18 A. Not on the F-1A line.

19 Q. Okay. Not on the F-1A line. If you were
20 running any other -- do you know what kind of line
21 was running on August 23rd --

22 A. She was on the re-work line.

23 Q. What vehicle?

24 A. She would have to -- well, on the re-work
25 line there are two different vehicles that would

1 come through. At that time we were running a model
2 mix. We were running -- actually running E-85s and
3 E-86s and X-5s.

4 Q. Okay.

5 A. And the model mix on it was -- she was
6 only inspecting and re-working on the X-5s. And the
7 model mix would be maybe two X-5s, E-86, and maybe
8 an E-85.

9 Q. Okay. You don't deny that she went
10 somewhere on 8/25/08 and described something
11 happening to her on that line? Have you seen that
12 report?

13 A. Would you say that one more time?

14 Q. Have you seen the incident report
15 regarding this accident to her back?

16 A. I have not seen an incident report.

17 Q. Okay. Is this the kind of incident report
18 that is filled out in H.R.?

19 A. Ours are electronic that are sent to us.
20 We actually -- we don't do anything with paper.
21 They send it to us. And then any kind of paperwork
22 like this would be e-mailed, but, no, sir, I didn't
23 get any of this.

24 Q. Okay. It would have been e-mailed to you?

25 A. If she give them my name. I mean, she

1 might have give it to Mr. Brown.

2 Q. Okay. Do you know whose signature that is
3 there? Do you know Anne Melton?

4 A. I know Anne.

5 Q. What is Anne Melton's position there?

6 A. She is in the I.H.S.

7 Q. Okay. Is she a nurse?

8 A. I believe she is.

9 Q. Okay. Do you know the doctor's name?

10 A. The only doctor I know is Dr. Hommel.

11 Q. Okay. And have you had occasion to visit
12 him yourself?

13 A. No, sir.

14 Q. Okay. Well, he's there on the premises?

15 A. In the morning.

16 Q. In the morning. His office is there?

17 A. Yes, sir.

18 Q. Okay. Do you know whether or not there
19 has been any video of the job site there at BMW
20 where Patricia Johnson worked on August 25th, 2008?

21 A. Do I know of any video?

22 Q. Uh-huh. Of any employee that was taken as
23 demonstrative video to show what she does?

24 A. We have a video that shows how to install
25 a door panel, but as far as on -- but that was done

1 at the training center. And it involved one person.
2 And I'm trying to get the meaning, but other than
3 that I don't know of any other video.

4 Q. Okay. It would show the movement of how
5 you installed -- what kind of body movement would be
6 required to install a panel on a door?

7 A. No, sir. It showed the installation of
8 the clips on how we are suppose to actually do the
9 clips.

10 Q. Well, video could have been taken of --
11 her job is still running today, is it not?

12 A. On the re-work side?

13 Q. Yes, sir.

14 A. Yes, sir.

15 Q. And someone is doing that job right now
16 perhaps, isn't he?

17 A. Yes, sir.

18 Q. So a video could have been had to show
19 what kind of body requirements are needed in order
20 to do the work that Ms. Johnson was doing on
21 August 23rd, 2008?

22 A. Not on the re-work side.

23 Q. Why not?

24 A. This is the primary installation of the
25 door clips on the main line.

1 Q. I understand, but someone could have taken
2 some photographs or at least a video showing what
3 needs to be done or how the work was being performed
4 and brought it here today, could they not?

5 MR. DUNBAR: Your Honor, I'm going to
6 have to object. This testimony is -- I think is
7 outside certainly the scope of my cross examination.
8 But Mr. Smith is asking him something that is beyond
9 his --

10 COMMISSIONER BECK: He's cross
11 examining him.

12 MR. SMITH: Yes, sir. I'm cross
13 examining.

14 MR. DUNBAR: I'm sorry. My direct
15 examination. I apologize.

16 MR. SMITH: And if I ever stayed
17 within the direct examination I'm going to give my
18 license up.

19 MR. DUNBAR: I understand.

20 THE WITNESS: Now, say the question
21 one more time.

22 BY MR. SMITH:

23 Q. Could a video showing her job and her
24 title, her position, have been brought in here today
25 to show what kind of -- what she was doing?

1 A. Could a video be brought in here today?

2 Q. Yes, sir.

3 A. Not on the re-work side, no, sir.

4 Q. And why not?

5 A. There is -- there is a -- in the process
6 right now of coming up with a way to show a
7 de-installation.

8 Q. No, sir. You misunderstood my question.
9 If somebody -- if Mr. Dunbar wanted to show this
10 Commission what kind of work she was doing at the
11 time that she alleges that she got hurt, couldn't
12 someone have taken a video camera there and held it
13 and shown what kind of work she had done, brought it
14 in here today and showed us?

15 A. That would be up to BMW. I don't know of
16 any -- you know, I don't know the policies of taking
17 video's in there.

18 Q. I'm not talking about policy. I'm talking
19 about human possibility. Could that have happened?

20 MR. DUNBAR: Your Honor, I'm going to
21 object. He's calling for speculation and
22 conjecture.

23 THE WITNESS: I mean, from my
24 understanding, and this is the way I am, that no
25 cameras, no videos, that --

1 COMMISSIONER BECK: I think this is a
2 simple question to be answered. Is it humanly
3 possible for somebody to have taken video of that
4 job being performed? Set aside whether BMW has
5 proprietary rights to it or not, could it have been
6 done?

7 THE WITNESS: Could it have been
8 done? I reckon somebody could have took a video,
9 but, you know, as far as anybody in there with a
10 video camera or camera or anything like that,
11 security -- we just don't do that.

12 BY MR. SMITH:

13 Q. Yes, sir. But you've been in hearings
14 where they produced videos and showed the job work
15 from BMW. Would you be surprised about that?

16 A. Well, I'm telling you from my point of
17 view. This is the first time I've been here in this
18 situation. And my point is I don't do videos and I
19 don't do pictures.

20 Q. And I don't think that you would be
21 allowed to either, by the way.

22 A. Right.

23 MR. SMITH: Thank you, sir. That is
24 all I've got.

25 COMMISSIONER BECK: Mr. Dunbar,

1 anything further.

2 MR. DUNBAR: Nothing further from
3 this side, Your Honor.

4 COMMISSIONER BECK: You may step
5 down, sir. Thank you very much. Your next witness,
6 Mr. Dunbar?

7 MR. DUNBAR: Your Honor, the other
8 witness would be corroborative of what Mr. Huss just
9 said. And in the interest of time we will rest.

10 COMMISSIONER BECK: All right.
11 Anything further to be taken care of today?

12 MR. SMITH: Your Honor, I don't know.
13 My client is prepared to do a demonstration of how
14 she has to bend and stoop and put the door panels
15 on. I don't know how you could record that from
16 that standpoint, but certainly you could -- and we
17 just abide by the testimony.

18 COMMISSIONER BECK: Very well. That
19 will conclude this proceeding. I thank you all very
20 much.

21 (Whereupon, the hearing
22 was concluded at 2:19 p.m.)
23
24
25

Certificate of Reporter

I, Deborah S. Thomas, CVR and Notary Public in and for the State of South Carolina, do hereby certify that I reported the hearing of Johnson vs. BMW on the 23rd day of April, 2009: that the witnesses were first duly sworn, and that the foregoing 85 pages constitute a true and correct transcription of the said hearing.

I further certify that I am neither attorney nor counsel for, nor related to or employed by, any of the parties connected with this action, nor am I financially interested in said cause.

I further certify that the original of said transcript shall be hereafter delivered to Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission, 1612 Marion Street, Columbia, South Carolina 29201.

In witness whereof I set my hand and seal this 16th day of May, 2009.



Deborah S. Thomas, CVR
and Notary Public for the
State of South Carolina

My Commission
expires 1/4/18

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0813280

Patricia Johnson,
Employee/Claimant,
v.
BMW Manufacturing Company, LLC,
Employer,
and
Specialty Risk Services,
Carrier/Defendants.

COPY

FULL COMMISSION APPEAL HEARING

Monday, January 25, 2010
2:29 p.m. - 2:48 p.m.

The full commission appeal hearing was held before Commissioners Derrick L. Williams, Andrea C. Roche and Avery B. Wilkerson, Jr., at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 25th day of January, 2010, before Christine A. Cortright, Court Reporter and Notary Public in and for the State of South Carolina.

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APPEARANCES:

Commissioners:

Derrick L. Williams, Chair
Andrea C. Roche
Avery B. Wilkerson, Jr.

Albert V. Smith, Esquire
ALBERT V. SMITH, PA
410 Magnolia Street
Spartanburg, South Carolina 29303
Attorney for the Claimant/Appellant

Vernon F. Dunbar, Esquire
TURNER, PADGET, GRAHAM & LANEY
1901 Main Street, 17th Floor
Columbia, South Carolina 29201
Attorney for the Defendants/Respondents

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EXHIBITS

(There were no exhibits marked to this hearing.)

STIPULATIONS

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

1 COURT REPORTER: Today is January 25, 2010. This is
2 South Carolina Workers' Compensation case
3 number 0813280. This is the case of Patricia
4 Johnson, Claimant, v. BMW Manufacturing,
5 Employer, and Specialty Risk Services, Carrier.
6 The appellant is the claimant, represented by
7 Albert Smith. The respondent is represented by
8 Vernon Dunbar. Each side is allowed ten
9 minutes for oral argument and the appellant
10 three minutes in reply. You are requested to
11 argue the grounds of exception and stay within
12 the record.

13 COMMISSIONER WILLIAMS: Mr. Smith.

14 ORAL ARGUMENT BY MR. SMITH:

15 MR. SMITH: Thank you, Mr. Commissioner. Good
16 afternoon to you, all of you. This appeal
17 comes about as a result of our allegations that
18 Patricia Johnson, an employee with BMW since
19 2000, either had a compensable accidental
20 injury on 2008, August 19th or 23rd, it depends
21 on how you read the record, or she had an
22 aggravation of a preexisting condition dating
23 back to 2005. In 2005 she began seeing a Dr.
24 Bannon there in Pacolet, South Carolina in
25 Spartanburg County and Dr. Bannon, because of

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1 back problems, then referred her to Dr.
2 McCorkle who later on in 2005 did surgery on
3 her back. And of course, she maintains through
4 in the record that she hurt her back then but
5 she did not file any kind of workers'
6 compensation claim. She went out in 2008 after
7 an injury we allege either took place on 2008,
8 August 19th, or it occurred on August 23rd, 2008.
9 And we did the alternative pleadings. We pled
10 that she had an aggravation of a preexisting
11 condition and the record we think is replete
12 from Dr. Bannon, Dr. LaTourette, Dr. Hommel, I
13 believe his name is, at BMW, that she had a
14 back problem. She had a back problem. The
15 employer and carrier would call it degenerative
16 disc disease, and we don't deny that. But what
17 we do say is that degenerative disc disease can
18 be aggravated by a preexisting -- by work
19 conditions, and that's what we maintain. At
20 the hearing when we got ready to have a hearing
21 on this companion case that we had filed that
22 had to do with the upper extremities, the
23 employer and carrier at that time consented to
24 and agreed that the upper extremities, right
25 and left upper extremities were compensable

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1 because of what we had alleged to have occurred
2 on about March 23rd of 2008, repetitive trauma.
3 Repetitive trauma, she was a line employee
4 working and she said that she had to stoop down
5 low with a gun and install certain parts on a
6 door of vehicles coming by, and she would do
7 that for four days up to ten hours a day, and
8 she did that. Went back to work with a back
9 condition and did that repeatedly up until the
10 time she went out of work. And of course, they
11 filed a Form 12-A. The first one that we have
12 in our brief is dated 9/5 of 2008, and it
13 references an injury of 8/19/2008, and that
14 preparer's name is Latu Pearson, and there's
15 another one that we attached as part of that
16 that's dated 8/25/2008, signed by Latue
17 Pearson. And it says associate reports that
18 bending too low, putting screws in bottom of
19 door caused low back pain, signed. And of
20 course, we allege that in the alternative that
21 either she had aggravated, because of the
22 repetitive trauma, she had aggravated her back
23 condition, or she had a specific injury. We
24 think that either one of those was compensable.
25 She reported a specific injury here on August

1 the 19th that's reported 8/25, and then she
2 fills out the incident report, and that's dated
3 8/25. And she gives a specific history of
4 having been hurt. The thing that's puzzling is
5 when we get to the -- and the Commissioner just
6 ignored that, we think, ignored or did not give
7 any weight to that injury. There's a
8 compensable injury there and it's not really
9 explained away by the employer/carrier except
10 from her boss who says that on the date and
11 time that she was working there was very little
12 requirement on the line where she worked of
13 repetitive type motion. But one thing he did
14 not reveal is how long she had been on that
15 line. And one thing he did not say was that
16 she -- that the accident could not have
17 happened the way she said it happened because
18 he said and admitted that even if there was
19 bending and stooping required, it would have
20 been of a light to moderate requirement. Even
21 then we maintain that could have been a
22 specific injury. But certainly the puzzling
23 part to us is how they could come in and admit
24 that they had repetitive trauma to the upper
25 extremities on March 23, 2008 and the same kind

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1 of injury not impact the back on the
2 aggravation of a preexisting condition. And of
3 course, she goes and she starts seeing their
4 doctor, the one I'm talking about in-house, Dr.
5 Hommel, Ken Hommel is his name. She sees him
6 on 8/25 and inside of that we've attached that
7 and that's part of our APA's. She's talking
8 about how that she works and how the job
9 requirements there aggravate and/or cause great
10 back pain. Again, she sees him on 9/4, and she
11 said that, voices concern over being out of
12 work and not knowing how her absence is going
13 to be covered or paid; reports her claim. Low
14 back is being reviewed out of work comp.
15 Reports she had a -- has applied for short-term
16 disability but Dr. Bannon refuses to complete
17 proper RTW paperwork because he didn't put her
18 out of work. Further states that she does not
19 understand this because she feels that her back
20 pain was related to installing the screws in
21 the doors. She gives that history to Dr.
22 Hommell on 9/4. And of course she gives a
23 history to him and to the nurse of having
24 injured herself specifically on 8/19. And we
25 went out -- pursuant to 42-1-160, we think

1 there's a requirement that you have to have a
2 doctor in medically complex cases to state with
3 a reasonably degree of medical certainty that
4 the aggravated or the existing condition was
5 caused by aggravation in the doctor's opinion.
6 Well, we've got two. One is a treating
7 physician and the other one is an operating
8 physician. We've got Dr. Bannon to state that
9 with a reasonable degree of medical certainty
10 it was his opinion that the work conditions as
11 he knew them and as described by Ms. Johnson
12 could indeed aggravate the kind of back that
13 she had with the degenerative disc disease,
14 could aggravate it and cause problems. We had
15 Dr. McCorkle who operated on her back,
16 admittedly he had not seen her, but he was
17 qualified as an expert, no objections at all
18 from the employer/carrier as to either one of
19 these gentlemen being qualified as an expert.
20 And in South Carolina, an expert, pursuant to
21 Rule 703, I believe it is, of our South
22 Carolina rules of evidence, can offer and
23 opinion based on materials given or a fact
24 situation given. And the fact situation we
25 gave to those doctors was the fact situation

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1 that is in dispute before this Commission. And
2 both of them said without a doubt, with a
3 reasonable degree of medical certainty, that it
4 was their opinion that the kind of work
5 required could indeed aggravate the preexisting
6 condition of Ms. Johnson. The other thing is
7 Dr. LaTourette, we put that question to him,
8 and Dr. LaTourette says one thing he could not
9 say with a reasonable degree of medical
10 certainty as to whether or not her work
11 condition caused or aggravated the pain, but
12 what he did say, even though he said it without
13 having stated that it was within a reasonable
14 degree of medical certainty, she was totally
15 and permanently disabled. How does that play
16 into it? I think it plays into it this way.
17 This lady had worked every day, according to
18 what she states in our brief and according to
19 what she states in the record, transcript of
20 testimony, she worked every day when she went
21 back to work, she worked every single day with
22 the back problems. So something happened in
23 August of 2008 that caused her no longer to be
24 qualified to work there. And they can point to
25 anything else, they can point to household

1 chores, they can point to walking around the
2 street, the block. The main factor that she
3 relates to Dr. Hommell and the main factor she
4 relates in her testimony before this Commission
5 is that it was the work requirements, and this
6 was long before she filed a workers'
7 compensation claim. The back pain increased
8 when she was at work. She got off work, the
9 back pain stopped. The other thing that they
10 say is this; is that she was on increased
11 medication. I think that's indicative of the
12 increased pain because of the increased work
13 activity required of her and the use of her
14 body. We think that there is absolutely great
15 evidence in the record to support our position
16 that she either aggravated a preexisting
17 condition on or before August 19 or on or
18 before August 23 of 2008, and/or she had a
19 specific back injury of 2008, August 19th, which
20 she alleges. And she has not worked a day
21 since, and it's our position that it's a
22 compensable injury and should be covered under
23 workers' compensation as they have agreed that
24 the upper extremities are.

25 COMMISSIONER WILLIAMS: Mr. Dunbar.

ORAL ARGUMENT BY MR. DUNBAR:

MR. DUNBAR: Thank you very much, Your Honor. Let me just respond by saying with respect to the upper extremity claim, those are two different claims. The upper extremity, there is no dispute that she used certain tools and machines to put in screws, and because of the vibration, she developed carpal tunnel and things involving her upper extremity -- upper extremities. However, with respect to the low back, if you look at the testimony of Mr. John Huss who was her supervisor, he indicated that the job that she was performing on that particular time, on that particular date in August, 19th or 23rd, was the rework job. It's basically an inspection job, and she would never have to take anything off of the door to insert any screws whatsoever. So there was evidence from BMW to refute the claimant's allegation that bending over putting in a screw caused her to experience back pain. But what's more telling is the claimant's testimony herself. She was asked specifically had she ever had back pain with pain radiating into her leg, and at one point she said no, I had never

1 felt this type of pain before. But keep in
2 mind, she had had two back surgeries in 2005
3 that were not work related. As a consequence
4 of chronic pain, she was referred to a pain
5 management doctor, Dr. Phillip LaTourette, who
6 treated her from 2005 or 2006 up until the
7 present. And I utilize claimant's APA
8 submissions from 2006 up through 2008 to
9 impeach her credibility. As a matter of fact,
10 APA pages 109 through APA page 193, she
11 testified or complained to Dr. LaTourette of
12 burning pain in the leg, pain in her back, pain
13 into her foot and leg from 2006 through 2008 at
14 every, just about every monthly visit that she
15 had. So that called into question whether
16 there was any testimony to support claimant's
17 contention. She also had degenerative disc
18 disease. And what's telling about this is in
19 2005 after she had the surgery, she went to Dr.
20 McCorkle and she and her husband talked about
21 going on disability because she was in chronic
22 pain and she was taking narcotic medications.
23 As a matter of fact, nine days before the
24 alleged work related accident, just nine days,
25 she went to see her family doctor, Dr. Bannon.

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1 She complained of chronic back pain well before
2 this alleged incident. And Dr. Bannon
3 prescribed her Naprosyn to control her chronic
4 pain just nine days before. But yet, listening
5 to the claimant's testimony, everything
6 emanates from this work related incident either
7 on August 19th or August 23rd. She indicated and
8 testified, transcript pages 48 through 49,
9 sitting, walking, standing caused her to
10 experience back pain, and that's even
11 corroborated by the testimonies of Dr. Bannon
12 and Dr. McCorkle. Dr. Bannon said when she
13 came in to see him well before this incident
14 that she had degenerative disc disease and it
15 was progressing. He compared the MRIs from
16 2005 to 2008 and it showed a steady
17 progression. As to the degenerative disc
18 disease progressed, so did Mr. Johnson's back
19 pain. Now, Dr. Bannon, Mr. Smith said he's an
20 expert, we didn't object to him. Well, I
21 understand that in order to be qualified as an
22 expert in this state the bar is not extremely
23 high. He is a doctor. But what's important is
24 this Commission has the authority and the
25 discretion to reject or accept that particular

1 doctor's testimony. Commissioner Beck decided
2 not to accept Dr. Bannon's testimony because he
3 said, well, I really don't know what job duties
4 she was doing, I really didn't a clear job
5 description, and my letter to Mr. Smith in
6 response to his questions as to whether there's
7 a causal relationship between her occupational
8 activities and her back pain is basically an
9 educated guess. He said it's educated
10 speculation. That's the term he used. Now,
11 Commissioner Beck did not want to rely upon an
12 educated speculative guess in terms of finding
13 this case compensable. But what's more telling
14 is the testimony of Dr. Calvert McCorkle. He
15 had not seen her since she did the last surgery
16 in 2005, December 2005. He released her to Dr.
17 Phillip LaTourette for pain management. He
18 didn't see her, he didn't see her in 2008. He
19 simply responded to Mr. Smith's letter. Very
20 well written letter, but the problem is Dr.
21 McCorkle had not seen her, did not know what
22 type of job duties she was performing, did not
23 see any job description whatsoever, so he
24 merely pulls his opinion out of thin air.
25 Commissioner Beck did not find that to be

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1 convincing. What he did find convincing was
2 Dr. Phillip LaTourette who has treated Ms.
3 Johnson since 2005/6 to the present. Mr. Smith
4 wrote the same letter to Dr. LaTourette as he
5 had written to Dr. Bannon who had not really
6 seen her for the most part, and certainly Dr.
7 McCorkle had not seen her at all. And Dr.
8 LaTourette who sees her every other month said,
9 yeah, she does have serious problems but I
10 can't relate her inability to work to this
11 particular incident; I just can't do it and I
12 see her on a daily basis. And that's what
13 Commissioner Beck looked at. He also looked at
14 Dr. Kevin Kopera's medical report. And Dr.
15 Kopera in essence said, well, I don't believe
16 this incident would have cost her to have back
17 pain because she has had chronic back pain
18 since 2005, she's on an enormous amount of
19 medication, so simply bending would not be
20 enough to cause an aggravation. He said that
21 even if she had an aggravation, it would only
22 be temporary. Now, why do I bring that point
23 out? On September 4, 2008, Ms. Johnson went
24 back to BMW and said I feel fine, I'm ready to
25 come back to work, which lends credence and

1 corroborates Dr. Kopera's opinion, certainly if
2 there were an aggravation, and he says it
3 wasn't, but even if there were, assuming for
4 the sake of argument, it was only temporary at
5 best. So what Commissioner Beck looked at was
6 the inability of Dr. LaTourette who has seen
7 this lady for over two and a half, even three
8 years, his inability to causally relate or
9 connect the work or occupational activities to
10 her present back pain, and also Dr. Kevin
11 Kopera. He disregarded the speculative
12 opinions of Dr. Bannon and Dr. McCorkle. Also,
13 when we look at Ms. Johnson's testimony, in and
14 of itself, she indicated that her back pain had
15 persisted since 2005. And when you look at the
16 records, it supports the fact that this back
17 pain radiated into her lower extremities from
18 2005 to the present and nothing much really
19 changed. And we would submit that based upon
20 the totality of the evidence, even Mr. John
21 Huss' testimony, that Ms. Johnson cannot prove
22 by a greater weight of the evidence that she
23 sustained an injury to her back on either
24 August 19th or August 23rd either by specific
25 incident or by repetitive trauma with respect

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1 to her purported or her known problems to her
2 back. With respect to the expert testimony, we
3 would submit that Commissioner Beck certainly
4 did not abuse his discretion and commit any
5 legal error in disregarding the speculative
6 opinions of Dr. Bannon who certainly said it
7 was an educated speculation and Dr. McCorkle
8 who had not seen her for over three years. And
9 with that, unless there are any further
10 questions, that concludes my argument. Thank
11 you.

12 COMMISSIONER WILLIAMS: Mr. Smith.

13 REBUTTAL ARGUMENT BY MR. SMITH:

14 MR. SMITH: What is puzzling to me is that the
15 argument put forth by the employer/carrier, how
16 you can take two upper extremities, healthy up
17 until March 23rd of 2008, no complaints on them
18 at all, and they will admit that these two
19 healthy upper extremities were aggravated to
20 the point by repetitive trauma that it caused
21 some work related injury, and taking that, now
22 you're looking at two healthy upper
23 extremities, no complaints on it in 2005, 2006,
24 2007, nothing behind that from up to 2000 up to
25 2005, no complaints on those upper extremities

1 September 12, 2007, patient reports she -- she
2 knows Neurontin helps --

3 COMMISSIONER WILLIAMS: Go ahead and finish your
4 thought.

5 MR. SMITH: -- but -- but she does not want to take,
6 she wants to take less meds if possible. She
7 is bending a lot at work which she knows can
8 increase pain. Patient notices the days that
9 she works she has to take four Percocet. If
10 she's not working, she can get back on -- she
11 can cut back on Percocet. That's the history
12 and I think this is absolutely inconsistent.
13 And we talked about the inconsistent position;
14 to admit two and deny one, how can you separate
15 them. Thank you very much.

16 COMMISSIONER WILLIAMS: Thank you. That will conclude
17 this hearing. Thank you all.

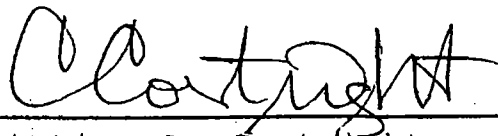
18 (There being nothing further, the hearing was
19 concluded at 2:48 p.m.)
20
21
22
23
24
25

CERTIFICATE

This is to certify that the within hearing consisting of Nineteen (19) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on June 10, 2010.



Christine A. Cortright
Court Reporter

Notary Public for South Carolina
My Commission Expires: August 28, 2016

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#1

DR. RICHARD B. BANNON
FOOTHILLS FAMILY MEDICINE

11-18-04 – 11-10-08

Pg. 1-6

11/18/04

PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

SCIATICA

- S: The patient was out walking last Friday and suddenly developed pain in the left lumbosacral area, more so over to the left hip. She kept walking but then finally had to stop because of the pain. She has taken a few Aleve, which seemed to help a little bit. The pain has not gone away. She has difficulty getting up when she is lying down. She has difficulty rolling over. The pain is more in the left hip and goes all the way down to the left foot.
- O: See the vital signs sheet in the chart. Reflexes are 2+ and equal bilaterally. Straight leg raising shows a little pain with radiation at about 60 degrees. Vibratory sense is intact. There was no obvious area that I could palpate that was tender.
- A: Left sciatica.
- P: We will treat her with Naprosyn and Darvocet and Diazepam. I gave her some Williams' flexion exercises. I told her to use hot or cold packs. If she is totally well in a week we do not need to do anything else. If she is not, I want her to come back for X-ray, etc.

RBB/tmt-09

DATE: 11/18/04		TIME: 12:40		CALLER: PT		PT. NAME - CHART #: Patricia Johnson		PHONE #		ALL: P.S.C.O		MD: B	
AGE		WT.		T.		BY: MG		MEDS:		RE: 426-0934			
Needs to speak to the nurse about if she should see a chiropractor or not.													
DISPOSITION													
hip + leg pain													
Dr. Bannon don't like.													
for his pt to see chiropractor.													
DRUG STORE										BY: (26)		TIME: 12:10	

1-10-05 MRI of L-Spine Jan. 12.4 @ 12:30 @ MBH SH
 11/10/05 - No present needed per Susan @ 18002446224 (MT)

2135

DATE 1-13-05	TIME A P	CALLER W	PT NAME - CHART # Patricia Johnson	PHONE #	ALL P.S.C.O	MO B/M
AGE	WT	T	BY Roh	MEDS	RE:	
Wants to know about her X-rays						
DISPOSITION Do not have yet						
				DRUG STORE	J. J. Johnson	

2139

DATE 1-14-05	TIME A 9:45 TIME P	CALLER PT	PT NAME - CHART # Patricia Johnson	PHONE #	ALL P.S.C.O	MO M
AGE	WT	T	BY MG	MEDS	RE:	
Wants results of MRI						
DISPOSITION Do not have yet pt. notified SA						
				DRUG STORE	Home 11:45	

01/10/05 JOHNSON, PATRICIA

2139-02

MARK MILES, M. D.

C: "My back is killing me."

H: EXTENDED HISTORY: This 53 year old with a 2 week history of left leg pain, It has been tingling and numb and now she is starting to have trouble walking. She initially saw Dr. Bannon on 11/18/04 and diagnosed with sciatica. Naprosyn, Darvocet, or Diazepam has not helped she says, it is getting to the point that she is having a hard time working. She is afraid she may lose her job if this keeps up. She has some trouble with bowels as far as constipation on review of systems. No trouble with bladder. Constipation has been somewhat chronic in nature. She has difficulty walking, feels numb all the way down to the big toe. Sitting makes it worse, standing makes it a little bit better, but she has a hard time standing still at work which she has to do sometimes at the BMW plant. None of her other medicines seem to be helping much anymore.

E: See the vitals signs sheet in the chart. Afebrile. Tearful. She walks with an obvious limp. Difficulty getting on and off of the table by herself. Subjective tenderness over L4/L5/S1 on the lumbar spine. No pervertebral tenderness. Straight leg raise positive on the left. DTR's are symmetrica and physiologic. Muscle tone, bulk, and strength is normal except for decreased strength secondary to pain. Difficult with flexion at the hip because of pain.

A/P: Sciatica, possible DJD of the back with herniated disc, fairly classic presentation, but starting to have some neuropathic symptoms. I do not think the constipation is a worry as this is more chronic although with the use of narcotics it could get worse and I have warned her of this. Referral for MRI and plain films. Switch over to Lortab #30 with 1 refill for pain. Use Advil 800 mg 3 times a day with food if needed and moist heat. Consider getting PT started once we get a definitive diagnosis. We may have to have a surgical evaluation as well. She will work if tolerated. Of note we gave her a shot of Toradol 30 mg IM in the office along with Decadron 1 1/2 cc. She tolerated both well.

1/20/05 Agot z Dr. McCortie 1/31/05 @ 9:15 AM Records Filed
MM/tmt-05

Record on Appeal
000161

DATE 4/7/67	TIME A	CALLER PT	PT. NAME - CHART # Patricia Johnson	PHONE #	ALL. P.S.C.O.	MD M
AGE	WT.	T.	BY	WEDS.	RE:	
C/O in severe Pain Need something today						
DISPOSITION VIC O PROFEW 130 = MRJ sig. tab to o. g/h PRN pr. take 1 and Schedule PR if ok = 12 Mls - dis. kidneys present						
DRUG STORE Eck Pac				BY SC	TIME A P	

05/19/08 PATRICIA JOHNSON
IMPENDING BACK SURGERY
S: The patient has lumbosacral pain on the left with radiation down the leg. She is scheduled for disc surgery tomorrow by the neurosurgeons.

NECK PAIN

NECK PAIN
S: This is what brought her in. She has had a lot of neck pain. She has used Naprosyn and Lortab and Skelaxin to try and help the neck, but nothing has been successful. She has extremely large breasts and feels that they definitely aggravate the problem. She has talked to her insurance company about breast reduction surgery.
O: See the vital signs sheet in the chart. HEENT: Negative. The neck is fairly tender. She has tightness of all the muscles along the neck. She has decreased range of motion secondary to pain. The chest is clear. The heart is stable. She has very large breasts. I did cervical spine X-ray, and it showed arthritic component.
The pain is probably made worse by her large breasts.

A: Neck pain is probably made worse by her large breasts.
P: Since she has been on anti-inflammatories, it probably is not going to respond to that. She has been on pain medication for her back pain, and the neck is still giving her problems. Breast reduction would be a reasonable treatment for her.

stable. She has very large breasts. I did not see her.
A: Neck pain is probably made worse by her large breasts.
P: Since she has been on anti-inflammatories, it probably is not going to respond to that. She has been on pain medication for her back pain, and the neck is still giving her problems. Breast reduction would be a reasonable treatment for her. RBB/mlt-09

5/25/05 Appt Dr. Habib 5/26/05 @ 1:45 pm
Called pt with Appt time

DATE 5/25/06		TIME A 1:45 PM		CALLER pt		PT. NAME - CHART # Patricia Johnson		PHONE #		ALL: P.B.C.O		MO B	
AGE		WT.		T.		BY Dh		MEDS:		RE:			
Called to let you know that Mr. Habib is on her network list DISPOSITION 5/26/06 1:46 PM 585-3608 Referral for Front & Back Pain Ch Back & Neck pain													
DRUG STORE:								BY 26		TIME 1:30 PM			

DATE 7/16/08	TIME A 2:00 TIME P	CALLER PT	PT NAME - CHART # A139 Patricia Johnson	PHONE #	ALL: P.S.C.O	MD B
AGE	WT.	T.	BY MG	MEDS:	RE:	
Wants to be seen today. Re: Dizziness, Headaches						
DISPOSITION						
L/m that I made her a Appr @ 4:00 7/17/08						
DRUG STORE:				BY: TE	TIME: 4:00	

07/17/08

PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

HEADACHE

- S: The patient states she has had a headache every day since March. She takes 1-2 Excedrin every day. Most of them are on the left side of her head. She points to the temple area. The left side of her neck also hurts. She is already taking Oxycodone and Avinza from the chronic pain clinic.
- O: See the vital signs sheet in the chart. Blood pressure is good at 110/70. Weight is 139. Pupils are equal, round and reactive to light direct and consensual. Tympanic membranes are negative. The neck is a little tight on the left side but not bad. The neck is supple. Chest is clear. Heart is stable. In 2005 we got cervical spine films that showed degenerative disc disease with foraminal stenosis and osteophyte formation. That has probably worsened.
- A: Persistent headaches. I think they are probably secondary to cervical osteoarthritis and irritation.
- P: I am going to put her on Naprosyn 500 mg twice a day. I want her to take it regularly after meals. This should go well with Oxycodone and Avinza.

HYPERLIPIDEMIA

- S: We had a letter from Dr. Toler stating that her cholesterol was high. She says she is working on it and it is going down.

RBB/mt-09
Job#130505

DATE 8/15/08	TIME A TIME P	CALLER Came in	PT NAME - CHART # Patricia Johnson	PHONE #	ALL: P.S.C.O	MD RB
AGE	WT.	T.	BY TE	MEDS: Back pain had surg 2005	RE:	
U/A clear wants to have MRI						
DISPOSITION						
DRUG STORE:				BY: RB	TIME: 3:13	P

1 MRI @ spine @ MBH 8/17/08 @ 8:30 AM (22)

DATE		TIME		CALLER		PT NAME - CHART #		PHONE #		ALL: P.S.C.O		MD	
8/14/08		4:15		pt		Patricia Johnson						B	
AGE		WT.		T.		BY		MEDS:		RE:			
						Dr							
Went M.D. results -													
DISPOSITION Needs to make appt. to talk per Dr. Bannan													
DRUG STORE:										BY: RE		TIME 4:37	

08/14/08 PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

ELEVATED BLOOD PRESSURE

O: The patient's blood pressure is slightly elevated today at 130/92. Chest is clear. Heart is stable. Abdomen is negative.

A: Mild elevation of blood pressure. She thinks it is secondary to pain. She is having a lot more pain today.

CHRONIC BACK PAIN

CHRONIC HEADACHE

S: I had started her on Naprosyn 500 mg twice a day. It does not seem to be effective. She goes to a chronic pain clinic, and they have her on Avinza and Oxycodone 4-5 times a day.

O: See the vital signs sheet in the chart. Her MRI is definitely abnormal. I went over the results with her.

A: Chronic pain.

P: I told her she needs to see a specialist to see if a CT or myelogram would be beneficial. I gave her a copy of the report to take to the chronic pain clinic and possibly to Dr. McCorkle.

RBB/mt-09
Job#138192

08/27/08 PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

CHRONIC BACK AND NECK PAIN

S: I went over the CT results with her. She hurt her back at work when she was bending over. They have been following this at work. They were a little upset that she came here because this was a worker's compensation problem. They sent her to the company doctor.

P: I talked to her about the report, but since worker's compensation is handling it we'll let their doctor follow-up on it. The company doctor has put her out of work for a while.

ELEVATED BLOOD PRESSURE

S: Her blood pressure was elevated last time, but she was in a lot of pain. She does not have as much pain now.

O: See the vital signs sheet in the chart. Blood pressure is down today to 120/70.

A: It looks the elevation in her blood pressure was secondary to pain.

P: No treatment necessary at this time.

RBB/mt-09
Job#138471



FOOTHILLS FAMILY MEDICINE

391 Glenn Springs Road • Pacolet, South Carolina 29372
Telephone (864) 474-3013 • Fax (864) 474-1501

RICHARD B. BANNON, M.D.

CECILIA CANNON, P.A.

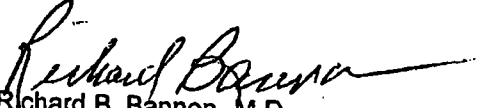
MARK MILES, M.D.

November 10, 2008

RE: PATRICIA JOHNSON

Ms. Johnson is a patient under my care. She has had back pain for a number of years and in 2005 she had surgery done by Dr. McCorkle for a disc problem. For the past year or two the patient has had increased pain in the low back area as well as in the neck and shoulder. She especially has pain in left leg and foot. The pain has been exacerbated by the multiple body positions required to do her job. She has to stoop and bend and get into a number of awkward positions. I have reviewed her records including her CT and myelogram reports, and it is my opinion that even though she had problems in the past and had surgery on her back, her work activities would definitely aggravate these physical conditions.

Sincerely,



Richard B. Bannon, M.D.

RBB/tmt-09

147653



MARY BLACK PHYSICIAN GROUP

Record on Appeal

000165

6

#2

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM

DR. JOHN G. THORNBURG,

DR. JAMES L. DUNCAN, JR.,

DR. PENELOPE GALBRAITH

DR. ARON M. DEVANE

1-12-05, 5-19-05, 8-7-08, 9-19-08

Pg. 7-16

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (864) 573-3861 FAX (864) 573-3160

NAME: JOHNSON, PATRICIA D

AGE:

ADDRESS:

PHONE:

SEX: F

SSN:

ACCOUNT: 1514628

ROEBUCK, SC 29376

ROOM: MR

ORDER: 2997167 ADDITIONAL ORDERS: 2997228
MRI LUMBAR SPINE - 72148
LUMBOSACRAL SPINE - 72100

ORDER DATE: 01/12/2005

ORDERING PHYSICIAN: MARK L. MILES, MD

fx: MARK L. MILES, MD (19088)

>

LUMBAR SPINE AND MRI OF THE LUMBAR SPINE: 01/12/2005

HISTORY: Low back pain. Pain in left buttock and leg to toes on the left.

AP and lateral radiograph with cone-down lateral shows severe degenerative disk changes at L4-5. There are moderate facet arthritic changes in the lower lumbar spine, as well. No acute abnormality is noted.

IMPRESSION: Severe degenerative disk change at L4-5, primarily with moderate facet hypertrophy in the lower lumbar spine.

MRI OF THE LUMBAR SPINE:

Routine sagittal and axial images are obtained. Bony alignment and marrow signal appear unremarkable. The conus appears normal.

The disk space at L1-2 and L2-3 appear unremarkable. Minimal posterior bulging is seen at L2-3.

At L3-4, there is very mild posterior disk bulge. No focal herniation is seen, and the foramina appear well maintained.

At L4-5, there is severe degenerative disk change with fairly severe diffuse bulge of the disk. There is some facet hypertrophy as well, and this causes some narrowing in both foramina. No focal herniation is seen.

NAME: JOHNSON, PATRICIA D
SSN:

PAGE: 2 OF 2

At L5-S1, there is moderate generalized bulging of the disk. No focal herniation is noted. There are moderate facet arthritic changes.

IMPRESSION: Fairly severe degenerative disk change, mainly at L4-5, with generalized bulging of the disk as described above.

JOHN G. THORNBURG MD

This document has been electronically reviewed and approved
by JOHN G. THORNBURG MD 01/13/2005.

\: cp /: 18 JOB: 06033 ID: 000411008
DD: 01/12/2005 DT: 01/13/2005 0907
TD: 1616

8

COX

RADIOLOGY SERVICES
2995 REIDVILLE ROAD
SPARTANBURG, S.C. 29301

2139 B

PHONE (864) 573-3861 FAX (864) 573-3160

NAME: JOHNSON, PATRICIA
AGE: DOB: SEX: SSN: 9999998
ACCOUNT: 9999998

ORDERING PHYSICIAN:

(OVER READ)

Medical Record Number:

FOOTHILLS FAMILY MEDICINE/ PACOLET

CERVICAL SPINE (FIVE VIEWS): 5/19/05

History: Neck pain

There is narrowing at the disc space C5-6 with hypertrophic end plate changes and sclerosis consistent with degenerative disease. Posterior osteophyte formation is noted with some encroachment on the neural foramina bilaterally at C5-6.

IMPRESSION: Degenerative disc disease with foraminal stenosis as described.

JAMES L. DUNCAN JR., MD

This document has been electronically reviewed and approved by JAMES L. DUNCAN JR., MD 05/24/2005.

\\: mg /: 19 JOB: 01263 ID: 000445065
DD: 05/24/2005 DT: 05/24/2005 1148
TD: 0933

fx: RICHARD B. BANNON, MD (07239)
>

RADIOLOGY SERVICES

5-31-05 B

Record on Appeal
000169

a

2139

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304

PHONE (864) 573-3861

FAX (864) 573-3160

NAME: JOHNSON, PATRICIA D.

AGE: 56 DOB:

SEX: F

SSN:

ACCOUNT: 1936645

ADDRESS:

MRN:

PHONE:

ROOM: MR-

ORDER: 4321398

MRI LUMB SPINE W/VO CONT

ADDITIONAL ORDERS:

EXAM DATE: 08/07/08

ORDERING PHYSICIAN: BANNON, RICHARD B., MD,

Fax: Richard B Bannon, MD

MRI LUMBAR SPINE:

IMPRESSION:

1. POSTOPERATIVE CHANGES AT L4-5.
2. ENLARGEMENT AND REMODELING OF THE LEFT FORAMEN AT L5-S1 AS DESCRIBED. THIS MAY MERELY BE AN ECTATIC NERVE ROOT, BUT THIS IS AN UNUSUAL APPEARANCE. I WOULD RECOMMEND A CT MYELOGRAM FOR FURTHER EVALUATION.

COMPARISON: January 12, 2005.

TECHNIQUE: Sagittal T1, T2 and T2 fat sat, axial T1 and axial T2. Axial and sagittal postcontrast. 14 mL Magnevist.

FINDINGS: Images fail to reveal any significant bony abnormality. Mild discogenic endplate changes are present at L5-S1.

The conus is intact.

At T11-12, there is a minimal circumferential disc bulge.

At L2-3, there is a circumferential disc bulge. Mild foraminal narrowing is noted bilaterally.

At L3-4, there is also a large circumferential disc bulge. Mild foraminal narrowing is present bilaterally. Some facet joint hypertrophy is noted.

At L4-5, there is a small laminectomy defect on the left side and postoperative soft tissue swelling posteriorly. There is a circumferential disc bulge and moderate foraminal narrowing bilaterally. Facet joint hypertrophy is noted.

DIAGNOSTIC SERVICES

Record on Appeal

000170

2-15-08

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
NAME: JOHNSON, PATRICIA D.
Page 2 of 2

SSN:

At L5-S1, there is enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body. This appearance was present to some degree on the preoperative study, but is more apparent. This could represent merely a large ectatic nerve root. The right side is similar, but much less marked. There is also a circumferential disc bulge with bilateral foraminal narrowing. On the left side, the foramen is difficult to define due to the abnormal soft tissue within it. No obvious enhancement is seen following contrast. Facet joint hypertrophy is noted. Coincidentally noted are some hyperintensities in the kidneys, likely cysts.

:This document is electronically signed by Penelope Galbraith MD on 08/07/2008 at 2:33:59 PM (CST) Verification: 2242640920080807143359

Penelope Galbraith, MD

D: 08/07/08 11:26 EST
T: 08/07/08 12:22 EST
QT1
QT2
SJN: MaryB22426409
DJN: 40004836
24907

DIAGNOSTIC SERVICES
Record on Appeal
000171

From: Aron H Devane MD

To: Philip Latourette MD

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217

1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304

PHONE (864) 573-3861

FAX (864) 573-3160

NAME: JOHNSON, PATRICIA D.

SEX: F

SSN:

ACCOUNT: 1951868

AGE:

MRN:

ADDRESS:

ROOM: CA-

PHONE:

ORDER: 4361001 CT LUMBR SP WO CON

ADDITIONAL ORDERS:

EXAM DATE: 09/19/08

ORDERING PHYSICIAN: LATOURETTE, PHILIP C., MD,

Fax: Philip C Latourette, MD

CT LUMBAR SPINE:

HISTORY: Lumbar radiculopathy syndrome.

TECHNIQUE: Volumetric helical acquisition of the lumbar spine after the intrathecal administration of contrast. Sagittal, coronal, and axial reformatted images were obtained.

IMPRESSION:

1. STATUS POST LEFT LAMINOTOMY AT L4-L5.
2. LOWER LUMBAR SPINE DISCOGENIC AND FACET DEGENERATIVE CHANGES, MOST PROMINENTLY AT L4-L5. PLEASE SEE BELOW DISCUSSION FOR FURTHER INFORMATION.
3. INDETERMINATE RENAL LOW-ATTENUATION LESIONS, RIGHT GREATER THAN LEFT. PLEASE SEE BELOW DISCUSSION. RECOMMEND RENAL ULTRASOUND EXAMINATION FOR FURTHER EVALUATION.

FINDINGS: Comparison is made with lumbar spine scout films and post myelogram spot films and overhead radiographs obtained earlier the same day.

The procedural aspect of the lumbar spine myelogram is dictated separately. Please refer to that report for further information.

There are 5 non rib bearing lumbar type vertebral bodies present. Discogenic degenerative changes with vacuum disc phenomenon are present L3-L4, L4-L5, and L5-S1, most prominently at L4-L5. The conus medullaris terminates at the mid L1 level.

L1-L2: Mild annular bulge is present. There is no evidence of lumbar

DIAGNOSTIC SERVICES

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
NAME: JOHNSON, PATRICIA D.
Page 2 of 3

SSN:

canal stenosis. There is no evidence of osseous encroachment upon the bilateral neural foramen.

L2-L3: Mild annular bulge is present. There is no evidence of significant canal stenosis. There is narrowing of the bilateral neural foramen, right greater than left. There is mild effacement of the right aspect of the anterior epidural space, without definite evidence of impingement upon the nerve roots within the lateral recess.

L3-L4: Discogenic degenerative changes with vacuum disc phenomenon are identified. Ligamentum flavum hypertrophy is noted. There is narrowing of the bilateral neural foramen. No significant canal stenosis is identified.

L4-L5: Severe discogenic degenerative changes with vacuum disc phenomenon are identified at this level. Ligamentum flavum hypertrophy is present without evidence of significant canal stenosis. There is narrowing of the bilateral neural foramen, but better visualized by recent MRI examination. A laminotomy defect is present on the left at this level. Facet hypertrophic changes are present.

L5-S1: Facet hypertrophic changes are present. Vacuum disc phenomenon is identified at this level. There is enlargement of the left intervertebral foramen with remodeling of the adjacent vertebral body, which is better evaluated by recent MRI examination. Please refer to that report for further information. Circumferential disc bulge is present without evidence of canal stenosis.

There are bilateral renal low-attenuation lesions present, which are not characterized on this noncontrast examination. The largest is present within the posterolateral aspect of the mid right kidney on image 8 series 2, measuring 1.7 x 1.4 cm. Recommend renal ultrasound examination for further evaluation.

This document is electronically signed by: Aron M Devane MD on
09/19/2008 at 2:43:05 PM (CST) Verification: 2307552620080919144305

Aron M. Devane, MD

D: 09/19/08 13:18 EST
T: 09/19/08 13:40 EST
QT1
QT2
SUN: MaryB23075526
DJN: 5010156
22961

DIAGNOSTIC SERVICES

Record on Appeal
000173

To: Philip Latourette MD

From: Aron M Devane MD

9-19-08 3:36pm p. 3 of 3

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
NAME: JOHNSON, PATRICIA D.
Page 3 of 3

SSN:

DIAGNOSTIC SERVICES

Record on Appeal
000174

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (864) 573-3861 FAX (864) 573-3160

NAME: JOHNSON, PATRICIA D.
AGE: SEX: F ACCOUNT: 1951868
ADDRESS: MRN:
PHONE: ROOM: CA-

ORDER: 4361000 MYELOGRAM, LUMB, SUP and I

ADDITIONAL ORDERS:

EXAM DATE: 09/19/08

ORDERING PHYSICIAN: LATOURETTE, PHILIP C., MD,

Fax: Philip C Latourette, MD

LUMBAR SPINE MYELOGRAM:

HISTORY: Lumbar radiculopathy syndrome. Lumbar myelogram is requested for further evaluation.

IMPRESSION:

1. FLUOROSCOPIC GUIDED LUMBAR PUNCTURE WITH INTRATHECAL CONTRAST ADMINISTRATION FOR LUMBAR SPINE MYELOGRAM.
2. CT MYELOGRAM TO FOLLOW. PLEASE REFER TO THAT REPORT FOR FURTHER INFORMATION.

INTERVENTIONALIST: Dr. Michael Devane.

FINDINGS: The risks (including but not limited to bleeding, infection, spinal headache, and persistent cerebrospinal fluid leak), benefits, and alternatives to the procedure were discussed at length with the patient and written informed consent was obtained. The patient was placed in a prone position on the fluoroscopic table and was prepped and draped in the usual sterile manner. 1% lidocaine was used for local anesthesia. Under fluoroscopic guidance, a 22-gauge spinal needle was advanced into the lumbar cistern at the L2-L3 level. 14 mL Isovue 200-M contrast was administered under fluoroscopy into the thecal space. The needle was removed. Preprocedure scout films, postmyelogram spot films, and overhead radiographs were obtained and will be interpreted in conjunction with CT myelogram which is to follow. The patient tolerated the procedure well without immediate complication.

This document is electronically signed by: Aron M Devane MD on
09/19/2008 at 1:14:43 PM (CST) Verification: 2307333720080919131443

DIAGNOSTIC SERVICES

Page 1 of 2

Record on Appeal
000175

15

To: Philip Latourette MD

From: Aron M Devane MD

9-19-08 1:54pm p. 2 of 2

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
NAME: JOHNSON, PATRICIA D.
Page 2 of 2

SSN:

Aron M. Devane, MD

D: 09/19/08 11:52 EST
T: 09/19/08 13:00 EST
QT1
QT2
SJN: MaryB23073337
DJN: 5010147
22937

DIAGNOSTIC SERVICES

Record on Appeal
000176

#3

DR. CAVERT K. MCCORKLE
SPARTANBURG NEUROSURGICAL
INSTITUTE, P.A.

1-31-05 – 12-13-05 & 10-29-08

Pg. 17-33

Patricia Johnson
January 31, 2005

HISTORY OF PRESENT ILLNESS: This 53 year-old lady is seen today in referral from Dr. Bannon. I am in receipt of medical records from him. These are as noted and appreciated. Back in November she was walking and just felt some pain down the back of the leg. ~~She now has left calf pain and into her foot and toes and also associated low back pain. She has tried some medications that really have not helped.~~ She denies previous history of such trouble. She denies any injury. Her job is working at BMW where she puts door panels on and also attaches air bags. Initially she had some physical therapy and that made the pain worse. She is still trying to work. She gets relief by being off of her feet and lying in bed. Initially the pain was all the way down from the left sacral area into the foot but now it is primarily in her calf. Review of systems and past medical history are unremarkable. The patient information sheet is as noted.

STUDIES: In reviewing the lumbar spine x-rays there is narrowing of L4-5 space with some degenerative changes and anterior spur. The AP view shows a large lateral spur at 4-5 on the right. There is narrowing of the disc space. The lumbar MRI scan on the lateral view shows narrowing of L4-5 with degenerative changes. The axial view shows some facet thickening and hypertrophy.

PHYSICAL EXAM: This is a well-developed lady who has some limitation with forward bending at 30 degrees and backward bending at 15 degrees. She has some discomfort on left lateral bending causing some left leg pain. Motor, sensory and reflexes are symmetrical. Straight leg raising and F-AB-ER-E maneuver are unremarkable. There is no spasm. There is no point tenderness.

IMPRESSION: This lady is experiencing sciatica. Her MRI scan reveals some degree of stenosis.

RECOMMENDATIONS: I have discussed the findings, significance and alternatives of treatment with her. I have scheduled her for an epidural block at L4-5. She is given the back exercises and prescriptions for Skelaxin 800 mg #120 and two refills, Talwin 50 mg #60 with two refills and Neurontin 300 mg #120. The Lortab 7.5 and Darvocet did not help. Instructions were given. I will see her in follow up.

(CKMC:pag)

*Added
11/3/05
(Kib)*
cc: Dr. Richard Bannon

*David K. McAnally, M.D.
OM
2/1/4*

Patricia Johnson
April 5, 2005

50400

The first epidural block helped but the second and third one did not. She complains primarily of left leg pain and burning on the side down to her foot. At night when she turns over it increases her pain. When she is working it is painful. She does not have much back pain. I have reviewed her scan and the lateral view shows degenerative disc changes at L4-5 and narrowing. The axial view shows thickening. She has narrowing of the foramen at L4-5 and L5-S1 on the left. It may be reasonable to consider decompression on the left at L4-5 and L5-S1. Instructions were given. We will continue with conservative treatment. Her exam shows some pain in the left sacral area on forward, backward and left lateral bending and even causes some pain in to her leg. (CKMC:pag)

David K. Melville, M.D.
DM 4/1/05

Patricia Johnson
May 17, 2005

50400

She is no better She is still having left leg pain. The more she walks the more pain she has. While working she has to sit down frequently in order to get relief. Examination shows radiation of pain down her left leg to her ankle and particularly on left lateral bending and backward bending. She really does not have much back pain. At night lying on her left side hurts. I have discussed the findings, significance and alternatives of treatment with her. She wishes to proceed with surgery. (CKMC:pag)

Edward K. Mellick, M.D.
EM/HE

Patricia Johnson 50400 5-27-05

S/R

Doing well

Taking pain meds

Top of lt foot feels

tender, burns to touch

No other complaints

Her incision is well

healed, although, she

itches.

Will return in 2 weeks

Wla

PATRICIA D. JOHNSON
June 9, 2005

#50400

She has continued with left leg and foot pain following surgery. She has no low back pain. Her neck hurts during the day and at night. Her surgery was 5/20. She is taking Lortab every three to four hours. Her foot itches. On exam, she moves about fairly well. Her back has good range of rotation. Her incision looks good, but in trying to get her to walk on her heels there is definite weakness of dorsi flexion of her left foot. Then standing on her heel there is weakness of her foot, but with her sitting, there is fairly good dorsi flexion and plantar flexion of her left foot. Inversion and eversion are good. She feels she is limping more now because of the pain in her leg. When she is lying on her back, she has increased leg pain. Her straight leg raising is unremarkable and the F-AB-ER-E examination is unremarkable. I have discussed with her and her husband the findings and significance. I am concerned that she continues with leg pain and has the noted foot weakness. I have scheduled her for a lumbar MRI scan to be done as soon as possible to evaluate the integrity of the disc and I will see her soon afterwards. She was given Mepergan Fortis #40 and no refills. (CKMC:klb)

David K. Molebly, M.D.
DM
6/13

I have reviewed her MRI Scan films and then also separately reviewed them with Dr. Esce and I have the report and there really is no pressure to explain her significant pain in her leg and foot and weakness in her foot. At first I thought there may be something far laterally at L5-S1 in the foramen but this is most probably not. The Mepergan is not helping, she has no low back pain. Apparently this past Saturday night she had a lot of pain. The pain is mostly in her left calf and the top of foot, she has no thigh pain. When she is sitting on the side of the tablet there is some weakness of the dorsey flexion of her left foot against my pressure. When she walks on her heel it is weak. I have had a long discussion with her and her husband. I have scheduled her for physical therapy for left foot strengthening, given her prescription for Medrol Dose pack and placed her on Keppra 500mg. #120 and 2 refills, and further instructions, and I will see her in two weeks. (CKM-jcm)

David K. Melville, M.D.
June 6/21

6-29-05

*Patricia called to state she is not urinating
as she should. Wants something called in.
OK OK'd Uricholine*

PATRICIA D. JOHNSON
JUNE 23, 2005

#50400

She called yesterday and wanted an x-ray of her foot but it was inadvertently scheduled and was done here in our office yesterday and we do not read feet x-rays and therefore we will make a CD of this x-ray and then have it read.. But it appears that her pain in her foot is coming from her back. But she complains of throbbing pain in her left foot particularly on the dorsal aspect and down toward the big toe and at night it is particularly bad and then she has the throbbing pain but even she has calf pain. She has been no better, has not been able to get relief, and the pain is constant. She apparently stays in bed a lot as trying to walk makes it worse. On exam, she has good range of rotation but on backward bending and also on bending to the left on lateral bending there is increased left leg and foot discomfort. When she is sitting on the side of the bed she has good dorsey flexion of her left foot and even of her big toe but when she tries to walk on her heel there is weakness of her left foot in dorsey flexion. I have reviewed her lumbar MRI Scan films once again. I have reviewed my operative note. She had undergone two level decompression. The MRI shows bulging in the foramen particularly at L5-S1 to the left but also L4-5 as a lateral disc protrusion. I have discussed with her at length the findings, significance, and alternatives of treatment. It is my opinion that re-exploration and probably disc removal and she will undergo surgery for L4-5 and L5-S1 re-exploration and probable disc removal. I have discussed it with her the findings, significance of treatment and she wishes to proceed with surgery. (CKM-jcm)

Charles R. Melillo, M.D.
OMC 6/29

Patricia Johnson 50400

~~6-~~
7-1-85

S/R

Patricia's incision looked fine
she still has pain &
tenderness down lt shin
& foot is so tender she
can't wear shoe. "It just
aches," she says.

She will continue to post
op instructions and see
CK in 2 weeks.

Wla

PATRICIA D. JOHNSON
July 18, 2005

She still is having pain. It is worse with lying down and sometimes increased with walking, but other times it is not as bad, but she is better than before surgery. Her exam still shows weakness of her foot. I have recommended that she re-start the Keppra. She is to do her back exercises. I am sending her to physical therapy for left foot strengthening. Apparently she has an appointment this week. I have also sent her for a Doppler study of her left leg as she continues to complain of throbbing and burning in her left calf, but I do not feel she has phlebitis. She was given Lortab 7.5 #60 and 2 refills and further instructions. I will see her in one month. (CKMC:klb)

*Carol K. Melville, M.D.
Aug 8/10*

Patricia Johnson
08/03/05

SUBJECTIVE:

Mrs. Johnson presents for post operative follow up. We are seeing her in Dr. McCorkle's absence. She had contacted the office last week complaining of progressive pain about the distal aspect of the left lower extremity, despite increasing doses of analgesic medication, muscle relaxants, and anti-convulsants. She was sent for repeat lumbar MRI and presents today for reevaluation and review of her study.

Presently, she complains of severe and unrelenting burning type discomfort about an L5-S1 pattern in the left foot. In addition, she has pain of a less intense quality about the lateral aspect of the left lower leg to about the knee. She has some soreness about her lumbar spine incision, but no severe pain about the low back, left hip, or the left thigh area. There are no symptoms whatsoever in the right lower extremity. She does not appreciate any elevated temperatures or drainage from her wound. She can find no position of comfort and describes hyperpathia of the left foot with her current symptoms preventing rest and greatly restricting her activity level.

OBJECTIVE:

Mrs. Johnson does appear quite uncomfortable today, constantly rubbing her left foot and ankle area. It is very difficult for her to stand secondary to her left lower extremity pain. Her gait is quite antalgic. She exhibits persistent weakness and anterior tibialis and extensor hallicus longus in the left foot with hyperpathia and hypesthesia from the lateral knee down over the dorsum of the left foot. There may be a small amount of weakness with plantar flexion as well on the left. No abnormalities noted in the right lower extremity. Lumbar spine incision is clear with no evidence of erythema or drainage. Interestingly, she is actually minimally tender to palpation about the lumbar sacral region.

STUDIES:

Repeat lumbar MRI reveals post operative changes on the left at L4-5 and L5-S1 without overt recurrent disc. There is some evidence of fluid collections about the laminotomy sites but these are consistent with the gel foam that Dr. McCorkle usually places in these areas. The remainder of the lumbar spine is consistent with age.

OML
9/30

Patricia Johnson
08/03/05
PAGE TWO

50400

ASSESSMENT: 1) Progressive, distal left lower extremity
dysesthetic pain post two surgical procedures
on the left, first at L5-S1 (5/05), the second
at L4-5 and L5-S1 (6/05).

PLAN: Discussed case in detail with Dr. Flandry who also
reviewed patient's repeat lumbar MRI and talked with
the patient and her husband. We see no evidence of
persistent nerve root compression on the left at
L4-5 or L5-S1. Mrs. Johnson continues to report
progressive dysesthetic pain in the distal aspect of
the left lower extremity (primarily foot) despite
increasing analgesic, muscle relaxant and anti
convulsant medication regimen. We will send her to
Dr. LaTourette for an opinion and possible
additional treatment regarding her current
dysesthetic pain. We will try her again on Neurontin
300 mg beginning at h.s. for five days and then
b.i.d. dosing for five days and then t.i.d. dosing
(questionable GI distress with this medication in
the past but was also taking multiple medications
at the time). In addition, will increase her
analgesic medication to Percocet 10/325 1 tablet
q. 4-6 hours PRN pain #90. She will tentatively plan
to return here to see Dr. McCorkle in approximately
three weeks. She may call us for any additional
problems in the interim.

Chal Mills, P.A./CKM:pag

cc Dr. Philip LaTourette

Mailed
8/17/05
(PMB)

Chal Mills
8/18/05

PATRICIA D. JOHNSON
August 30, 2005

#50400

I have reviewed the two notes since I last saw her. I was out and Dr. Flandry and Chal, Mills, his Physician's Assistant, saw her and also she is now seeing Dr. LaTourette at the pain center. She is better with the medicines, but still has pain and burning on top of her left foot and around her big toe and even some in the lateral calf. She is on a Duragesic Patch and Neurontin. Sitting and standing hurts. She still has weakness of her left foot and still trying to do the exercise. She also has noted some bladder symptoms such that her bladder has to be completely full before she can urinate. Otherwise at times she thinks she has to do and either doesn't or cannot. I do not know a reason for this. She may have to be evaluated by the urologist. I have discussed such with her. (CKMC:klb)

*David K. Melick, M.D.
AM 9/1/4*

PATRICIA D. JOHNSON
October 5, 2005

#50400

With her medicines, she does alright. Without it, she has pain in her foot and some pain in her left ankle, maybe some in her lower left shin. She is on Neurontin and a Duragesic Patch. She still has weakness of her left foot dorsi flexion. She is going to SRMC P.T. two times a week. She has no back pain. She is anxious to get back to work there at BMW on assembly. Her left ankle is not all of the time, but it hurts sometimes when she walks. Her last surgery was 6/24. Examination shows fairly good range of rotation of her back. Straight leg raising causes some pulling. I have discussed the findings. We will have to keep her out of work until physical therapy and pain management say she is able to.
(CKMC:klb)

*Patricia Johnson M.D.
10/19*

She is somewhat better. She finished physical therapy, but she has a catch in her side. She started back to work at BMW last week. She puts paneling in on the doors. She has been on Lortab and a Duragesic Patch, but that seems to be causing a skin rash locally at the patch. Also she has been on Neurontin three times a day, but that doesn't seem to be as helpful. She feels improved. She wants to work. Her examination shows improved range of rotation. Straight leg raising causes some pulling in her left leg. She does have some weakness of dorsi flexion of her left foot. She actually cannot walk on her heel and when she walks, she doesn't pick her left leg up and sort of shuffles it along. I instructed her in some body mechanics and leg elevation exercise. She was given a note for physical therapy at BMW to help her with the catch in her back. She will stop the Duragesic Patch and also stop the Neurontin. She was given Lyrica 75 mg. #60 and 2 refills, one b.i.d., and Robaxin 750 mg. #120 and 2 refills. We will wait on a TENS unit. She was given a prescription for a lumbosacral back support/corset. Apparently her job is ten hours a day, four days a week. Further instructions were given. I will see her in a month. (CKMC:klb)

Carol K. McElrath, M.D.
One 11/14

Patricia C. Johnson
12-13-2005

50400

SUBJECTIVE: She went back to work. Now the plant has closed down for a month for reconfiguration. She has a hard time getting up and down because of pain at the base of her back. She is doing her exercises. She still has numbness of her leg and foot. She still has the pain in her foot. She is off the Duragesic Patch as it caused a rash. She sees Dr. LaTourette. He gave her some new medicine yesterday. She has been taking the Lyrica but it really hasn't changed much. She has burning in her big toe. It is hard to get up from a squatting position.

EXAMINATION: When she is sitting, she has better dorsiflexion of her left foot, still has a foot drop. Range of rotation looks good. She does have some soreness. She also complains of pain in her neck and shoulder. Apparently Dr. Bannon did a cervical MRI scan the first of the year. We do not have the films or report. Examination of her neck is satisfactory.

RECOMMENDATIONS: Instructions were given. I will see her on a P.R.N. basis. Follow with Dr. LaTourette. (CKMC:ni)

cc: Richard Bannon, M.D. 474-1501 *faxed office notes 4-5-05 - 12-13-05 to Dr. Bannon on 12-28-05 m.w.*
Phillip LaTourette, M.D.
583-0390 faxed office notes 4-5-05 - 12-13-05 to Dr. LaTourette on 12-28-05 m.w.
David K. McElble, M.D.
CME 12/28

SPARTANBURG NEUROSURGICAL INSTITUTE, P.A.

1075 BOILING SPRINGS ROAD
SPARTANBURG, SOUTH CAROLINA 29303-2297

TELEPHONE (864) 583-7265 • FAX (864) 591-0422
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DARWIN W. KELLER, M.D., F.A.C.S.
CAVERT K. McCORKLE, M.D., P.A., F.A.C.S.
PHILLIP G. ESCE, M.D., F.A.B.N.S.
CHRISTOPHER J. CHITTUM, M.D.

CHALMERS A. MILLS, PA-C
TIMOTHY S. ODELL, PA-C
CHRISTOPHER A. PRASUN, PA-C
CHARLES C. DAVIS, ADMINISTRATOR

ROBERT E. FLANDRY, JR., M.D., F.A.C.S. Emeritus

October 29, 2008

Mr. Albert Smith
Attorney at Law
Post Office Box 5866
Spartanburg, SC 29304

RE: Patricia D. Johnson #50400

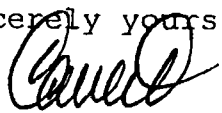
Dear Mr. Smith:

In regards to your letter of October 10th concerning Patricia Johnson, I have reviewed my records. I last saw her in December of 2005. I have not seen her for nor am I aware of problems with her neck, shoulder, ring finger and headaches. I am aware of her back, leg and foot discomfort and of the two surgeries that I performed. Therefore, I cannot address her neck, shoulder and ring finger symptoms.

It is my opinion that repetitive pushing, pulling, bending, lifting, walking long distances and standing for a long period of time on the job would most probably with a reasonable degree of medical certainty aggravate any preexisting condition she would have had with her back, left leg and foot. That is to say that this type of activity would aggravate and/or make worse low back pain.

If you have any further questions, please do not hesitate to write.

Sincerely yours,



Cavert K. McCorkle, M.D.
CKMC:pag

#4

**DR. S. JOHN MILLON
THE HAND SURGERY CENTER, P.A.**

2-18-05

7-16-07- 8-20-07

Pg. 34-43

THE HAND SURGERY CENTER, P.A.
PATIENT: JOHNSON, PATRICIA DIANNE
SS#

FEBRUARY 18, 2005

Patricia Johnson is not having triggering. She is having occasional tingling in small and ring fingers which she cannot relate to a particular position, time of day, or activity. She has negative provocative tests over her cubital tunnel and carpal tunnel. She has no significant tenderness in the palm over her incision. I note she has excellent strength in the fifth profundus, negative Wartenberg's and negative Froment's.

The patient's symptoms are suggestive of an extremely mild cubital tunnel syndrome. I have discussed activity modification limiting pressure on her medial elbow as well as long periods of time when she keeps her elbow flexed. If she has any worsening symptoms, I have asked her to let me know. I do not feel this is related to her trigger finger and/or the treatment. I feel she has reached MMI and have scheduled a CUEE to assist with impairment determination.

S. John Millon, M.D.

SJM/isl

cc: WC

Jerry DeYoung, RN, COHN-S, BMW, Fax # 864.989.5542

THE HAND SURGERY CENTER, P.A.
1120 GROVE ROAD, SUITE A
GREENVILLE, SC 29605

DATE: FEBRUARY 18, 2005
PATIENT: JOHNSON, PATRICIA D.
SS#:
DATE OF BIRTH:
PHYSICIAN: S. JOHN MILLON, M.D.

COMPREHENSIVE UPPER EXTREMITY EVALUATION

DIAGNOSIS: Trigger finger, right ring, with release done on 10/27/04.

EVALUATION RESULTS:

Forearm circumference: Right 10 inches, left 9 7/8 inches.

Range of motion: Active range of motion right ring MP 0-85, PIP 0-95, DIP 0-60.

Strength Testing:	RIGHT	LEFT	% DIFF
Grip level 1:	26.6 pounds	31.6 pounds	16
Grip level 3:	29.3	31.6	8
Grip level 5:	27.3	26.3	4
Lateral pinch:	8.3	11.3	27
Tripod pinch:	6.3	9	30

Sensation: Two-point discrimination on the right hand all tested on each finger at 6 mm. Monofilament testing all fingertips tested at 3.61 mg on the right; left hand was used for comparison and all fingertips tested at 3.61 mg on the left. Showing slightly diminished light touch.

A pain questionnaire was not administered as the patient did not have any complaints of pain. She reported just "tightness" in the ring finger as it swells after work and she does notice some tingling volarly on the ring and small occasionally after she uses it at work.

SUMMARY: The results of this evaluation will be given to the referring physician to aid in impairment rating.

Thank you for this referral.

Ann D. Schaumburg, OTR/L, CHT

ADS/lsl

*rating sent to Hartford, Bmw
via e-mail*

*Zero
impairment
2-25-05
SG*

Discharge Note Comprehensive Evaluation Mechanical Testing

Patient: Patricia Johnson Date 2-18-05
Age: _____ Dominance: R ☒ L ☐ Both ☐ Injured side: R ☒ L ☐ Both ☐
Sex: M ☐ F ☒

MD: Millon DX: trigger finger release

DOI: Feb '04 DOS: 10-27-04

Workplace: Bmw Occupation: Production associate / assembler

Work Status: regular duty

ADL: ☒ Independent self-care & ambulation with functional ROM & muscle strength in unaffected joints/extremities including lower extremities.
☐ Needs assistance

Limitations Noted: ROM ☐ Strength ☒ Sensation ☒ Amputations ☐
Fusions ☐ Forearm circumference ☐ Functional Abilities ☐
Cold Sensitivity ☐

Patient referred for a final comprehensive evaluation to potentially aid in assessing the Impairment Rating. Assessments done include ROM, Strength, Sensation, Forearm Circumference and Functional Abilities.

Range of Motion: AROM ☒ PROM ☐ Forearm Circumference(measured one inch distal to antecubital fossa in inches)
R 10" L 9 7/8"

RIGHT

	Thumb	Index	Mid	Ring	Little
MPA			10/90	0/85	
P					
PIPA			0/90	0/95	
P					
DIPA			0/65	0/60	
P					

LEFT

	Thumb	Index	Mid	Ring	Little
MPA					
P					
PIPA					
P					
DIPA					
P					

RIGHT

	Wrist	Elbow	Shdr		Forearm
Flx A				Sup A	
P				P	
Ext A				Pron A	
P				P	
RDA		AB A			
P		P			
UDA		IR A			
P		P			
	ER A				

LEFT

	Wrist	Elbow	Shdr		Forearm
Flx A				Sup A	
P				P	
Ext A				Pron A	
P				P	
RDA		AB A			
P		P			
UDA		IR A			
P		P			
	ER A				

Discharge Note

Comprehensive Evaluation

Mechanical Testing

Page 2 of 2

Patient: Patricia Johnson

Date: 4-18-05

Strength: Jamar dynamometer and pinch gauge measured in pounds

	Trials				
Grip I	1	2	3	Avg	% Diff
Right	26	26	28	26.6	16%
Left	30	30	35	31.6	

	1	2	3	Avg	% Diff
Grip III					
Right	30	30	28	29.3	8%
Left	37	30	28	31.6	

	1	2	3	Avg	% Diff
Grip V					
Right	29	28	25	27.3	
Left	30	24	25	26.3	4%

	Trials				
Pinch	1	2	3	Avg.	% Diff
Lateral:					
Right	8	8	9	8.3	27%
Left	13	10	11	11.3	
Tripod:					
Right	6	7	6	6.3	30%
Left	9	9	9	9	

Sensation:

Weber 2 Point Discrimination:

RIGHT

Thumb	Index	Mid	Ring	Little
6 mm	6	6	6	6

LEFT

not tested

Thumb	Index	Mid	Ring	Little

WEST Monofilaments:

RIGHT

Thumb	Index	Mid	Ring	Little
3.61 mg	3.61	3.61	3.61	3.61 mg

LEFT

Thumb	Index	Mid	Ring	Little
3.61 mg	3.61	3.61	3.61	3.61 mg

Comments:

Tingling on ring, small aft use @ work
Ring finger swells after work, but no pain - just tightness

SUMMARY: The results of these assessments will be given to the referring physician to potentially aid in determining the Impairment Rating and disposition. This will be considered a Discharge. Evaluations included Mechanical Testing with Standardized Assessment tools.

Patricia Johnson

Evaluator: Occupational Therapist/Certified Hand Therapist

Codes: 97750 _____ (units)

95852 _____ (units)

95834 _____ (units)

95925 _____ (units)

95851 _____ (units)

Figure 16-1a Upper Extremity Impairment Evaluation Record-Part I (Hand)

Name Patricia Johnson Age Sex ☒ M ☐ F Dominant hand ☒ R ☐ L Date
Occupation Diagnosis trigger finger

Abnormal Motion						Amputation	Sensory Loss	Other Disorders	Hand Impairment %	
Record motion or ankylosis angles and digit impairment %						Mark level & impairment %	Mark type, level, & impairment %	List type & impairment %	• Combine digit imp % • Convert to hand imp %	
		Flexion	Extension	Ankylosis	Imp %					
Thumb	IP	Angle°								
		Imp %								
		Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
		Angle°								
		Imp %								
	CMC	Radial abduction	Angle°							Abnormal motion [1] Amputation [2] Sensory loss [3] Other disorders [4] Total digit imp % • Combine 1, 2, 3, 4
			Imp %							
Adduction		Cm								
		Imp %								
Opposition		Cm								
		Imp %								
Add digit impairment % CMC + MP + IP =					[1] Digit IMP % =	[2] Digit IMP % =	[3] Digit IMP % =	[4] Hand impairment % • Convert above		
Index	DIP	Angle°							Abnormal motion [1] Amputation [2] Sensory loss [3] Other disorders [4] Total digit imp % • Combine 1, 2, 3, 4	
		Imp %								
		Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
		Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
• Combine digit impairment % MP, PIP, DIP =					[1] Digit IMP % =	[2] Digit IMP % =	[3] Digit IMP % =	[4] Hand impairment % • Convert above		
Middle	DIP	Angle°	60	0					Abnormal motion [1] Amputation [2] Sensory loss [3] Other disorders [4] Total digit imp % • Combine 1, 2, 3, 4	
		Imp %								
		Angle°	95	0						
		Imp %								
	PIP	Angle°								
		Imp %								
		Angle°								
		Imp %								
	MP	Angle°	85	0						
		Imp %								
• Combine digit impairment % MP, PIP, DIP =					[1] Digit IMP % =	[2] Digit IMP % =	[3] Digit IMP % =	[4] Hand impairment % • Convert above		
Ring	DIP	Angle°							Abnormal motion [1] Amputation [2] Sensory loss [3] Other disorders [4] Total digit imp % • Combine 1, 2, 3, 4	
		Imp %								
		Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
		Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
• Combine digit impairment % MP, PIP, DIP =					[1] Digit IMP % =	[2] Digit IMP % =	[3] Digit IMP % =	[4] Hand impairment % • Convert above		
Little	DIP	Angle°							Abnormal motion [1] Amputation [2] Sensory loss [3] Other disorders [4] Total digit imp % • Combine 1, 2, 3, 4	
		Imp %								
		Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
		Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
• Combine digit impairment % MP, PIP, DIP =					[1] Digit IMP % =	[2] Digit IMP % =	[3] Digit IMP % =	[4] Hand impairment % • Convert above		
Total hand impairment: Add hand impairment % for thumb + index + middle + ring + little finger =									%	
Convert total hand impairment to upper extremity impairment (if thumb metacarpal intact, enter on Part 2, line 10) =									%	
*Add thumb ray upper extremity amputation imp [5] % + hand upper extremity imp % =									%	
If hand region impairment is only impairment, convert upper extremity impairment to whole person impairment =									%	

• Combined Values Chart (p. 604). *Use Table 16-1 (digits to hand).
Courtesy of G. de Groot Swanson, MD, Grand Rapids, Michigan.

*Use Table 16-2 (hand to upper extremity).

†Use Table 16-3.

L. Edwin Rudisill, Jr., M.D.
S. John Millon, M.D.
Timothy R. Brown, M.D.
John L. Sanders, M.D.

the
hand surgery
center, p.a.

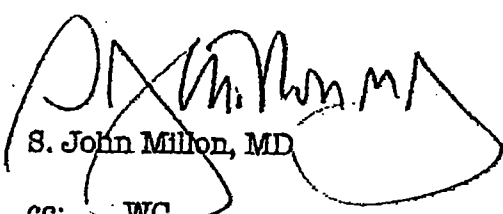
Sheryl V. Massey, OTR/L, CHT
Ann D. Schaumburg, OTR/L, CHT

2/25/05

Impairment Rating

This impairment rating is based on objective clinical measurements and the AMA 5th Edition Guide to the Evaluation of Permanent Impairment.

Patient:	Patricia Johnson 28187
Date of Comprehensive Upper Extremity Exam (CUEE):	2/18/05
Rating:	I feel that this patient has zero %.
Notes:	Symmetric strength, excellent relief of triggering.


S. John Millon, MD

cc:

WC

Hand Surgery Center chart

1120 Grove Road, Suite A • Greenville, SC 29605 • 864-242-HAND (4263) • Fax 864-242-2250
10630 Clemson Boulevard, Suite 100 • Seneca, SC 29678 • 864-888-3466 • Fax 864-888-3518
www.greenvillehand.com

Record on Appeal
000201

39

THE HAND CENTER, P.A.
1011 FRONTAGE ROAD
GREENVILLE, SC 29615

DATE: JULY 16, 2007
PATIENT: JOHNSON, PATRICIA DIANNE
PATIENT ID#: 106465
DATE OF BIRTH:
EMPLOYER: BMW

HISTORY: Patricia Johnson is a 55-year-old, right hand dominant female who works at BMW on the assembly line. She is here today for catching of her left long finger. This has been going on for about a year. She states for the past several months every time she fully flexes her long finger it becomes locked in flexion and she has to manually release it. She also complains of some ulnar sided hand numbness extending into her ring and small fingers that is not worse at night and is sort-of intermittent and not associated with work.

PHYSICAL EXAM: The patient's left hand is examined. She has negative Tinel's over the carpal tunnel and over Guyon's canal as well as over her cubital tunnel. She does have a mildly positive recreation of her numbness in her ring and small fingers with continued elbow flexion. However, she states that with elbow extension her sensation is normal. She does have tenderness over her long left A1 pulley and she does lock on examination when flexing her long finger today. She has no contraction of her finger.

IMPRESSION: L3 trigger finger, stage III, as well as mild left cubital tunnel syndrome.

PLAN: Activity modification was discussed with the patient for her cubital tunnel syndrome, including extension of her elbow. Options for her trigger finger were discussed with her, including surgical treatment of this trigger finger. She does wish to proceed with surgical release of her left long A1 pulley and will work on activity modification for her cubital tunnel syndrome.

Adam Smitherman, M.D. for
S. John Millon, M.D.

AS/lsl

cc: WC
Jerry DeYoung, RN, COHN-S/CM. BMW, Fax #864.801.7938

THE HAND CENTER, P.A.
PATIENT: JOHNSON, PATRICIA DIANNE
ID# 106465

AUGUST 6, 2007

Patricia Johnson returns for preoperative counseling with persistent triggering in left middle finger. I note with interest that her maximum area of tenderness is in the A1 pulley area and she does not appear to have significant tenderness over Camper's chiasma. She has notable triggering on exam, likely at the A1 pulley level. I have discussed the indications, risks, and benefits of a left middle trigger release, to include but not be limited to nerve injury, infection, persistent symptoms, anesthetic problems, and other unforeseen complications.

S. John Millon, M.D.

SJM/lsl

cc: WC

Jerry DeYoung, RN, COHN-S/CM. BMW, Fax #864.801.7938

AUGUST 20, 2007

Patricia Johnson does not appear to have any triggering. The wound is benign and sutures removed. I have discussed scar massage, range of motion, and gentle strengthening. I feel she can do this at home, given her experience with several other trigger digits. I feel she could lift up to 2 pounds at work, but should limit highly repetitive motion at this point. Given this is her fourth trigger digit, she may require long-term work restrictions. I would like to see her response over the next several weeks before making a final decision here.

S. John Millon, M.D.

SJM/lsl

cc: WC

Jerry DeYoung, RN, COHN-S/CM. BMW, Fax #864.801.7938

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: JOHNSON, PATRICIA DIANNE
PATIENT MR#: 000-970-23-8549
PATIENT SS#:

Billing NO: 180005886658

DATE OF PROCEDURE: 08/10/2007

SURGEON: John Millon, MD

ASSISTANT: Adam Smitherman, MD

PREOPERATIVE DIAGNOSIS: Left long trigger finger.

POSTOPERATIVE DIAGNOSIS: Left long trigger finger.

PROCEDURE: Release of left long flexor tendon sheath.

ANESTHESIA: Bier.

TOURNIQUET TIME: 19 minutes.

COMPLICATIONS: None.

IMPLANTS: None.

ESTIMATED BLOOD LOSS: Minimal.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the patient was brought to the operating room and placed under a Bier block. After proper anesthesia was established, the patient's left arm was prepped and draped in sterile fashion.

A 1 cm incision was made using skin lines overlying the A1 pulley of the long finger. Blunt dissection was used to carry this incision down to the flexor tendon sheath which was sharply incised longitudinally. Stevens scissors were used to lengthen the tendon sheath incision proximally and distally under direct visualization. The patient was able to bend, flex, and extend under her own power, and her finger was examined for signs of continued catching or locking, and none were seen.

The patient's wound was copiously irrigated and closed in a single layer using 4-0 Prolene. A sterile non-adhesive dressing was applied. The tourniquet was let down at 19 minutes, and the

OPERATIVE REPORT

Page 1 of 2

COPY FOR: S John Millon, MD

42

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: JOHNSON, PATRICIA DIANNE
PATIENT MR#: 000-970-23-8549
PATIENT SS#:

Billing NO: 180005886658

patient was transported to the recovery room in satisfactory condition.

POSTOPERATIVE PLAN: The patient is to work on range of motion of her left hand. She will follow up with Dr. Millon in approximately 10 days for suture removal.

James A. Smitherman, MD

cc: S John Millon, MD
James A. Smitherman, MD

D: 08/10/2007 1:07 P T: 08/13/2007 8:57 A y01 DVI: 000867906 C/S#: 2298310

OPERATIVE REPORT

Page 2 of 2

COPY FOR: S John Millon, MD

Record on Appeal
000205

#5
DR. C.K. MCCORKLE
SRMC
5-20-05 & 6-24-05
Pg. 44-54

PRINCIPAL DIAGNOSIS	ICD-9-CM
<i>left L4-5 & L5-S1 stenosis</i>	
ADDITIONAL DIAGNOSES	

PRINCIPAL SURGERY	
<i>5/20/05 L4-5 & L5-S1 decompressive laminectomy for stenosis</i>	
ADDITIONAL SURGERY	

DATE		TIME		CHARGED		SPARTANBURG REGIONAL MEDICAL CENTER		DISCHARGE DISPOSITION		UNIT NUMBER	
PATIENT SIGNATURE		NURSE SIGNATURE		FACILITY CODED		ANALYZED		FINAL CHECK		ACCOMMODATION	
										☐ C.C.U. ☐ I.C.U. ☐ NEURO. ☐ POST C.C.U.	

ACCOUNT NO.		ADMISSION DATE / TIME		FC		DATE OF BIRTH		AGE		SEX		RACE		MS		SERVICE		STATION		ROOM NO.		ACC		PAT. TYPE	
0513800614		05/20/05 0415		RH				53Y		F		2		M		SUR		AM		AM-12		Y		IP	
REFERRING DOCTOR				ADMITTING DOCTOR				ACCIDENT / WORK RELATED				ACCIDENT DATE / TIME				ADM. TYPE / SOURCE									
MCCORKLE, C K				MCCORKLE, C K				NO								3 1									
PATIENT INFORMATION				SOC. SEC. NO.				PATIENT EMPLOYER				TELEPHONE NO.													
JOHNSON, PATRICIA D								BMW MANUFACTURING				(864)989-5551													
GUARANTOR NAME AND ADDRESS				SOC. SEC. NO.				GUARANTOR EMPLOYER				TELEPHONE NO.													
JOHNSON, PATRICIA D								SPARTANBURG SC 29304-4100				(864)989-5551													
RELATIVE 1				RELATION				EMPLOYERS				OCCUPATION													
JOHNSON, BENJAMINE				SELF				BMW MANUFACTURING																	
INSURANCE 1				SPOUSE				RELATIVE EMPLOYER																	
SIGNA PPO-SCRANTON, PA								SPARTANBURG SC 29304-4100																	
P.O. BOX 5200																									
SCRANTON PA 18505-5200																									
HUSBAND																									
206972																									
INSURANCE 3																									

DIAGNOSIS / COMPLAINT		ARRIVAL MODE		PUB / VAL		ADV. DIR.		PAT. CLA		DENOM		ADM. BY	
L2-L3 LUMBAR DISC DISPLACEMENT				N						UNK		JRP	
AFF ALERT:		OBSERVATION:		YES		NO							

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

50400

OP REPORTS

PATIENT NAME: JOHNSON, PATRICIA D

DOB:

MEDICAL RECORD #: 150334

PROCEDURE DATE:

5/20/05

ACCOUNT NUMBER: 513800614

ROOM: AM

PREOPERATIVE DIAGNOSIS: Left L4-L5 and L5-S1 lumbar stenosis and nerve root compression.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE PERFORMED: Left L4-L5 and L5-S1 decompressive partial hemilaminectomy for stenosis.

SURGEON: Dr. McCorkle.

FIRST ASSISTANT: Bobby Elmore.

DESCRIPTION OF PROCEDURE: After general endotracheal anesthesia had been obtained with the patient on the operating room stretcher she was then turned to the prone position onto the operating room table and positioned on the lumbar Andrews table in the routine manner. Her back was prepped and draped in the routine sterile manner. Then a midline skin incision was made over the lower lumbosacral region with the scalpel and carried down through subcutaneous tissues to expose the lumbosacral fascia which was sharply incised with cutting and Bovie currents and then a subperiosteal dissection was carried out on the left side with periosteal elevators and gauze sponges. Intraoperative x-ray localized the level of L4-L5 and L5-S1. The half Gelpi retractor was put into place. Attention was placed to be L5-S1 level. Decompressive hemilaminectomy was carried out with the Midas Rex drill and angle Schlesinger rongeur and then the ligamentum flavum was sharply incised with this 15 scalpel and in this opening was placed a Cottonoid patty to protect underlying dura. The ligamentum flavum was sharply excised and further decompression was carried out proximally, distally and laterally with the angle Schlesinger rongeur. There was thickened bone and thickened ligament. The disc was bulging posteriorly. It was very firm. It was known to be full in the L5 nerve root foramen indeed such was seen. Palpation in the L5 neural foramen reveal fullness and at first it was felt there was a mass in there and some small pieces of material were freed but they went up the sucker and it really wasn't absolutely certain that there was fragment but continued manipulation with the nerve hook and with the Woodson instrument produced good compression of the L5 nerve root in the foramen. It was felt the disc did not need to be removed. After ensuring decompression of both

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OP REPORTS

JOHNSON, PATRICIA D

150334

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DICTATING

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Record on Appeal
000208

45

nerve roots attention was placed to L4-L5 where the same manner decompression was carried out. At this level the interlaminar space was more narrowed. The bone was more thickened. The ligamentum flavum was more thickened. At this level the disc was very firm but there was a posterior bulging-ruptured disc more laterally. The neural foramen of the L4 and L5 nerve roots was ensured to be decompressed. The disc was not removed. After ensuring decompression at both levels and ensuring hemostasis with Gelfoam soaked in thrombin and bipolar electrocoagulation unit and irrigated out with sterile Lincocin solution a piece of Gelfoam soaked in 40 mg of Depo-Medrol was swabbed over the nerve root and placed over the bony lamina at L4-L5 and an additional piece of Gelfoam with additional 40 mg of Depo-Medrol was swabbed over the nerve root and placed over the bony lamina at L5-S1. The paraspinous muscles were inspected for hemostasis. The lumbosacral fascia approximated with 0 Vicryl, subcutaneous tissues in 2 layers with 2-0 Vicryl. Skin was closed with surgical staples. Sterile dressing was placed on the surgical incision. The patient was turned to the supine position on the operating room stretcher, was awakened, extubated taken to the recovery room in stable condition.

Dictated by: MCCORKLE, C K

D:05/20/2005 10:56:40

T:05/20/2005 11:46:24/jb

211256/204772

cc:

OP REPORTS
JOHNSON, PATRICIA D
150334
PHYSICIAN COPY

Page 2 of 2

Dictating

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Record on Appeal
000209

50400

SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG, SOUTH CAROLINA
HISTORY AND PHYSICAL

PATIENT NAME: JOHNSON, PATRICIA D
MEDICAL RECORD #: 150334
DATE OF BIRTH:
ACCOUNT NUMBER:
DATE OF ADMISSION: 05-20-05
ROOM:

This 53-year-old lady is admitted to the hospital for the purpose of undergoing a decompressive hemilaminectomy for stenosis at L4-L5 and L5-S1. She has failed with conservative treatment and can no longer tolerate pain. The lateral view on her MRI scan shows degenerative changes and narrowing particularly of L4-L5 and even at L5-S1. The axial view shows left L4-L5 and L5-S1 degenerative changes and hypertrophy giving evidence of stenosis. She has had lumbar spine x-rays that show degenerative changes primarily at L4-L5 with facet arthritic changes.

REVIEW OF SYSTEMS AND PAST MEDICAL HISTORY: She works on assembly at BMW. She has been in good health otherwise. She is allergic to penicillin. She has taken some Lortab, Neurontin, Skelaxin and then was changed to Talwin. She still has been unable to get relief.

PHYSICAL EXAMINATION: This is a well-developed lady who moves about fairly well. She has pain on forward, backward and lateral bending because of pain in her left sacral area and down her left leg. Her motor, sensory and reflexes are symmetrical. Her chest is clear to auscultation and palpation. Heart has regular rhythm. Abdomen soft. Rectal examination is deferred.

This lady is admitted to the hospital with a diagnosis of nerve root compression secondary to degenerative disc and facet hypertrophy giving lumbar stenosis. I have discussed at length with her the findings, significance and alternatives of treatment, proposed surgery, risks, complications and expectations. She wishes to proceed with surgery.

DICTATED BY: C K MCCORKLE

D:05/18/2005 13:56:36
T:05/18/2005 14:28:01/ara
210304/203977

Page 1 of 2

H & P
JOHNSON, PATRICIA D
150334

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DICTATING

Record on Appeal
000210

4

6005

NAME: JOHNSON, PATRICIA D
ORDERING PHYSICIAN: MCCORKLE, C K
LOC: 8T-826-A
Pt. Type: IP

DOB:

UNIT #: 000150334
CI#: 1437376
AN#: S0513800814

50

Exam

50698 XR SPINE LUMBAR P** (2 OR 3 VIEWS Date: 05/20/05 0730
72100 Ord Diag: 722.10-LUMBAR DISC DISPLACEMENT

History: Back pain.

Findings:

Single lateral portable view lumbar spine 1130 hours. Surgical probes
overlying posterior elements at L4 and L5.

Read By: BRIAN BAGHDADYMD
Released By: BRIAN BAGHDADYMD

n

FINAL



CONSULTING PHYSICIAN

ICD-9-CM

ATTENDING PHYSICIAN

PRINCIPAL DIAGNOSIS

McBride
lateral impinged disc @ L5-S1

ADDITIONAL DIAGNOSES

PRINCIPAL SURGERY

6/24/05 @ L5-S1 removal lateral impinged disc

ADDITIONAL SURGERY

decompression L5-S1 & L5-S2

DATE

OTHER SIGNATURE

OTHER SIGNATURE

ASSEMBLED

CODED

ANALYZED

FINAL CHECK

ACCOMMODATION

☐ C.C.U. ☐ I.C.U.☐ NEURO. ☐ POST C.C.U.

SPARTANBURG REGIONAL MEDICAL CENTER

UNIT NUMBER
000-150334

DISCHARGED

TIME

DISCHARGE DISPOSITION

☐ ALIVE☐ AUTOPSY☐ DEATH +48☐ DEATH -48☐ STILLBORN☐ TRANSFERRED

DATE

ACCOUNT NO.

ADMISSION DATE / TIME

FC

DATE OF BIRTH

AGE

SEX

RACE

MS

SERVICE

STATION

ROOM NO.

ACC

PAT. TYPE

S 0517400731

06/24/05 0407

RH

F

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M

SUR

AM

AM-07

Y

IP

RESIDENT / REFERRING DOCTOR
MCCORKLE, C KADMITTING DOCTOR
MCCORKLE, C K

SOC. SEC. NO.

TELEPHONE NO.

ACCIDENT / WORK RELATED
NO

ACCIDENT DATE / TIME

ADM. TYPE / SOURCE

3

TELEPHONE NO.
(864)989-5551PATIENT EMPLOYER
BMW MANUFACTURING
P.O. Box 11000

SPARTANBURG SC 29304-4100

GUARANTOR EMPLOYER

BMW MANUFACTURING
P.O. Box 11000

SPARTANBURG SC 29304-4100

RELATIVE EMPLOYER

TELEPHONE NO.
(864)989-5551
OCCUPATION

GUARANTOR NAME AND ADDRESS

JOHNSON, PATRICIA D

TELE

(864)

RELATION

SELF

RELATIVE 1
JOHNSON, BEN JAMINE

SPOUSE

INSURANCE 1

CIGNA PPO-SCRANTON, PA

P.O. BOX 5200

SCRANTON

BMW

3206972

INSURANCE 3

PA 18505-5200

JOHNSON, PATRICIA D

INSURANCE 2

1

INSURANCE 4

DIAGNOSIS / COMPLAINT

722.10-LUMBAR DISC DISPLACEMENT

ARRIVAL MODE

WALK IN

PUB / VAL

ADV. DIR.

PAT CLA

DENOM

UNK

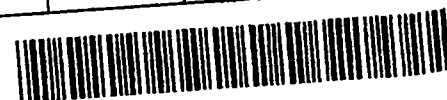
ADM. BY

MG

STAFF ALERT:

PREVIOUS ADMIT NAME / DATE
JOHNSON, PATRICIA D

06/22/05

Record on Appeal
000212

4

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

Page: 1

50400
m

NAME: JOHNSON, PATRICIA D
ORDERING PHYSICIAN: MCCORKLE, C K
LOC: 8T-811-A
Pt. Type: IP

DOB:

UNIT #: 000150334
CI#: 1459347
ANH: S0517400731

Exam

50698 XR SPINE LUMBAR P** (2 OR 3 VIEWS) Date: 06/24/05 1204
72100

le **

Ord Diag: 722.10-LUMBAR DISC DISPLACEMENT** Portable

Crosstable lateral portable lumbar spine 6/24/2005 at 12:06 hours:

Indication: Intraprocedural orientation.

Comparison: 05/22/05 (report).

Findings: Surgical instrument markers overlies the soft tissues and posterior spinous bony elements at the L4 and L5 levels. These "frame" the intervening L4-L5 disc space which demonstrates a mild to moderate narrowing and adjacent bony hypertrophic spurring change. Remaining outlines of the osseous column are unremarkable.

Read By: DAVID A KALLMANMD
Released By: DAVID A KALLMANMD

NJI

One
6/27

FINAL

** Portable **

Page 1

Record on Appeal
000213

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SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG, SOUTH CAROLINA
HISTORY AND PHYSICAL

58400

PATIENT NAME: JOHNSON, PATRICIA D
MEDICAL RECORD #: 150334
DATE OF BIRTH:
ACCOUNT NUMBER:
DATE OF ADMISSION: 06-24-05
ROOM:

This lady is admitted to the hospital for the purpose of undergoing surgery for at L4-L5 and L5-S1 on the left for reexploration and probable disc removal at L5-S1 and even possibly L4-L5. Her history is significant. I operated upon her on May 20, 2005 and did a left L4-L5 and 5-1 decompression for stenosis but she has failed with conservative treatment and has made no improvement and has had actually progressive pain in her leg and her foot and progressive weakness of her foot. She has had a repeat MRI scan which I feel reveals a lateral ruptured disc.

PAST MEDICAL HISTORY: Such that she has been in good health otherwise. She is allergic to penicillin.

PHYSICAL EXAMINATION:

The patient is a well-developed lady who is in discomfort on backward and left lateral bending with pain in the left sacral area down her left leg and down into her foot. Straight leg raising is positive on the left with pain in her leg and foot. When she is sitting on the side of the table she does have good strength of dorsiflexion of her left foot but when she tries to walk there is weakness of dorsiflexion and her foot gives way. Chest is clear to auscultation and palpation. Heart has regular rhythm. Abdomen is soft. Rectal examination is deferred.

IMPRESSION: This lady is admitted to the hospital with a diagnosis of nerve root compression of L4-L5 and L5-S1. I have discussed at length with her and her husband the findings, significance and alternatives of treatment, proposed surgery, risks, complications and expectations and they are agreeable to proceed with surgery.

DICTATED BY: C K MCCORKLE

H & P
JOHNSON, PATRICIA D
150334

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Page 1 of 2

DICTATING

Record on Appeal
000214

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m

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORTS

PATIENT NAME: JOHNSON, PATRICIA D
DOB:
MEDICAL RECORD #: 150334
PROCEDURE DATE: 06/24/2005
ACCOUNT NUMBER: 517400731
ROOM: 811

PREOPERATIVE DIAGNOSIS: Lateral L5-S1 ruptured lumbar disc.

POSTOPERATIVE DIAGNOSIS: SAME.

PROCEDURES PERFORMED:

Left L5-S1 lateral ruptured disc removal.
Reexploration of the L4-5 and L5-S1 left epidural space and then removal also of disc material from the L5-S1 in addition to the lateral disc removal.

SURGEON: Dr. McCorkle.

FIRST ASSISTANT: Bobby Elmore.

PROCEDURE IN DETAIL: After general endotracheal anesthesia had been obtained with the patient in supine position on the operating room stretcher, she was then turned to the prone position and positioned on the lumbar Andrews table in the routine manner. Her back was prepped and draped in the usual sterile manner, and then a linear skin incision as made thru the previous surgical scar and then the sutures were cut and then with blunt dissection the soft tissues were opened and the posterior fascial closure was opened by removing the stitches, and then a subperiosteal dissection was carried out further laterally. The patient had had previous surgery for a left L4-5 and L5-S1 decompressive hemilaminectomy for stenosis. She continued with left lateral leg pain and foot pain. Exposure was carried further laterally and the transverse process was visualized and the tissues were freed up and exploration was carried out and disc material was seen out laterally. Part of this was removed, part of it was very tenacious, and therefore it was felt further exposure was needed to be carried out and the lateral part of the facet was removed with a very small angle Schlesinger rongeur and then ultimately exposure was needed inside the canal. The patient had had previous surgery at L5-S1 and there was no scar tissue encountered. The nerve root was identified, the very firm bulging disc was seen. There was some disruption of the fibers of the posterior ligament, but no instrument could be introduced into that. The disc was incised laterally. The disc space was very small in width. Then the disc material was removed with the pituitary rongeurs and curets. Then exposure was carried further laterally also for removal of such. Then palpation on either side of the facet joint was carried out with a

OP REPORTS
JOHNSON, PATRICIA D
150334
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Page 1 of 2

DICTATING

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Record on Appeal
000215

Woodson instrument and with the nerve hook to palpate the nerve root and also to palpate to be sure that the disc had been removed and careful exploration and palpation was carried out and it was felt there was good decompression. Then attention was placed to the L4-5 level as it was right there in the same surgical exposure, and the area also was free of any scar tissue. The disc was palpated, it was bulging but it was very firm, the very small round instrument was passed down into the neuroforamen of the L4 nerve root, and it was quite open, and therefore this disc was not removed at 4-5. The area was irrigated out with sterile Lincocin solution. Hemostasis was ensured, then a piece of Gelfoam soaked in 40 mg of Depo-Medrol was swabbed over the nerve root and placed over the bony lamina at L5-S1, and then a piece of Gelfoam and Thrombin placed over L4-5. The paraspinous muscles were inspected for hemostasis, the lumbosacral fascia approximated with 0 Vicryl, and subcutaneous tissues in two layers with 2-0 Vicryl, and the skin was closed with surgical staples. A sterile dressing was placed on the surgical incision. The patient was turned to the supine position on the operating room stretcher, was awakened and extubated and taken to the recovery room in stable condition.

DICTATED BY: MCCORKLE, C K

D:06/24/2005 17:28:44

T:06/24/2005 23:29:09/lbe

226118/218808

cc:

OP REPORTS
JOHNSON, PATRICIA D
150334
PHYSICIAN COPY

Page 2 of 2

DICTATING

Note: Document is draft unless signed.

Record on Appeal
000216

53

Accession: S-05-07315

Patient: JOHNSON PATRICIA D

Med.Rec: (0001)00015-03-34 SSN:

Dob: 2 FEMALE

Ordering Doctor: MCCORKLE CAVERT K

Add'l report to: MCCORKLE CAVERT Fax: 864 591-0422

SPARTANBURG REGIONAL MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
101 E. Wood St.
Spartanburg SC 29303

W. Mca. Davis, M.D.
J. David Wren, M.D.
Robert O. Rainer, M.D.
William W. Mims, M.D.
R. Tucker Burks, M.D.
W. Brownlee Lowry, M.D.
John W. Nelson, M.D.
Rosanna L. Lapham, M.D.
John A. Caldwell, M.D.
Bong K. Kim, M.D.

PATH: 560-6217 CYTO: 560-6237 FAX: 560-6335

SURGICAL PATHOLOGY REPORT

PATHOLOGY # S-05-07315

RECEIVED: 06/24/05

HISTORY:

Pre-Op: Nerve foot compression L4-5, L5-S1
Past history of CA: No

SPECIMEN:

1. Disc material L5-S1 lt.

GROSS DESCRIPTION:

Received in one container are multiple portions of pink tan to grey irregular tissue fragments measuring overall 3.0 x 2.0 x 1.5 cm. Selected. (1-M).
--RB/rg

(WBL/RLG) 06/27/05

MICROSCOPIC DESCRIPTION:

Slides reviewed.

(WBL/SBJ) 06/28/05

DIAGNOSIS:

INTERVERTEBRAL SPACE, L5-S1, DISKECTOMY:
DISC TISSUE WITH DEGENERATIVE CHANGE.

TC=3

(WBL/SBJ)
06/28/05

verified by B. Lowry, M.D., Pathologist
06/28/05 (electronic signature)

CH
6/20

Patient: JOHNSON PATRICIA D
FN: 0517400731

LOC: 811 NEUROLOGY
Discharged: 06/25/05

Page: 1
END OF REPORT

PATHOLOGY.....

Record on Appeal
000217

54

#6
DR. RAUL CEBALLOS, JR.
PIEDMONT IMAGING
6-10-05
Pg. 55-58

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

PATIENT: Johnson, Patricia
DOB:
MRN: 377897
PHYSICIAN: Cavert McCorkle, MD
DATE: 6/10/2005

MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST

HISTORY: Low back pain and left leg pain extending to the left foot. Surgery reported three weeks ago.

SEQUENCES: Sagittal and axial T1 and T2 and postgadolinium sagittal and axial T1 weighted images were obtained on a 1.0 Tesla Phillips Polaris MRI unit.

FINDINGS: No prior exams to compare. T11 through S5 are normally aligned. Vertebral body height and marrow signal are maintained with no fractures or subluxation. Conus medullaris terminates at upper L1 level with normal caliber and signal and no abnormal enhancement. Chronic anterior T11-12 disc protrusion and mild right inferior foraminal protrusion is identified. No cord compression or nerve root compromise. Mild to moderate chronic disc bulging and disc degeneration are identified at T12-L1, L1-2 and L2-3. Circumferential disc bulging/protrusion is identified L2-3 and L3-4 extending into the inferior L3-4 neural foramina bilaterally. No apparent nerve root compromise. There are mildly shortened pedicles congenitally with moderate facet arthrosis and mild ligamentous thickening. There is borderline canal stenosis induced. No focal disc herniations.

The patient has undergone previous left laminectomy defects at L4 and L5. There is a broad zone of fluid type signal extending through the laminectomy defects at both of these levels. T2 images show some extension of surgical defect involving portions of the left L4-5 facet joint medially and also the left L5-S1 facet joint medially. There is some fluid extending into these joints. There is no enhancement of these of fluid collections after contrast and they could represent residual seroma/hematoma. Abscess cannot be excluded. There is no air within the collections. Fluid extends along the surgical scar to the deep subcutaneous regions. There is a mild to moderate degree of epidural fibrosis and left lateral granulation tissue evidenced by enhancing intermediate T1 signal intensity laterally and ventrolaterally on the left. While there is apparent residual disc bulging and protrusion at both of these levels (more accentuated to the right than to the left), I cannot define distinct recurrent disc herniation or extrusion. The left neural foramen at L5-S1 is narrowed by chronic disc protrusion and facet disease. Left L5 nerve root effacement within the foramen cannot be excluded. No asymmetric foraminal stenosis at L4-5.

IMPRESSION:

1. Previous left laminectomies at L4 and L5 described in detail above. There are fluid collections within the laminectomy defects consistent with residual seroma or hematoma given the recent nature of the surgeries. No definitive findings to indicate abscess, though this is impossible to entirely excluded. Some extension of bone



CMK
6/13

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

Patient: Johnson, Patricia MRN: 377897

- resection extends through the facet joints on the left at both of these levels.
2. No definitive findings of recurrent disc herniation. There are residual disc protrusions at L4-5 and L5-S1 asymmetrically greater to the left L5-S1 neural foramen. Left L5 effacement within the foramen is difficult to exclude.
 3. Chronic appearing disc protrusions/bulges at L2-3, L3-4 and L4-5.

Charles E. Parke, MD
CP / fl

DD: 6/10/2005
DT: 6/10/2005
Job: 2113980

This document has been electronically reviewed and signed.

Charles E. Parke MD

Page 2 of 2



684 North Pine Street ♦ Spartanburg, SC 29303 ♦ Telephone (864) 542-0033 ♦ Fax (864) 542-0025

Record on Appeal
000220

56

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

PATIENT: Johnson, Patricia
DOB:
MRN: 377897
PHYSICIAN: Cavert McCorkle, MD
DATE: 8/1/2005

MRI OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST

HISTORY: 53-year-old female with extreme low back pain. Previous lumbar spine surgery on 06/24/05.

TECHNIQUE: The following sequences were obtained using a Marconi 1.0 Tesla MRI unit: Multiple axial and sagittal T1 and T2 weighted and postgadolinium axial and sagittal T1 weighted images.

FINDINGS: Comparison to the previous MRI dated 06/10/05 again reveals laminotomy/partial facetectomy defects at the L4-5 and L5-S1 levels on the left with less enhancing scar tissue apparent at this time. A persistent fluid collection is present at the laminotomy/partial facetectomy sites at both levels with subtle ill defined peripheral enhancement. No evidence of recurrent disc herniation at the L4-5 nor L5-S1 levels. Persistent bulging annuli, however, remain at each of these levels causing bilateral neural foraminal encroachment, particularly at the L5-S1 level as evidenced by ill distinctness and possible impingement of the exiting left L5 nerve root at the L5-S1 level. No evidence of discitis or osteomyelitis. The remainder of the study is otherwise unchanged.

Subtle decreased disc height and signal intensity are again apparent at virtually all levels with the possible exception of the T12-L1 and L1-2 levels. Subtle bulging annuli are again apparent at the L2-3 and L3-4 levels causing minimal impression upon the anterior thecal sac without underlying or exiting nerve root compromise apparent. Again seen is a subtle posterior focal central disc protrusion at the T11-12 level causing impression upon the anterior thecal sac without spinal cord or nerve root compromise apparent. The spinal canal and remaining neural foramina are patent without nerve root compromise evident. The tip of the conus medullaris ends at the T12-L1 level and is unremarkable.

No compression fractures, pars defects or spondylolisthesis apparent. Subtle facet arthropathy is again apparent at the L3-4, L4-5 and L5-S1 levels on the left. Discogenic endplate signal changes are again noted at the L4-5 level. The remaining bone marrow signal intensity is normal. No perispinal soft tissue masses evident.

IMPRESSION:

1. Laminotomy and partial facetectomy defects at the L4-5 and L5-S1 levels on the left without evidence of recurrent disc herniation. However, persistent peripherally enhancing fluid collections are apparent at the operative sites suggesting the possibility of abscess or pseudomeningocele. In addition, bulging annuli are again noted at each of these levels with ill distinctness and possible compromise of the exiting left L5 nerve root at the L5-S1 level.
2. Subtle bulging annuli at the L2-3 and L3-4 levels without nerve root compromise apparent.



PIEDMONT IMAGING

Your Choice for MRI & CT Scans

Patient: Johnson, Patricia MRN: 377897

3. Subtle posterior focal central disc protrusion at the T11-12 level without spinal cord or nerve root compromise apparent.
4. Mild multilevel degenerative disc disease.
5. No evidence of discitis or osteomyelitis.

Raul Ceballos Jr., M.D.
RC/fl

DD: 8/2/2005
DT: 8/2/2005
Job: 2217469

This report has been electronically reviewed and signed.



Page 2 of 2



#7

REGIONAL REHABILITATION
SERVICES

IVAN V. CURRY, PT

6-22-05 – 10-11-05

Pg. 59-90

PATIENT: Patricia Johnson	DATE: 6/22/05
MED REC#: 2601	SS OR MEDICARE #:
MEDICAL DIAGNOSIS/ICD-9 CODE: Left Foot Pain	DATE OF ONSET: 5/20/05
TREATMENT DIAGNOSIS/ICD-9: 719.47	PROVIDER: ☐ OT ☒ PT ☐ SLP
PHYSICIAN: Dr. McCorkle	DOB: AGE:

PAST MEDICAL HISTORY/CURRENT MEDICATIONS: Reviewed on history form.

SUBJECTIVE: 53 year old black female presents with pain in dorsum of foot into toes. Patient states pain increased after her back surgery. Date of surgery 5-20-05.

FUNCTIONAL STATUS

(USE THE FOLLOWING KEY FOR COMPLETION)

KEY: 1 DEPENDENT TOTAL ASSIST 2 MAXIMAL ASSIST 3 MODERATE ASSIST 4 MINIMAL ASSIST CONTACT GUARD
 5 SUPERVISION 6 MODIFIED INDEPENDENCE 7 INDEPENDENT
 WFL WITHIN FUNCTIONAL LIMITS N NORMAL G GOOD F FAIR P POOR
 ↓ DECREASED ↑ INCREASED INT INTACT IMP IMPAIRED
 FD FULL DUTY MD MODIFIED DUTY RET RETIRED NW NOT WORKING
 P- PRIOR LEVEL FUNCTION C- CURRENT LEVEL FUNCTION

ACTIVITY OF DAILY LIVING	STATUS		ACTIVITY OF DAILY LIVING	STATUS	
	C	P		C	P
SELF CARE: Bathing, feeding, dressing, toileting	↓	7	COMMUNITY ACTIVITY: Shopping, etc.	↓	7
HOME CARE: Cooking, housework	↓	7	HOBBIES: Gardening, etc.	↓	7
TRANSFERS:	↓	7	OCCUPATION: BMW	NW	7
DRIVING:	↓	7	JOB TITLE:		
			OTHER:		

PAIN

PAIN SCALE (0-NO PAIN, 10 WORST)	9/10
LOCATION OF PAIN	Left ankle and foot
QUALITY OF PAIN	Ache Burn Dull ☒ Sharp Throb Other:
WHAT AGGRAVATES?	Stays in pain
WHAT REDUCES?	Nothing

OBJECTIVE TESTS & MEASURES:

Observation: Patient is upset and in a lot of discomfort/pain.

Range of Motion: Left ankle passive range of motion within normal limits.

Strength: Left dorsiflexion 2-5, left plantar flexion 4-5.

Palpation Joint Mobilization: Highly tender to palpation to dorsum of left foot.

Neurological: Deep Tendon Reflexes: Right patella 2, left 1.

Gait: Antalgic with left lower extremity along with weak heel strike ~~control~~.

Oswestry: 86%

IVC
Therapist Initials

ASSESSMENT:

Signs and symptoms consistent with back pain with radicular symptoms of pain and weakness in distal left lower extremity.

EDUCATIONAL NEEDS AND LEARNING ASSESSMENT				
CURRENT KNOWLEDGE/ UNDERSTANDING OF BASIC INFO	EDUCATION NEEDS IDENTIFIED ON EVAL:	BARRIERS TO LEARNING	READINESS FOR LEARNING	TEACHING METHOD
NONE	DISEASE INFORMATION	☒ NONE	☒ ACCEPTING	☒ VERBAL
☒ MINIMAL NEEDS REINFORCEMENT	EQUIPMENT USE	☐ VISION	☐ DENYING	☒ DEMONSTRATION
UNDERSTANDS INFO AND HAS SKILLS FOR SELF MGMT.	SAFETY	☐ HEARING	☐ NO INTEREST	HANDOUTS
	ADL'S	☐ CANNOT READ	REFUSES	AUDIO VIDEO
	☒ EXERCISE	☐ CANNOT COMPREHEND		PHONE CALL
	☒ PAIN MGMT.	☐ LANGUAGE NEEDS INTERPRETER		OTHER: _____
		☐ OTHER		

HOW DOES PATIENT BEST LEARN: ☐ Pictures ☐ Reading ☒ Listening ☐ Demonstration ☐ Other: _____

EDUCATION GIVEN: Patient educated with PT plan of care treatment.

- ☐ Patient was educated regarding adaptive equipment, disease and condition.
- ☒ Patient was given written handouts, verbal instruction and demonstration.
- ☐ Patient did demonstrate an understanding of information.

WHO WAS EDUCATED? ☒ Patient ☐ Family Name & Relationship: _____

HOW DID PATIENT/FAMILY DEMONSTRATE LEARNING:

- ☒ Patient Verbalizes Understanding
- ☐ Family SO Demonstrates Correctly
- ☐ Family SO Verbalizes Understanding
- ☐ Needs Practice Reinforcement
- ☐ Patient Demonstrates Correctly
- ☐ Unsuccessful Describe: _____

EDUCATION PLANNED: ☒ Home Program ☐ Other: _____

PATIENT/FAMILY INVOLVEMENT IN TREATMENT PLANNING AND GOALS

GOALS AND TREATMENT PLAN DISCUSSED WITH: ☒ Patient ☐ Parent ☐ Family ☐ Other: _____

DO THEY UNDERSTAND: ☒ Yes ☐ No **ARE THEY IN AGREEMENT WITH GOALS/PLAN:** ☒ Yes ☐ No
IF NO, EXPLAIN: _____

PATIENT'S PERSONAL GOALS OF TREATMENT: ☒ Same as on Plan of Care ☐ Other: _____

IDENTIFIED FACTORS THAT WILL FACILITATE GOAL ACHIEVEMENT: Motivation

IDENTIFIED BARRIERS TO GOAL ACHIEVEMENT: _____

WILL PAIN PRESENT A BARRIER TO GOAL ACHIEVEMENT: ☐ Yes ☒ No; IF YES, IS PAIN ADDRESSED IN THE CARE PLAN: ☐ Yes ☐ No
IF NOT ADDRESSED IN CARE PLAN, EXPLAIN: _____

WILL PATIENT REQUIRE SOCIAL WORK ASSISTANCE WITH DISCHARGE PLAN AND ARRANGEMENTS: ☒ No ☐ Yes; IF YES, CONTACT SOCIAL SERVICES: _____

[Signature]
Therapist Initials

TREATMENT PERFORMED TODAY FOLLOWING EVALUATION:

Patient was seen today for initial evaluation followed by

EXERCISE: Neuro-glides left foot with knee extension.

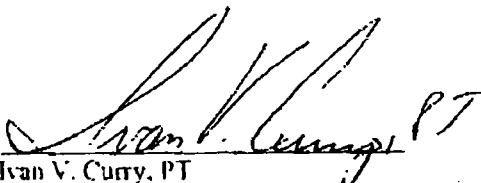
MODALITIES: Cold pack left ankle. Interferential electrical stimulation to low back.

Evaluation Time: 30 Minutes

Treatment Time: 20 Minutes

Total Treatment Time: 50 Minutes

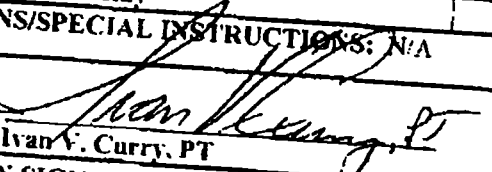
THERAPIST:

 PT
Ivan V. Curry, PT

SC LICENSE#: 4093

DATE: 6/22/05

PLAN OF CARE

PATIENT: Patricia Johnson		DATE: 6/22/05		✓INITIAL
MED REC#: 2601		SS OR MEDICARE #:		☐ REVISION
MEDICAL DIAGNOSIS/ICD-9 CODE: Left Foot Pain		DATE OF ONSET: 5/20/05		
TREATMENT DIAGNOSIS/ICD-9: 719.47		PROVIDER: ☐ OT ☒ PT ☐ SLP		
PHYSICIAN: Dr. McCorkle		DOB:		AGE:
IMPAIRMENT(S):		SHORT-TERM GOAL(S):		
- Decreased left ankle strength. - Decreased ADL's. - Pain 9 10 left foot.		- Independent with home exercise program self management. - TIME FRAME: 2 weeks - Patient independent in postural management. - TIME FRAME: 2 weeks - Pain 4 10. - TIME FRAME: 2-4 weeks - Return to functional active range of motion to perform ADL's and home exercise program. - TIME FRAME: 3-4 weeks		
* Listed in order of priority		* Listed in order of priority		
LONG TERM GOALS/FUNCTIONAL OUTCOME(S):				
- Patient to ambulate community distance with 1/10 discomfort left foot. - Patient to complete work duties and ADL's with minimal discomfort in left lower extremity and low back. - Left ankle strength 5 5.				
TIME FRAME: 4-8 WEEKS				
POTENTIAL FOR GOAL ACHIEVEMENT: ☐ FAIR ☒ GOOD ☐ EXCELLENT				
TREATMENT PLAN/INTERVENTION(S): Home exercise program therapeutic exercises soft tissue work modalities prn joint mobilization patient education.				
FREQUENCY: 2 x weekly				
PRECAUTIONS/SPECIAL INSTRUCTIONS: N/A		DURATION: 4 weeks		
THERAPIST:  Ivan V. Curry, PT		SC LICENSE#: 4093		DATE: 6/22/05

PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICARE PATIENTS:

I certify that the above named patient is under my care and supervision and that the above described care is reasonable and necessary for this patient.
I certify that I have reviewed and or developed the above plan of care and that this plan of care is appropriate for this patient and will be reviewed every 30 days or more often if the condition warrants.

PHYSICIAN SIGNATURE: _____

DATE: _____

PLAN OF CARE

 ✓ INITIAL
 ○ REVISION

PATIENT: Patricia Johnson	DATE: 6/22/05
MED REC#: 2601	SS OR MEDICARE #:
MEDICAL DIAGNOSIS/ICD-9 CODE: Left Foot Pain	DATE OF ONSET: 5/20/05
TREATMENT DIAGNOSIS/ICD-9: 719.47	PROVIDER: ☐ OT ☒ PT ☐ SLP
PHYSICIAN: Dr. McCorkle	DOB: AGE:
IMPAIRMENT(S):	SHORT-TERM GOAL(S):

1. Decreased left ankle strength.
2. Decreased ADL's.
3. Pain 9/10 left foot.

1. Independent with home exercise program/self-management.
TIME FRAME: 2 weeks
2. Patient independent in postural management.
TIME FRAME: 2 weeks
3. Pain 4/10.
TIME FRAME: 2-4 weeks
4. Return to functional active range of motion to perform ADL's and home exercise program.
TIME FRAME: 3-4 weeks

* Listed in order of priority

LONG TERM GOALS/FUNCTIONAL OUTCOME(S):

1. Patient to ambulate community distance with 1/10 discomfort left foot.
2. Patient to complete work duties and ADL's with minimal discomfort in left lower extremity and low back.
3. Left ankle strength 5/5.
TIME FRAME: 4-8 WEEKS

 POTENTIAL FOR GOAL ACHIEVEMENT: ☐ FAIR ☒ GOOD ☐ EXCELLENT

TREATMENT PLAN/INTERVENTION(S): Home exercise program/therapeutic exercises/soft tissue work/modalities pm/joint mobilization/patient education.

FREQUENCY: 2 x weekly

DURATION: 4 weeks

PRECAUTIONS/SPECIAL INSTRUCTIONS: N/A

SC LICENSE#: 4093

DATE: 6/22/05

THERAPIST:

Ivay V. Curry, PT

I certify that the above named patient is under my care and supervision and that the above described care is reasonable and necessary for this patient.
 I certify that I have reviewed and/or developed the above plan of care and that this plan of care is appropriate for this patient and will be reviewed every 30 days or more often if the condition warrants.

PHYSICIAN SIGNATURE:

DATE: 7/4/05

REHABILITATION SERVICES
DISCHARGE SUMMARY

Patient: <u>PATRICIA JOHNSON</u>	Date: <u>7-18-05</u>		
Physician: <u>Dr. C. C. C.</u>	Social Security #: <u> </u>		
Medical Diagnosis: <u>719.97</u>	Treating Diagnosis: <u>719.97 FOOT PAIN</u>		
Treatment Period <u>6-22-05</u>	# Visits <u>1</u>	Cancellations <u> </u>	No Shows <u> </u>

Outcome Measures		Initial	Discharge
Pain Scale			
SF-12			
Fatigue Scale			
Discharge		Patient achieved goals and expected outcomes.	
Discontinuation		Patient declined continued intervention	
	☒	Patient did not return for continued intervention	
		Patient was unable to progress toward goals due to medical/psychosocial complications	
		Patient was unable to continue therapy because financial/insurance resources have been expended	
		The therapist/MD determined that patient would no longer benefit from therapy	
		Other	

Current findings that may contribute to outcome:

Patient's Current Status

☐	Not assessed
☐	Return to full activities of daily living/work
☐	Return to limited activities of daily living/work
☐	Other

Equipment Needs Identified:

Equipment Needs Identified:	Recommended, Provided, or Arranged
☐ None identified	N/A
☐ Item:	
☐ Item:	

Information

	N/A	Yes	No
Provided patient/family with equipment purchase information			
Information provided on where to get service and supplies			
Patient/family instructed in use and safety			
Patient/family instructed in pain management			
Other:			

Discharge information not addressed above:

Therapist

SC License #

Patient Label

Date

64

SPARTANBURG NEUROSURGICAL INSTITUTE, P.A.
1075 BOILING SPRINGS ROAD
SPARTANBURG, SOUTH CAROLINA 29303-2297
TELEPHONE (864) 583-7265

NEUROLOGICAL SURGERY
BY REFERRAL
FAX (864) 581-0422

DARWIN W. KELLER, M.D., F.A.C.S.
CAVERT K. MCCORKLE, M.D., P.A., F.A.C.S.
ROBERT E. FLANDRY, JR., M.D., F.A.C.S.
PHILLIP G. ESCE, M.D.

FAX COVER LETTER

TO: SR MC
OFFICE: Physical Therapy
FAX NUMBER: 560-5140
SUBJECT/NUMBER OF PAGES FAXED: Re Patricia Johnson one page
DATE: 7-20-05 incl
FROM: Caurret K. McCorkle, M.D. Ward cover

THE CONTENTS OF THIS FAX IS CONFIDENTIAL AND SHOULD NOT BE REDISCLOSED TO ANYONE
OUR

Caurret K. McCorkle, M.D.
Neurological Institute
Spartanburg, SC 29303
864-583-7265
864-581-0422

Patricia Johnson
Physical Therapy
7-20-05
OK.
122.10
124.02
124.3
122.52

DEA # 3602400002 DEA # 3602400002
DARWIN W. KELLER, M.D.
CAVERT K. MCCORKLE, M.D., P.A.
ROBERT E. FLANDRY, JR., M.D.
PHILLIP G. ESCE, M.D.
1075 Boiling Springs Road
Spartanburg, SC 29303
864-583-7265
864-581-0422

87/26/2005 10:11 8645910422
87/20/2005 14:13 8645910422

Record on Appeal
000230



☒ SRMC

☐ SHRC

☐ BJW

REGIONAL REHABILITATION SERVICES

PROGRESS NOTE

☐ OT ☒ PT ☐ SLP

PATIENT NAME <u>Patricia Johnson</u>				MEDICAL RECORD # <u>6201</u>				DATE <u>7/21/05</u>			
Education Provided		How Provided		Provided To		Level of Understanding		Work Status			
Exercise Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Modified	Regular	No
☒		☒		☒			☒				☒
Pain Pre-Treatment: ☐ None reported ☒ Reported: Scale: <u>7/10</u> Quality: <u>Burning</u> Location(s): <u>(2) foot top of foot</u>						Pain Post-Treatment: ☐ None reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____					

Total TX Time: 45 min

S: Reports that on June 23rd she had SX again on her back. LBlk reports only discomfort & bending over. Reports that she had pain in foot before LBlk pain. Reports that since second SX on LBlk her leg has improved some initial but now feels as if she has plateaued. Flx 2 MD 1 month.

O: LBlk ROM Flexion 50°, SR 20° (B), Ext 10°. LEROM WNL's. (2) foot + ankle WNL's. Strength (C) Foot Dorsi Flexion 2+/5, Plantar Flexion 4+/5. Ankle joint & LWB on (C) LE.

Her. ex → education in HEP according to hntont & chart 15 min.

A: Tol. Rx well. S/s consistent & (2) foot weakness + post op LBlk SX Goals: Cont to goals from previous eval dated 6/22/05.

P: Cont 2-3 x/wk

[Signature] PT, CHS 2575-
Signature/License #

Patient Label

Signature/License #



REGIONAL REHABILITATION SERVICES

PROGRESS NOTE

☐ OT

☒ PT

☐ SLP

PATIENT NAME <i>Patricia Johnson</i>				MEDICAL RECORD # <i>6201</i>				DATE <i>7/30/05</i>			
Education Provided		How Provided		Provided To		Level of Understanding		Work Status			
Exercise Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Modified	Regular	No
<i>✓</i>	<i>Resistant</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>				<i>✓</i>
Pain Pre-Treatment: ☐ None reported						Pain Post-Treatment: ☐ None reported					
☒ Reported: Scale: _____ Quality: <i>Burning</i>						☒ Reported: Scale: _____ Quality: _____					
Location(s): <i>(L) pubis/foot - anterior lateral aspect</i>						Location(s): <i>Same</i>					

of. Home yo prior to activities but did report & intensity of symptoms about (L) foot & lower trunk rotation towards the (L). Reported greater reduction following TFCs.

o Ref: *Shurex x 10* Reviewing H.E.P. & performance of (L) lower trunk rotation - modified for rotation to (L) & 1/2 ft.

TFCs x 20 & electrodes placed left T6 & L2 immediately adjacent to spine for sympathetic relief.

* Pt. to sustain (L) lower trunk rotation for 2-3' as this & - today.

Favorable response to (L) rotation & TFCs

P. C. +

Signature/License #

Signature/License #

Patient Label

☐ SHRC

BJW

REGIONAL REHABILITATION SERVICES PROGRESS NOTE

☐ OT ☒ PT ☐ SLP

25

1. No symptoms

O: Rf: IFES x 25 while lying in (L) side on 2 pillows in attempt to correct (L) lateral shift while using sympatho par-cath.

Fr. 1 Sept & 1 July 190

P. Conf

Signature/License # James H. Phelps #527

Signature/License #

Patient Label

DATE 7/29/05	PATIENT NAME Patricia Johnson	MEDICAL RECORD # 6201	PAGE #																																				
<i>No significant & overall symptoms. Although, (L) side hip over pelvis & ITBS has provided most relief</i> Patient reports difficulty with the following functional activities: <i>all ADL's particularly sitting</i>																																							
Pain	Pre-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): <i>(L) low lumbar & (L) LL</i>	Post-Treatment: ☒ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____																																					
Tests & Measures	☒ N/A This session ☐ Performed this session:																																						
Treatment	Intervention ☐ Cold Pack ☒ Electrical Stim ☐ Iontophoresis ☐ Joint mobilization ☐ Moist heat ☐ Ultrasound ☐ Phonophoresis	Type/Setting/Location <i>ITBS with (L) side lying - electrodes at T.4-L5</i>	Time <i>30'</i>																																				
Total Treatment Time: <i>30'</i>	Intervention ☐ Other: ☒ STM/MFR: ☒ Therapeutic Exercise/Activity ☐ See Flow Sheet																																						
Education/Work Status	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Education Provided</th> <th colspan="2">How Provided</th> <th colspan="2">Provided To</th> <th colspan="2">Level of Understanding</th> <th colspan="4">Work Status</th> </tr> <tr> <th>Ex. Program</th> <th>Precautions</th> <th>Verbal</th> <th>Written</th> <th>Patient</th> <th>Caregiver</th> <th>Verbalized</th> <th>Demonstrated</th> <th>N/A</th> <th>Yes-M</th> <th>Yes-R</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><i>R</i></td> <td><i>Asymptomatic</i></td> <td>☒</td> <td>☐</td> <td>☒</td> <td>☐</td> <td>☒</td> <td>☒</td> <td></td> <td></td> <td></td> <td>☒</td> </tr> </tbody> </table> ☐ See Education Flow Sheet ☐ Other:			Education Provided		How Provided		Provided To		Level of Understanding		Work Status				Ex. Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Yes-M	Yes-R	No	<i>R</i>	<i>Asymptomatic</i>	☒	☐	☒	☐	☒	☒				☒
Education Provided		How Provided		Provided To		Level of Understanding		Work Status																															
Ex. Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Yes-M	Yes-R	No																												
<i>R</i>	<i>Asymptomatic</i>	☒	☐	☒	☐	☒	☒				☒																												
Progress	☐ Progressing towards goals better than expected ☐ Progressing towards goals as expected ☐ Progressing towards goals slower than expected ☒ No progress towards goals ☐ Status deteriorating																																						
Overall response to treatment/comments:	<i>Temporary relief following ITBS. No shift noted today & R/L glute provided most relief. H. may benefit & home TENS</i>																																						
☒ Continue Plan of Care without changes ☐ D/C Plan of Care ☐ Change Plan of Care as follows:																																							
Therapist's Signature: <i>James H. Forch</i>		SC License #: <i>3244</i>																																					

DATE 8/1/05		PATIENT NAME Erin Johnson		MEDICAL RECORD # 6201		PAGE #					
Patient reported she felt much better during & after physical session but symptoms return by Sat 7/26. // Patient reports difficulty with the following functional activities: _____ _____											
Pain	Pre-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____			Post-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____							
	☒ N/A This session ☐ Performed this session:										
Tests & Measures											
Treatment	Intervention	Type/Setting/Location	Time	Intervention		Time					
	☒ Cold Pack ☐ Electrical Stim ☐ Iontophoresis ☐ Joint mobilization ☒ Moist heat ☐ Ultrasound ☐ Phonophoresis	Flow back while prone TPE's while prone Last 15' of TPE's don't - took back	15' 30' 15'	☐ Other: ☐ STM/MFR: ☐ Therapeutic Exercise/Activity ☐ See Flow Sheet							
Total Treatment Time: 45'											
Education/Work Status	Education Provided		How Provided		Provided To		Level of Understanding		Work Status		
	Ex. Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Yes-M	Yes-R
☐ See Education Flow Sheet ☐ Other:											
Progress	☐ Progressing towards goals better than expected ☐ Progressing towards goals as expected ☐ Progressing towards goals slower than expected ☒ No progress towards goals ☒ Status deteriorating										
Overall response to treatment/ comments:	Not responding in re: to LBP/leg pain										
☐ Continue Plan of Care without changes ☐ D/C Plan of Care ☐ Change Plan of Care as follows:											
Reassess											
Therapist's Signature						SC License#: 5244					

☒ SRMC☐ SHRC☐ BJWREGIONAL REHABILITATION SERVICES
PROGRESS NOTE☐ OT ☒ PT ☐ SLP

PATIENT NAME <i>Johnson, Patricia</i>				MEDICAL RECORD # <i>6201</i>				DATE <i>8/3/05</i>			
Education Provided		How Provided		Provided To		Level of Understanding		Work Status			
Exercise Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Modified	Regular	No
Total TX Time	Pain Pre-Treatment: ☐ None reported					Pain Post-Treatment: ☐ None reported					
	☐ Reported: Scale: _____ Quality: _____					☐ Reported: Scale: _____ Quality: _____					
	Location(s): _____					Location(s): _____					
	_____					_____					

Q 2° schedule conflict. (7 reports having another m.s. appt. It also reported being a lot of pain

Jan 10/05 #3246
Signature/License #

Signature/License #

Patient Label

1337 (Rev. 05-03)

Record on Appeal
000237

72



REGIONAL REHABILITATION SERVICES
PROGRESS NOTE
☐ OT ☒ PT ☐ SLP

PATIENT NAME <u>Johnson, Patricia</u>				MEDICAL RECORD # <u>6201</u>				DATE <u>8/5/01</u>				
Total TX Time	Education Provided		How Provided		Provided To		Level of Understanding		Work Status			
	Exercise Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Modified	Regular	No
	Pain Pre-Treatment: ☐ None reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____						Pain Post-Treatment: ☐ None reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____					

A. H. reports consulting another M.D. (with neurosurgeon) who has recommended pain management. H. is now CP. plantar surface burning about 1/2 foot. H. reports she would like to consult pain management @ this point as it has not seem to be helping. H. reports she is (E) & H.E.C.

P: D/C per pt. request

Janet H. [Signature]
Signature/License #

Signature/License #

Patient Label

REHABILITATION SERVICES
DISCHARGE SUMMARY

Patient: <i>Latricia Johnson</i>	Date: <i>9/1/05</i>			
Physician: <i>David McCall</i>	Social Security #: <i>1</i>			
Medical Diagnosis: <i>Left foot pain/79.77</i>	Treating Diagnosis: <i>1</i>			
Treatment Period <i>6/23/05 - 8/5/05</i>	# Visits <i>6</i>	Cancellations <i>2</i>	No Shows <i>6</i>	
Outcome Measures	Initial	Discharge		
Pain Scale				
SF-12				
Fatigue Scale				
Discharge	Patient achieved goals and expected outcomes.			
Discontinuation	Patient declined continued intervention			
	Patient did not return for continued intervention			
	Patient was unable to progress toward goals due to <u>medical</u> /psychosocial complications			
	Patient was unable to continue therapy because financial/insurance resources have been expended			
	The therapist/MD determined that patient would no longer benefit from therapy			
Other				
Current findings that may contribute to outcome:				
Patient's Current Status				
Not assessed				
Return to full activities of daily living/work				
Return to limited activities of daily living/work				
Other				
Equipment Needs Identified:		Recommended, Provided, or Arranged		
None identified		N/A		
Item:				
Item:				
Information		N/A	Yes	No
Provided patient/family with equipment purchase information				
Information provided on where to get service and supplies				
Patient/family instructed in use and safety				
Patient/family instructed in pain management				
Other:				
Discharge information not addressed above: <i>Not appropriate for release</i>				

Therapist

SC License # *5246*

Patient Label

Date *9/1/05*

1310 (Rev. 02-04)

Record on Appeal
000239

74

1-15
1-15

CAROLINAS CENTER

FOR ADVANCED MANAGEMENT OF PAIN

Y. Eugene Mironer, M.D.
BM 4053928

John C. Haasle, III, M.D.
BH 5052561

Philip C. LaTourette, M.D.
BL 5182201

John R. Satterthwaite, M.D.
AS9164029

Edward A. Lewis, M.D.
BL 0191748

279 East Kennedy St. • Spartanburg, South Carolina 29302 • (864) 583-0053
54 Bear Drive • Greenville, South Carolina 29605 • (864) 295-6399

Name	<i>Patricia Plummer</i>	Date	<i>9/14/87</i>				
Address							
Rx <i>PT 3-4x/week x 7 months</i> <i>DDP/MS/Artic Lysol 2</i> <i>LLC weakness in preparation to</i> <i>RTW</i> <i>Acne and heart</i>							
REFILL	1	2	3	4	5	NO	
M.D.						N.D.	<i>[Signature]</i>
DISPENSE AS WRITTEN						SUBSTITUTION PERMISSIBLE	

Advan Printing Co., Inc 0303

PATIENT: Patricia Johnson		DATE: 9/16/05	
MED REC#: 6201		SS OR MEDICARE #:	
MEDICAL DIAGNOSIS/ICD-9 CODE: Back Pain 724.5		DATE OF ONSET: 5/18/05	
TREATMENT DIAGNOSIS/ICD-9: 724.5		PROVIDER: ☐ OT ☒ PT ☐ SLP	
PHYSICIAN: Dr. LaTourette		DOB: AGE:	

PAST MEDICAL HISTORY/CURRENT MEDICATIONS: Reviewed on history form.

SUBJECTIVE: Patient had lumbar decompression in May 2005. Has since had left foot drop and severe low back pain. had to stop PT secondary to lack of progress. Now has decreased low back pain and minimal left foot pain.

FUNCTIONAL STATUS

(USE THE FOLLOWING KEY FOR COMPLETION)

KEY: 1 DEPENDENT TOTAL ASSIST 2 MAXIMAL ASSIST 3 - MODERATE ASSIST 4 - MINIMAL ASSIST CONTACT GUARD
5 SUPERVISION 6 MODIFIED INDEPENDENCE 7 INDEPENDENT

WFL WITHIN FUNCTIONAL LIMITS N NORMAL G GOOD F FAIR P POOR

↓ DECREASED ↑ INCREASED INT INTACT IMP IMPAIRED

FD FULL DUTY MD MODIFIED DUTY RET RETIRED NW NOT WORKING

P PRIOR LEVEL FUNCTION C CURRENT LEVEL FUNCTION

ACTIVITY OF DAILY LIVING	STATUS		ACTIVITY OF DAILY LIVING	STATUS	
	C	P		C	P
SELF CARE: Bathing, feeding, dressing, toileting	-	-	COMMUNITY ACTIVITY: Shopping, etc.	6	-
HOME CARE: Cooking, housework	-	-	HOBBIES: Gardening, etc.	6	-
TRANSFERS:	-	-	OCCUPATION:	NW	FD
DRIVING:	-	-	JOB TITLE:		
			OTHER:		

PAIN

PAIN SCALE (0-NO PAIN, 10 WORST)	4/10
LOCATION OF PAIN	Lumbar spine, numbness of dorsum left foot
QUALITY OF PAIN	Ache ☐ Burn ☐ Dull ☐ Sharp ☐ Throb ☐ Other
WHAT AGGRAVATES?	Bending
WHAT REDUCES?	Decreased activity

OBJECTIVE TESTS & MEASURES:

Observation: No guarding with transfers.

Range of Motion: Lower extremity within normal limits, ankle within normal limits, lumbar spine 50° back bend, 70° forward bend, decreased left hamstring and quad decreased flexibility.

Strength: Left ankle dorsiflexion 3+ 5.

Palpation Joint Mobilization: Tenderness left L4-L5.

Neurological: Sensation: Slight decrease in dorsum of left foot.

Special Tests Neural Tests: SLR: Negative. Slump: Negative. Sciatic: Within normal limits.

Gait: 2 pt. minimal.

LJL
Therapist Initials

ASSESSMENT:

Signs and symptoms consistent with lumbar radiculopathy.

EDUCATIONAL NEEDS AND LEARNING ASSESSMENT

CURRENT KNOWLEDGE/ UNDERSTANDING OF BASIC INFO:	EDUCATION NEEDS IDENTIFIED ON EVAL:	BARRIERS TO LEARNING	READINESS FOR LEARNING	TEACHING METHOD
☐ NONE ☒ MINIMAL NEEDS REINFORCEMENT ☐ UNDERSTANDS INFO AND HAS SKILLS FOR SELF MGMT.	☐ DISEASE INFORMATION ☐ EQUIPMENT USE ☐ SAFETY ☐ ADL'S ☒ EXERCISE ☒ PAIN MGMT.	☒ NONE ☐ VISION ☐ HEARING ☐ CANNOT READ ☐ CANNOT COMPREHEND ☐ LANGUAGE NEEDS INTERPRETER ☐ OTHER	☒ ACCEPTING ☐ DENYING ☐ NO INTEREST ☐ REFUSES	☒ VERBAL ☒ DEMONSTRATION ☐ HANDOUTS ☐ AUDIO VIDEO ☐ PHONE CALL ☐ OTHER:

HOW DOES PATIENT BEST LEARN: ☐ Pictures ☐ Reading ☒ Listening ☐ Demonstration ☐ Other: _____

EDUCATION GIVEN: Purpose, goals, home exercise program x 10 minutes.

- ☐ Patient was educated regarding adaptive equipment, disease and condition.
- ☒ Patient was given written handouts, verbal instruction and demonstration.
- ☐ Patient did demonstrate an understanding of information.

WHO WAS EDUCATED? ☒ Patient ☐ Family Name & Relationship: _____

HOW DID PATIENT/FAMILY DEMONSTRATE LEARNING:

- ☒ Patient Verbalizes Understanding
- ☐ Family SO Verbalizes Understanding
- ☐ Patient Demonstrates Correctly
- ☐ Family SO Demonstrates Correctly
- ☐ Needs Practice Reinforcement
- ☐ Unsuccessful - Describe: _____

EDUCATION PLANNED: ☒ Home Program ☐ Other: _____

PATIENT/FAMILY INVOLVEMENT IN TREATMENT PLANNING AND GOALS

GOALS AND TREATMENT PLAN DISCUSSED WITH: ☒ Patient ☐ Parent ☐ Family ☐ Other: _____

DO THEY UNDERSTAND: ☒ Yes ☐ No ARE THEY IN AGREEMENT WITH GOALS/PLAN: ☒ Yes ☐ No
IF NO, EXPLAIN: _____

PATIENT'S PERSONAL GOALS OF TREATMENT: ☒ Same as on Plan of Care ☐ Other: _____

IDENTIFIED FACTORS THAT WILL FACILITATE GOAL ACHIEVEMENT: Motivation

IDENTIFIED BARRIERS TO GOAL ACHIEVEMENT: _____

WILL PAIN PRESENT A BARRIER TO GOAL ACHIEVEMENT: ☐ Yes ☒ No: IF YES, IS PAIN ADDRESSED IN THE
CARE PLAN: ☐ Yes ☐ No
IF NOT ADDRESSED IN CARE PLAN, EXPLAIN: _____

WILL PATIENT REQUIRE SOCIAL WORK ASSISTANCE WITH DISCHARGE PLAN AND ARRANGEMENTS:
☒ No ☐ Yes: IF YES, CONTACT SOCIAL SERVICES

LJL
Therapist Initials

Patient Name: Patricia Johnson
Initial Evaluation & Plan of Care

Page 3
9/16/05

TREATMENT PERFORMED TODAY FOLLOWING EVALUATION:
Patient was seen today for initial evaluation followed by

EXERCISE: Theraband ankle dorsiflexion x 5 minutes and 10 minutes education.

Evaluation Time: 15 Minutes

Treatment Time: 15 Minutes

Total Treatment Time: 30 Minutes

THERAPIST: 
Luke J. Ladouceur, MSPT

SC LICENSE#: 5135

DATE: 9/16/05

PLAN OF CARE

 ✓ INITIAL
 1 REVISION

PATIENT: Patricia Johnson	DATE: 9/16/05
MED REC#: 6201	SS OR MEDICARE #:
MEDICAL DIAGNOSIS/ICD-9 CODE: Back Pain 724.5	DATE OF ONSET: 5/18/05
TREATMENT DIAGNOSIS/ICD-9: 724.5	PROVIDER: ☐ OT ☒ PT ☐ SLP
PHYSICIAN: Dr. LaTourette	DOB: AGE:

IMPAIRMENT(S):

1. Lumbar spine radiculopathy.
2. Decreased range of motion.
3. Decreased dorsiflexion strength.
4. Decreased function.

SHORT-TERM GOAL(S):

1. Independent with home exercise program/self-management.

TIME FRAME: 2 weeks

2. Patient independent in postural management.

TIME FRAME: 2 weeks

* Listed in order of priority

LONG TERM GOALS/FUNCTIONAL OUTCOME(S):

1. Patient will have range of motion and strength within normal limits to return to work full duty.

TIME FRAME: 4 WEEKS

POTENTIAL FOR GOAL ACHIEVEMENT: ☐ FAIR ☒ GOOD ☐ EXCELLENT

TREATMENT PLAN/INTERVENTION(S): Home exercise program/therapeutic exercises/soft tissue work/modalities prn/joint mobilization/patient education.

FREQUENCY: 3 x weekly

DURATION: 30 days

PRECAUTIONS/SPECIAL INSTRUCTIONS: N/A

THERAPIST:

 Luke J. Ladouceur, MSPT

SC LICENSE#: 5135

DATE: 9/16/05

PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICARE PATIENTS:

I certify that the above named patient is under my care and supervision and that the above described care is reasonable and necessary for this patient.

I certify that I have reviewed and or developed the above plan of care and that this plan of care is appropriate for this patient and will be reviewed every 30 days or more often if the condition warrants.

DATE:
PHYSICIAN SIGNATURE:

PLAN OF CARE

PATIENT: Johnson, Robert INITIAL REVISION
MED REC#: 6201
PHYSICIAN: L. L. L. L.
MEDICAL DIAGNOSIS/ICD-9: 724.5
TREATMENT DIAGNOSIS/ICD-9: 724.5
IMPAIRMENT(S):
DATE: 9/16/05
SS OR MEDICARE #: 5/18/05
DATE OF ONSET: 5/18/05
PROVIDER: ☐ OT ☐ PT ☐ SLP
DOB: AGE:

SHORT-TERM GOAL(S):

1. Independent with home exercise program/self-management.

TIME FRAME: 2 wks

2. Patient independent in postural management.

TIME FRAME: 2 wks

3. Return to functional range of motion to perform

TIME FRAME:

4.

TIME FRAME:

5.

TIME FRAME:

* Listed in order of priority

LONG TERM GOALS/FUNCTIONAL OUTCOMES(S):

* Listed in order of priority

1. PT will have ROM + strength will be return to
2. work FID

TIME FRAME: 4 wks

POTENTIAL FOR GOAL ACHIEVEMENT:

☐ FAIR ☒ GOOD ☐ EXCELLENT

TREATMENT PLAN/INTERVENTION(S): Home exercise program/therapeutic exercises/soft tissue work/modalities pm/joint mobilization/patient education.

FREQUENCY: 3x/wk

PRECAUTIONS/SPECIAL INSTRUCTIONS:

DURATION: 30 days

THERAPIST: [Signature]

SC LICENSE#: 5135

DATE: 9/16/05

PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICARE PATIENTS:

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PHYSICIAN SIGNATURE: [Signature]

DATE: 9/17/05

faxed
9-19-05

PLAN OF CARE

 ✓ INITIAL
☐ REVISION

PATIENT: Patricia Johnson		DATE: 9/16/05	
MED REC#: 6201		SS OR MEDICARE #:	
MEDICAL DIAGNOSIS/ICD-9 CODE: Back Pain 724.5		DATE OF ONSET: 5/18/05	
TREATMENT DIAGNOSIS/ICD-9: 724.5		PROVIDER: ☐ OT ☒ PT ☐ SLP	AGE:
PHYSICIAN: Dr. LaTourette		DOB:	
IMPAIRMENT(S):		SHORT-TERM GOAL(S):	
1. Lumbar spine radiculopathy. 2. Decreased range of motion. 3. Decreased dorsiflexion strength. 4. Decreased function.		1. Independent with home exercise program/self-management. TIME FRAME: 2 weeks 2. Patient independent in postural management. TIME FRAME: 2 weeks	
* Listed in order of priority			
* Listed in order of priority			
LONG TERM GOALS/FUNCTIONAL OUTCOME(S):			
1. Patient will have range of motion and strength within normal limits to return to work full duty. TIME FRAME: 4 WEEKS			
POTENTIAL FOR GOAL ACHIEVEMENT: ☐ FAIR ☒ GOOD ☐ EXCELLENT			
TREATMENT PLAN/INTERVENTION(S): Home exercise program/therapeutic exercises/soft tissue work/modalities pm/joint mobilization/patient education.			
FREQUENCY: 3 x weekly		DURATION: 30 days	
PRECAUTIONS/SPECIAL INSTRUCTIONS: N/A			
THERAPIST: <u>Luke J. Ladouceur, MSPT</u>		SC LICENSE#: 5135	
		DATE: 9/16/05	

☐ PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICARE PATIENTS:

I certify that the above named patient is under my care and supervision and that the above described care is reasonable and necessary for this patient.

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 DATE: 9/16/05

 PHYSICIAN SIGNATURE: [Signature]

DATE 9/20/05	PATIENT NAME Johnson, L. L.	MEDICAL RECORD # 6201	PAGE # 2																																								
Notes: <i>Pt reports a functioning foot (L) LE vs (R) ...</i> <i>reproduces her computerable size.</i> Patient reports difficulty with the following functional activities: _____																																											
Pain	Pre-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____		Post-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____																																								
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Progress	☐ Progressing towards goals better than expected ☒ Progressing towards goals as expected ☐ Progressing towards goals slower than expected ☐ No progress towards goals ☐ Status deteriorating																																										
Overall response to treatment/comments:	<i>Exercising manual positioning</i>																																										
☒ Continue Plan of Care without changes. ☐ D/C Plan of Care ☐ Change Plan of Care as follows: _____																																											
Therapist's Signature: <i>[Signature]</i>		SC License #: 5240																																									

DATE <i>9/22/05</i>	PATIENT NAME <i>Patricia Johnson</i>	MEDICAL RECORD # <i>6201</i>	PAGE #
Patient reports difficulty with the following functional activities: _____ _____			
Pain	Pre-Treatment: ☒ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____		Post-Treatment: ☒ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____
Tests & Measures	☐ N/A This session ☐ Performed this session:		
Treatment	Intervention ☐ Cold Pack ☐ Electrical Stim ☐ Iontophoresis ☐ Joint mobilization ☐ Moist heat ☐ Ultrasound ☐ Phonophoresis	Type/Setting/Location	Time
Total Treatment Time: <i>55</i>	☐ Other: ☐ STM/MFR: ☒ Therapeutic Exercise/Activity ☐ See Flow Sheet		Time <i>55</i>
Education/Work Status	Education Provided Ex. Precautions <i>1/1/1</i>	How Provided Verbal Written ☒ ☒	Provided To Patient Caregiver ☒ ☒
		Level of Understanding Verbalized Demonstrated ☒ ☒	Work Status NA Yes-M Yes-R No ☒ ☒ ☒ ☐
		☐ See Education Flow Sheet ☐ Other:	
Progress	☐ Progressing towards goals better than expected ☐ Progressing towards goals as expected ☐ Progressing towards goals slower than expected ☐ No progress towards goals ☐ Status deteriorating		
Overall response to treatment/ comments:	<i>No adverse effects to ex. activity today</i>		
☐ Continue Plan of Care without changes ☐ D/C Plan of Care ☐ Change Plan of Care as follows:			
Therapist's Signature: <i>Janet Ford</i>		SC License#: <i>3249</i>	

DATE 9/28/05	PATIENT NAME Johnson, Patricia	MEDICAL RECORD # 6201	PAGE # 1																																					
<i>Pt. reported being very sore after last session but "on a good way"</i> Patient reports difficulty with the following functional activities: _____																																								
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☒ Continue Plan of Care without changes ☐ D/C Plan of Care ☐ Change Plan of Care as follows:																																								
Therapist's Signature: <i>Judy Forch</i> SC License#: 32460																																								

DATE <i>9/30/05</i>	PATIENT NAME <i>Johnson, Patricia</i>	MEDICAL RECORD # <i>6201</i>	PAGE #
<i>Pt. reports a sense of thoracic-lumbar fatigue today.</i> Patient reports difficulty with the following functional activities: _____			
Pain	Pre-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____	Post-Treatment: ☐ Not reported ☒ Reported: Scale: _____ Quality: _____ Location(s): _____	
Tests & Measures	☒ N/A This session ☐ Performed this session:		
Treatment	Intervention ☐ Cold Pack ☐ Electrical Stim ☐ Iontophoresis	Type/Setting/Location	Time
Total Treatment Time: <i>60'</i>	☐ Joint mobilization ☐ Moist heat ☐ Ultrasound ☐ Phonophoresis	Intervention ☐ Other: ☐ STM/MFR: ☒ Therapeutic Exercise/Activity ☒ See Flow Sheet	<i>60'</i>
Education/Work Status	Education Provided	How Provided	Provided To
	Ex. Precautions	Verbal Written	Patient Caregiver
			Level of Understanding
			Verbalized Demonstrated
			Work Status
			N/A Yes-M Yes-R No
	☐ See Education Flow Sheet ☐ Other:		
Progress	☐ Progressing towards goals better than expected ☐ Progressing towards goals as expected ☒ Progressing towards goals slower than expected ☐ No progress towards goals ☐ Status deteriorating		
Overall response to treatment/ comments:	<i>No adverse effects to today's ex.</i>		
	☒ Continue Plan of Care without changes ☐ D/C Plan of Care ☐ Change Plan of Care as follows:		
Therapist's Signature	SC License#: <i>5214</i>		

DATE 10/3/05	PATIENT NAME Johnson, Patricia	MEDICAL RECORD # 622	PAGE # 1																																																
<i>1st new c/o of 4 months only this</i> <i>that concerns her with the foot swelling noted</i> Patient reports difficulty with the following functional activities: _____																																																			
Pain	Pre-Treatment: ☐ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____		Post-Treatment: ☐ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____																																																
Tests & Measures	☐ N/A This session ☐ Performed this session:																																																		
Treatment	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Intervention</th> <th>Type/Setting/Location</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>☐ Cold Pack</td><td></td><td></td></tr> <tr><td>☐ Electrical Stim</td><td></td><td></td></tr> <tr><td>☐ Iontophoresis</td><td></td><td></td></tr> <tr><td>☐ Joint mobilization</td><td></td><td></td></tr> <tr><td>☐ Moist heat</td><td></td><td></td></tr> <tr><td>☐ Ultrasound</td><td></td><td></td></tr> <tr><td>☐ Phonophoresis</td><td></td><td></td></tr> </tbody> </table>			Intervention	Type/Setting/Location	Time	☐ Cold Pack			☐ Electrical Stim			☐ Iontophoresis			☐ Joint mobilization			☐ Moist heat			☐ Ultrasound			☐ Phonophoresis																										
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☐ Phonophoresis																																																			
Total Treatment Time: 60'	☐ Other: _____ ☐ STM/MFR: _____ ☒ Therapeutic Exercise/Activity ☐ See Flow Sheet																																																		
Education/Work Status	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Education Provided</th> <th colspan="2">How Provided</th> <th colspan="2">Provided To</th> <th colspan="2">Level of Understanding</th> <th colspan="4">Work Status</th> </tr> <tr> <th>Rx</th> <th>Precautions</th> <th>Verbal</th> <th>Written</th> <th>Patient</th> <th>Caregiver</th> <th>Verbalized</th> <th>Demonstrated</th> <th>N/A</th> <th>Yes-M</th> <th>Yes-R</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>☒ See Education Flow Sheet</td> <td></td> <td></td> <td></td> <td>☒</td> <td>☒</td> <td>☒</td> <td>☒</td> <td>☒</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <i>15'</i> <i>Proper lifting technique demonstration</i> </td> </tr> </tbody> </table>			Education Provided		How Provided		Provided To		Level of Understanding		Work Status				Rx	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Yes-M	Yes-R	No	☒ See Education Flow Sheet				☒	☒	☒	☒	☒				<i>15'</i> <i>Proper lifting technique demonstration</i>											
Education Provided		How Provided		Provided To		Level of Understanding		Work Status																																											
Rx	Precautions	Verbal	Written	Patient	Caregiver	Verbalized	Demonstrated	N/A	Yes-M	Yes-R	No																																								
☒ See Education Flow Sheet				☒	☒	☒	☒	☒																																											
<i>15'</i> <i>Proper lifting technique demonstration</i>																																																			
Progress	☐ Progressing towards goals better than expected ☒ Progressing towards goals as expected ☐ Progressing towards goals slower than expected ☐ No progress towards goals ☐ Status deteriorating																																																		
Overall response to treatment/ comments:	<i>Great performance of today's activities</i>																																																		
PLAN	☒ Continue Plan of Care without changes ☐ D/C Plan of Care ☐ Change Plan of Care as follows:																																																		
Therapist's Signature: <i>Jamie [Signature]</i> SC License #: 3246																																																			

DATE: 10/5/05		PATIENT NAME: Patricia Johnson		MEDICAL RECORD #: 6201		PAGE #	
Patient reports difficulty with the following functional activities: _____ <i>Pt. reports the most she would need to lift & work would be 5#.</i>							
Pain	Pre-Treatment: ☐ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____			Post-Treatment: ☐ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____			
Tests & Measures	☐ N/A This session ☐ Performed this session:						
Treatment	Intervention	Type/Setting/Location	Time	Intervention	Time		
	☐ Cold Pack			☐ Other:			
	☐ Electrical Stim			☐ STM/MFR:			
	☐ Iontophoresis			☐ Therapeutic Exercise/Activity	60'		
Total Treatment Time: 60'	☐ Joint mobilization			☐ See Flow Sheet			
	☐ Moist heat						
	☐ Ultrasound						
	☐ Phonophoresis						
Education/Work Status	Education Provided		How Provided		Provided To		Level of Understanding
	Ex. Program	Precautions	Verbal	Written	Patient	Caregiver	Verbalized
							Demonstrated
							Work Status
							N/A Yes-M Yes-R No
	☐ See Education Flow Sheet ☐ Other:						
Progress	☒ Progressing towards goals better than expected ☐ No progress towards goals ☐ Progressing towards goals as expected ☐ Status deteriorating ☐ Progressing towards goals slower than expected						
Overall response to treatment/ comments:	<i>Pt. reported some peripheral symptoms with 40# horizontal lift after 3 yrs. Pt. pushed 180# (wheels) requiring 25# of force.</i>						
	☒ Continue Plan of Care without change ☐ D/C Plan of Care ☐ Change Plan of Care as follows:						
Therapist's Signature: <i>James H. [Signature]</i>				SC License #: 3244			

☒ SRMC☐ SHRC☐ BJWREHABILITATION SERVICES
DISCHARGE SUMMARY

Patient: <i>Virginia Johnson</i>		Date: <i>10/11/05</i>	
Physician: <i>Dr. Smith</i>		Social Security #:	
Medical Diagnosis: <i>UBP/74.5</i>		Treating Diagnosis: <i>UBP/74.5</i>	
Treatment Period	# Visits	Cancellations	No Shows
<i>9/16/05 - 10/11/05</i>	<i>8</i>	<i>0</i>	<i>0</i>

Outcome Measures		Initial	Discharge
Pain Scale			
SF-12			
Fatigue Scale			
Discharge	☒	Patient achieved goals and expected outcomes.	
Discontinuation	☐	Patient declined continued intervention	
	☐	Patient did not return for continued intervention	
	☐	Patient was unable to progress toward goals due to medical/psychosocial complications	
	☐	Patient was unable to continue therapy because financial/insurance resources have been expended	
	☒	The therapist/MD determined that patient would no longer benefit from therapy	
Other			

Current findings that may contribute to outcome:

*It's functional ablation exceed actual work requirements - per report
This is a safe & effective task
The IDO ACP/MD management*

Patient's Current Status

- ☐ Not assessed
- ☐ Return to full activities of daily living/work
- ☐ Return to limited activities of daily living/work
- ☐ Other

Equipment Needs Identified:

None identified	Recommended, Provided, or Arranged
Item:	N/A
Item:	

Information

	N/A	Yes	No
Provided patient/family with equipment purchase information			
Information provided on where to get service and supplies			
Patient/family instructed in use and safety			
Patient/family instructed in pain management			
Other:			

Discharge information not addressed above:

Outbreak of shingles - I would refer to

Therapist

SC License #

Patient Label

Date

1310 (Rev. 02-04)

Record on Appeal
000253

88

Date: 10/11/05

Dr. Jo Joubert

Re: Leticia Johnson
SS #

Date of Initial Eval 9/16/05 Number of visits 8 Cancellations 0 No Shows 0

Progressing: Yes / No Yes

Comments: Patient demonstrates a 45° floor to wrist lift, 25° wrist to overhead lift, & 45° horizontal lift. Patient reports these lifts far exceed her critical job demands. P. also demonstrates repeated rotation in trunk & 50° x 180° x forward bend & 5°.
Treatment: Per physician's orders Plan of care Other

Comments: Plan of care & education.

Recommend: Continuing current program / Physician review / Discontinue program / Other

Comments: Patient is (E) & H.E.P. & self-management. Patient could safely continue to activities outside of skilled PT

Please advise regarding this patient's plan of care.

Thank you,

James H. Storch
560-5700 : Contact phone number

*dated
10-13-05*

DATE 10/11/05	PATIENT NAME Johnson, Patricia	MEDICAL RECORD # 6201	PAGE #
Patient reports difficulty with the following functional activities: <u>reports minimal post. thigh ache</u>			
Pain	Pre-Treatment: ☐ Not reported ☒ Reported: Scale: <u>2</u> Quality: <u>ache</u> Location(s): <u>post. thigh</u>	Post-Treatment: ☐ Not reported ☐ Reported: Scale: _____ Quality: _____ Location(s): _____	
Tests & Measures	☒ N/A This session ☐ Performed this session:		
Treatment	Intervention ☐ Cold Pack ☐ Electrical Stim ☐ Iontophoresis	Type/Setting/Location	Time
Total Treatment Time: <u>55'</u>	☐ Joint mobilization ☐ Moist heat ☐ Ultrasound ☐ Phonophoresis		Intervention ☐ Other: ☐ STM/MFR: ☒ Therapeutic Exercise/Activity ☒ See Flow Sheet <u>25' in group setting</u>
Education/Work Status	Education Provided Ex. <u>Prevention</u> Precautions <u>Resistant</u>	How Provided Verbal <u>✓</u> Written <u>✓</u>	Provided To Patient <u>✓</u> Caregiver <u>✓</u>
	☐ See Education Flow Sheet ☒ Other: <u>brief review of self-management strategies</u>	Level of Understanding Verbalized <u>✓</u> Demonstrated <u>✓</u>	Work Status N/A <u>✓</u> Yes-M <u>✓</u> Yes-R <u>✓</u> No <u>✓</u>
Progress	☐ Progressing towards goals better than expected ☒ Progressing towards goals as expected ☐ Progressing towards goals slower than expected		
Overall response to treatment/ comments:	☐ No progress towards goals ☐ Status deteriorating <u>Very motivated to RW. P. could safely do 4 activities (learned) outside of skilled PT</u>		
	☐ Continue Plan of Care without changes. ☐ D/C Plan of Care ☐ Change Plan of Care as follows: <u>Physician review -</u>		
Therapist's Signature: <u>[Signature]</u>	SC License#: <u>3244</u>		

#8

**DR. PHILIP LATOURETTE
CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN
8-10-05 – 2-5-09
Pg. 91-208**

50400

International Spinal Injection Society

August 10, 2005

Cavert K. McCorkle, M.D.
1071 Boiling Springs Road
Spartanburg, SC 29303

RE: JOHNSON, Patricia
Spartanburg Office

Dear Dr. McCorkle:

Thank you very much for referral of this very pleasant woman who reports low back, left leg, and left foot pain, and especially into her left great toe. She has had this pain since October 2004. She has undergone microdiscectomy and then a formal discectomy in May and June 2005, respectively. She notes that the oxycodone helped for approximately two hours per day, and the Neurontin also helps to some degree with the burning. She is on no other medications. She has no other health concerns. She was working on an assembly line at BMW full time until May of this year.

Physical exam today shows a patient who appears to be in significant discomfort. She has decreased range of motion of her spine, tenderness over her left SI notch, altered sensation to light touch in the left leg, and some decreased strength in her left EHL muscles. We discussed the management, and she wanted to proceed with injections. We did a two level selective nerve root injection at L4 and L5, which she tolerated well. I am going to add Duragesic patches 12.5 mcg to her regimen. I will see her back in the office in about ten days to see how she is doing. She knows to call us in the meanwhile if she is having any further problems or not feeling any benefit.

Again, thank you very much for referral of this very pleasant woman.

Sincerely,

Philip LaTourette, M.D.

PL/ss/mds

(Dictated, not read)

CML
8/10/05

Carolinas Center for Advanced Management of Pain

69 McDowell Street

54 Bear Drive

1325 Spring St.

820 Fleming Street
Hendersonville, NC 28792279 East Kennedy Street
Spartanburg, SC 29302Record on Appeal
000257

a1

Society for Private Practice in Pain Management

American Pain Society

CONFIDENTIAL MEDICAL

Patient Name: Patecki, Johnson
Referring Physician: Dr. Plandey

Date: 8/10/05
Insurance: Cigna

Age 21 Sex F Race Black

Cause of pain: relax foot pain

Cause of pain: _____
Date pain began: 10/04 Foot pain

Location of pain: Back, L/E

Description of pain and location:

✓ Sharp Ⓛ BG toe

✓ Dull, aching foot LE

☒ Throbbing UE foot

✓ Pins & Needles 2 foot

Stabbing toe

Numbness ☒ toe

Pressure 10 toe

Electrical/Shooting _____

✓ Burning @ Fact

✓ Bunting (5) Foot
✓ Stinging (2) Foot

Cramping LLC.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
No Pain Moderate Worst Pain Imaginable

Is the pain always the same? ☒ YES ☐ NO

Is the pain always the same? ☒ YES ☐ NO
Is the pain ☐ Rarely present ☐ Occasionally present ☐ Frequently present ☒ Always present

Is the pain always the same? ☒ Rarely present ☐ Occasionally present ☐ Frequently present ☐ Always present

What makes your pain worse? Sitting / Walking, when does not take med.

What makes your pain better? no



**Where is your pain?
Mark on these figures**



What treatment have you had for your pain?

Did they help relieve your pain?

Nerve Blocks/Injections

☒ Physical therapy

Psychiatrist/Psychologist

Epidual Steroids

TENS NO

Hypnosis

✓ Chiropractor NO

Acupuncture

Biofeedback

Narcotic pain medication

Group therapy

Other

What surgery have you had for your pain?

Did the surgery help relieve your pain? NO

Did the surgery help relieve your pain? NO
Special studies to diagnose the cause of your pain. (X-rays, MRI, CT scan, myelogram, EMG)
0000 OFF 11/18/03

DATE PT 6/10/08

CAROLINAS CENTER FOR ADVANCED MANAGEMENT OF PAIN
CONFIDENTIAL MEDICAL QUESTIONNAIRE

REVIEW OF SYMPTOMS

CONSTITUTIONAL: Do you have fatigue/ weight loss/ fever?	YES/NO ☒
HEMATOLOGIC: Do you have a tendency to bleed easily?	YES/NO ☒
EARS/ NOSE/ MOUTH/ THROAT: Do you have loss of hearing?	YES/NO ☒
MUSCULOSKELETAL: Do you have neck or back pain?	YES/NO ☒
RHEUMATOLOGIC: Do you have joint pain or stiffness?	YES/NO ☒
CARDIAC: Do you have chest pain/ swelling/ arrhythmias?	YES/NO ☒
PULMONARY: Do you have shortness of breath, chronic cough/ wheezing?	YES/NO ☒
NEUROLOGIC: Do you have seizures/ extremity weakness/ headaches?	YES/NO ☒
PSYCHIATRIC: Do you suffer from depression/ anxiety/ suicidal thoughts?	YES/NO ☒
GASTROINTESTINAL: Do you suffer with diarrhea/ constipation/ heartburn/ unstable bowel/ abdominal pain?	YES/NO ☒
ENDOCRINE: Do you have diabetes:	YES/NO ☒
GENITOURINARY: Do you have loss of bowel or bladder control?	YES/NO ☒
ALLERGIC/ IMMUNOLOGIC: Do you have allergies to iodine/ contrast dye/ Novocaine/ aspirin/ anti-inflammatories? Do you have AIDS?	YES/NO ☒ YES/NO ☒
SKIN: Do you have any rashes/ lesions?	YES/NO ☒

**CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN**

Patient Name: Patricia [Signature]

Date: 8/18/06

SSN: _____

**Fluoroscopically Guided Selective Nerve Root Block
Transforaminal Epidural Steroid Injection**

Indications: [Signature]

Procedure:

After informed consent was obtained, the patient was placed on the fluoroscopy table in the prone position and the back was prepped with Betadine and draped in the usual sterile fashion. The position of the L4-L5 vertebrae was localized using fluoroscopy. Local anesthesia was administered using a 25/27 gauge needle and 1% Lidocaine / Bupivacaine. Under fluoroscopic guidance, a 22/25 gauge 3.5 inch Chiba spinal needle was advanced to the 6:00 position under the pedicle of the L5 vertebra. Following negative aspiration, _____ cc of Omnipaque was injected to delineate the nerve root and document flow into the epidural space. Following verification of needle position, a solution of _____ cc normal saline, _____ cc of 1/2 % Lidocaine / Bupivacaine, and 20 mg Triamcinolone was injected. The needle was removed and the puncture wound was dressed. Lead level

- ☒ The patient was monitored for an appropriate length of time after the injection and then discharged home, in good condition, with a driver.
- ☒ The patient was instructed to refrain from driving for 12 hours and contact the office immediately if any of the following were noted: new or different pain in the back, loss of bladder or bowel control, new pain, numbness, or weakness of the legs, redness or drainage from the needle insertion site.
- ☒ No sedation was given
- ☐ Sedation administered _____
- ☒ The patient tolerated the procedure well
- ☐ The following complications were noted:

____ Nausea / vomiting
____ Bradycardia
____ Hypotension
____ Increased pain
____ Bleeding
____ Other _____

- ☒ The patient noted a decrease in pain following the injection.
- ☐ The patient noted an increase in pain following the injection
- ☐ The patient noted no change in pain following the injection

____ Y. Eugene Mironer, M.D.
____ John C. Haasis, M.D.
____ Philip LaTourette, M.D.
____ John R. Satterthwaite, M.D.

Signature [Signature]

**CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN**

Patient Name: Patricia Johnson
SSN: _____

Date: 8/24/02

**Fluoroscopically Guided Selective Nerve Root Block
Transforaminal Epidural Steroid Injection**

Indications: WDP/PLS/Sci

Procedure:

After informed consent was obtained, the patient was placed on the fluoroscopy table in the prone position and the back was prepped with Betadine and draped in the usual sterile fashion. The position of the L4/L5 vertebrae was localized using fluoroscopy. Local anesthesia was administered using a 25/27 gauge needle and 1 % Lidocaine / Bupivacaine. Under fluoroscopic guidance, a 22/25 gauge, 3.5 inch Chiba spinal needle was advanced to the 6:00 position under the pedicle of the L4/L5 vertebra. Following negative aspiration, 1 cc of Omnipaque was injected to delineate the nerve root and document flow into the epidural space. Following verification of needle position, a solution of 1 cc normal saline, 1 cc of 1.5 % Lidocaine / Bupivacaine, and 20 mg Triamcinolone was injected. The needle was removed and the puncture wound was dressed.

- each level
- ☒ The patient was monitored for an appropriate length of time after the injection and then discharged home, in good condition, with a driver.
 - ☒ The patient was instructed to refrain from driving for 12 hours and contact the office immediately if any of the following were noted: new or different pain in the back, loss of bladder or bowel control, new pain, numbness, or weakness of the legs, redness or drainage from the needle insertion site.
 - ☒ No sedation was given
 - ☐ Sedation administered _____
 - ☒ The patient tolerated the procedure well
 - ☐ The following complications were noted:
 - ___ Nausea / vomiting
 - ___ Bradycardia
 - ___ Hypotension
 - ___ Increased pain
 - ___ Bleeding
 - ___ Other _____
 - ☒ The patient noted a decrease in pain following the injection.
 - ☐ The patient noted an increase in pain following the injection
 - ☐ The patient noted no change in pain following the injection

___ Y. Eugene Mironer, M.D.
___ John C. Haasis, M.D.
___ Philip LaTourette, M.D.
___ John R. Satterthwaite, M.D.

Signature [Signature]

CCAMP-015

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Alcan Printing Co., Inc. 0400

95

Carolinas Center for Advanced Management of Pain
Philip LaTourette, M.D.

50400

JOHNSON, Patricia
09/14/05 - Spartanburg Office
OFFICE VISIT

Ms. Johnson continues to complain of back and leg pain, which goes down into her left foot as well. She rates it on a 2 to 3/10 with medication. It becomes significantly worse, especially in her foot, between doses of Percocet. Her activities have increased. The injections and medications are both helping. She has no side effects from either one of these treatment modalities at this time.

PHYSICAL EXAMINATION: On exam today, the patient is alert, oriented and appropriate. She has an antalgic gait and station. She has tenderness over her left SI notch area. There is increased sensation to light touch in her left leg as well as some atrophy in the left lower extremity as well.

Today, the patient underwent a left L4-5 and L5-S1 selective nerve root injection, which she tolerated well.

I had a long discussion with the patient and her husband about work and disability, and her significant degenerative changes at L4-5 and L5-S1. At this time, we are going to continue her medications, get her into physical therapy for a month, bring her back to see how she is doing, and we will consider getting her back to working. She does work on an assembly line and there is a question about whether or not she can take her present medications at work, and there is a question about whether or not she can tolerate the increase in activity. She certainly has significant degenerative changes, postlaminectomy pain syndrome, and lumbar radiculopathy.

Philip LaTourette, M.D.

PL/ss/mds

cc: Cavert McCorkle, M.D.

(Dictated, not read)

Aug/28

96

**CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN**

Patient Name: Peter Plouffe

Date: 9/14/05

SSN: _____

**Fluoroscopically Guided Selective Nerve Root Block
Transforaminal Epidural Steroid Injection**

Indications: DDP/PCS/Refr

Procedure:

After informed consent was obtained, the patient was placed on the fluoroscopy table in the prone position and the back was prepped with Betadine and draped in the usual sterile fashion. The position of the L4-L5 vertebrae was localized using fluoroscopy. Local anesthesia was administered using a 25/27 gauge needle and 1% Lidocaine. Bupivacaine. Under fluoroscopic guidance, a 22/25 gauge, 3.5 inch Chiba spinal needle was advanced to the 6:00 position under the pedicle of the L4-L5 vertebra. Following negative aspiration, 18 cc of Omnipaque was injected to delineate the nerve root and document flow into the epidural space. Following verification of needle position, a solution of 0 cc normal saline, 1 cc of 1% Lidocaine / Bupivacaine and 20 mg Triamcinolone was injected. The needle was removed and the puncture wound was dressed. End level

- ☒ The patient was monitored for an appropriate length of time after the injection and then discharged home, in good condition, with a driver.
- ☒ The patient was instructed to refrain from driving for 12 hours and contact the office immediately if any of the following were noted: new or different pain in the back, loss of bladder or bowel control, new pain, numbness, or weakness of the legs, redness or drainage from the needle insertion site.
- ☒ No sedation was given
- ☐ Sedation administered _____
- ☒ The patient tolerated the procedure well
- ☐ The following complications were noted:
 - ___ Nausea / vomiting
 - ___ Bradycardia
 - ___ Hypotension
 - ___ Increased pain
 - ___ Bleeding
 - ___ Other _____
- ___ The patient noted a decrease in pain following the injection.
- ___ The patient noted an increase in pain following the injection
- ___ The patient noted no change in pain following the injection

Y. Eugene Mironer, M.D.

John C. Haasis, M.D.

Philip LaTourette, M.D.

John R. Satterthwaite, M.D.

Signature [Signature]

CAROLINAS CENTER FOR ADVANCED MANAGEMENT OF PAIN

Medication List

Patient Name

Pharmacy Name

Date	Medication	#	Refills
8/16/05	Duragesic 12 g 72	5	—
8/17/05	↑ Duragesic 25mcg 120	10	2
	↑ Nexmon 300mg tid 14g 15	150	1
8/24/05	Permit 10/325 1 po qid	120	—
9/14/05	Duragesic 25mcg 120	10	—
9/14/05	Permit 10/325 1 po qid	120	—
10/12/05	Duragesic 25 g 72	10	—
	Permit 10/325 1 po qid	120 CX	—
	Ment 300 1-2 tid	100	5 - DIC'd to Lyrice by MC Kortal
10/17/05	Lortab 10/50mg 1 po qid PRN	120	- No -
11/25/05	Duragesic 25mcg 120	10	2 N.B.
	~~Lortab 10/50mg~~ Percocet 10/325 1 po qid	120	2
	Genacole 5 Samples	20	Samples
12/12/05	stop Duragesic 20 Rash		
	Avinza 30mg 1 po qd	10	2
	Miralax as directed	32g	5
12/21/05	Avinza 60mg 1 po qd	30	2
	Percocet 10/325 1 po qid	120	2
1	Lyrice 75mg tid	90	1

Carolinas Center for Advanced Management of Pain
Philip LaTourette, M.D.

JOHNSON, Patricia
09/14/05 - Spartanburg Office
OFFICE VISIT

Ms. Johnson continues to complain of back and leg pain, which goes down into her left foot as well. She rates it on a 2 to 3/10 with medication. It becomes significantly worse, especially in her foot, between doses of Percocet. Her activities have increased. The injections and medications are both helping. She has no side effects from either one of these treatment modalities at this time.

PHYSICAL EXAMINATION: On exam today, the patient is alert, oriented and appropriate. She has an antalgic gait and station. She has tenderness over her left SI notch area. There is increased sensation to light touch in her left leg as well as some atrophy in the left lower extremity as well.

Today, the patient underwent a left L4-5 and L5-S1 selective nerve root injection, which she tolerated well.

I had a long discussion with the patient and her husband about work and disability, and her significant degenerative changes at L4-5 and L5-S1. At this time, we are going to continue her medications, get her into physical therapy for a month, bring her back to see how she is doing, and we will consider getting her back to working. She does work on an assembly line and there is a question about whether or not she can take her present medications at work, and there is a question about whether or not she can tolerate the increase in activity. She certainly has significant degenerative changes, postlaminectomy pain syndrome, and lumbar radiculopathy.

Philip LaTourette, M.D.

PL/ss/mds

cc: Cavert McCorkle, M.D.

(Dictated, not read)

Carolinas Center for Advanced Management of Pain
Philip LaTourette, M.D.

JOHNSON, Patricia
10/12/05 - Spartanburg Office
OFFICE VISIT

Ms. Johnson continues to complain of back and leg pain, but she mainly has pain in her left great toe and the side of her calf. She is going to physical therapy and is improving to some degree. We had a long discussion, and she is requesting an injection today for her toe and calf pain. I believe this is caused by her sciatica due to PLS/DDD.

The patient is motivated to return to work and understands that she could re-injure herself, causing a significant increase in her back pain. However, I will allow her to work on a limited duty basis at this time. She will return to work on 10/24/05. I will see her back in one month for prescriptions, sooner if necessary. However, I think she will have significant difficulty with work because of her severe degenerative changes at L4 and L5, as well as her scar tissue in that area from her previous surgery.

Philip LaTourette, M.D.

PL/ss/mds

(Dictated, not read)

**CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN**

Patient Name: P. Johns
SSN: _____

Date: 10/26/12

Fluoroscopically Guided Selective Nerve Root Block
Transforaminal Epidural Steroid Injection

Indications: DDD / PCS / Pain

Procedure:

After informed consent was obtained, the patient was placed on the fluoroscopy table in the prone position and the back was prepped with Betadine and draped in the usual sterile fashion. The position of the L4-L5 vertebrae was localized using fluoroscopy. Local anesthesia was administered using a 25/27 gauge needle and 1% Lidocaine Bupivacaine. Under fluoroscopic guidance, a 21/25 gauge, 3.5 inch Chiba spinal needle was advanced to the 6:00 position under the pedicle of the L4-L5 vertebra. Following negative aspiration, 10 cc of Omnipaque was injected to delineate the nerve root and document flow into the epidural space. Following verification of needle position, a solution of 4 cc normal saline, 1 cc of 1% Lidocaine Bupivacaine and 20 mg Triamcinolone was injected. The needle was removed and the puncture wound was dressed. 2 seal level

- ☒ The patient was monitored for an appropriate length of time after the injection and then discharged home, in good condition, with a driver.
- ☒ The patient was instructed to refrain from driving for 12 hours and contact the office immediately if any of the following were noted: new or different pain in the back, loss of bladder or bowel control, new pain, numbness, or weakness of the legs, redness or drainage from the needle insertion site.
- ☒ No sedation was given
- ☐ Sedation administered _____
- ☒ The patient tolerated the procedure well
- ☐ The following complications were noted:
 - ___ Nausea / vomiting
 - ___ Bradycardia
 - ___ Hypotension
 - ___ Increased pain
 - ___ Bleeding
 - ___ Other _____
- ☒ The patient noted a decrease in pain following the injection.
- ___ The patient noted an increase in pain following the injection
- ___ The patient noted no change in pain following the injection

___ Y. Eugene Mironer, M.D.
___ John C. Haasis, M.D.
___ Philip LaTourette, M.D.
___ John R. Satterthwaite, M.D.

Signature [Signature]

CCAMP-015

Record on Appeal
000267

Alcon Printing Co., Inc. 04/01

**CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN**

Return Patient Name: Patricia Johnson Date: 11-23-05

Where is your pain? Foot

Describe your pain: Sharp Ache Burn Electric Numb Other: _____

Rate your pain:

0 5 10
No Pain Moderate Worst Imaginable

Has your activity: Increased / decreased / stayed the same?

Did your injection help relieve your pain? Yes No Not Sure

Do your medications help relieve your pain? Yes No Not Sure

Are you taking any new medications since your last visit? Uricid

Are you having any side effects from the medications? Yes Dizziness

Do you have any new medical / surgical problems? NO

Are you having any increased sadness, anxiety, or family problems? NO

Office Notes:

ROS

Rash from generic Patch. → PT working 40^{hrs} per week 10^{hrs} per day

Constitutional

MS

Neuro

Psyche

GI

GU

Card

Pul

FHx / SHx: Unchanged New Changes _____

Additional Comments:

Believes Percocet

You are responsible for verifying the following information:

Insurance

Current Mailing Address & Phone Number

Signature

If you do not verify this information,
you will be responsible for today's visit.

Patient Name: Patricia Johnson Date: 11/23/08

Vitals: HR _____ RR _____ BP 1 _____ Wt _____
Gait/Station: ☐ Normal ☒ Antalgic
Behavior: ☒ Appropriate ☐ Anxious Depressed ☐ Pain Display
Mental Status: ☒ A & O x3 ☐ Drowsy Disoriented
Thought Content: ☒ Intact ☐ Irrational
Skin: ☒ Normal ☐ Abnormal
HEENT: ☒ NC/AT ☐ Abnormal
Cranial Nerves: ☐ Normal ☐ Abnormal
Neck: ☐ Normal _____ Flex _____ Ext _____ Rotation R/L
☐ Tender ☐ Suboccipital ☐ Paracervical
☐ Trapezius ☐ Levator Scapulae ☐ Midline
Lungs: ☐ Clear ☐ Wheeze ☐ Rhonchi
Cardiac: ☐ RRR ☐ Gallop ☐ Murmur
Chest Wall: ☐ Normal ☐ Abnormal
Abdomen: ☐ Normal ☐ Abnormal
Back: ☐ Normal _____ Flex _____ Ext _____ Lateral Bend
☒ Tender Midline ☒ Paravertebrals _____ Facets _____
SI _____ Gluts _____
☐ Kyphosis ☐ Scoliosis

Neuro: ☐ Normal ☐ Motor S15 RLE ☐ LT decreased LE ☐ DTR
☐ Atrophy ☐ Clonus ☐ +SLR R/L

Sensation: _____
Sympathetic function: ☐ Normal ☐ Abnormal
Extremities: ☐ Normal ☐ Clubbing ☐ Edema _____ ROM _____
☐ Tenderness ☐ ↑ Warmth/erythema ☐ Soft tissue swelling ☐ Effusion
Pulses: ☐ Absent ☒ 1+ ☐ 2+ ☐ DP ☒ PT
Results: ☐ MRI/CT reviewed ☐ X-rays reviewed ☐ EMG/CPT reviewed
☐ Labs reviewed ☐ Other _____

Assessment: DDP
PLS
Radix

Medication Use: ☒ Appropriate ☐ Inappropriate
☒ Medication Education/Risks explained
☐ Contract reviewed ☐ UTOX ☐ Pharmacy check

Plan: ☐ Imaging Studies: _____
☒ Trial Meds: Senavale S
☐ Injection: _____
☐ Continue: med Duagasic name Brand. A back to resocet
☒ Other: C stim trial education given on med's risks PLS video & info given
Karen T. Anderson

270-6083
Rehabiliticare™

Bringing your care home.

A Division of Compex Technologies, Inc.
P. O. Box 30244
Tampa, FL 33630-3244
(800) 343-0488
Corporate Fax: 1-800-272-6458

PT # 576-8223



Prescription &
Letter of Medical Necessity

Please FAX this prescription along with the Rental
Sales Agreement found in the patient's kit to the
fax number listed below or the Corporate fax:

Fax: 800-995-2763

PATIENT	First Name <u>Patricia</u> Last Name <u>Johnson</u>													
	DOB _____ Social Security # _____													
MODALITY	DO NOT SUBSTITUTE <table border="0"><tr><td>☐ IF 3Wave™ - IFC</td><td>☐ OrthoDx™ - High Volt & NMES</td></tr><tr><td>☐ IF II™ - IFC</td><td>☐ GV II™ - NMES & PDC</td></tr><tr><td>☐ ProMax® - TENS</td><td>☐ SPORTX® - PDC & AC</td></tr><tr><td>☐ Nuwave® - TENS</td><td>☐ Saunders Cervical Home Trac®</td></tr><tr><td>☐ NT-2000 - NMES</td><td>☐ Saunders Lumbar Home Trac®</td></tr><tr><td>☐ EMS+2™ - NMES</td><td>☐ Other _____</td></tr></table>		☐ IF 3Wave™ - IFC	☐ OrthoDx™ - High Volt & NMES	☐ IF II™ - IFC	☐ GV II™ - NMES & PDC	☐ ProMax® - TENS	☐ SPORTX® - PDC & AC	☐ Nuwave® - TENS	☐ Saunders Cervical Home Trac®	☐ NT-2000 - NMES	☐ Saunders Lumbar Home Trac®	☐ EMS+2™ - NMES	☐ Other _____
☐ IF 3Wave™ - IFC	☐ OrthoDx™ - High Volt & NMES													
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☐ ProMax® - TENS	☐ SPORTX® - PDC & AC													
☐ Nuwave® - TENS	☐ Saunders Cervical Home Trac®													
☐ NT-2000 - NMES	☐ Saunders Lumbar Home Trac®													
☐ EMS+2™ - NMES	☐ Other _____													
DIAGNOSIS	Diagnosis <u>PLS 722.83</u> ICD-9 Code _____ <u>DDD 723.52 Radic 724.4</u> ICD-9 Code _____ Please provide Patient Chart Notes related to this diagnosis.													
MEDICAL NECESSITY	<table border="0"><tr><td>☒ inhibit intractable pain</td><td>☐ reduce edema from trauma/post-op procedures</td></tr><tr><td>☒ break muscle spasms</td><td>☐ re-educate muscles</td></tr><tr><td>☐ stimulate muscle contractions</td><td>☐ increase venous return to prevent deep vein thrombosis</td></tr><tr><td>☒ increase range of motion</td><td>☐ other: _____</td></tr><tr><td>☐ prevent disuse atrophy</td><td></td></tr><tr><td>☐ increase blood flow</td><td></td></tr></table>		☒ inhibit intractable pain	☐ reduce edema from trauma/post-op procedures	☒ break muscle spasms	☐ re-educate muscles	☐ stimulate muscle contractions	☐ increase venous return to prevent deep vein thrombosis	☒ increase range of motion	☐ other: _____	☐ prevent disuse atrophy		☐ increase blood flow	
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☐ stimulate muscle contractions	☐ increase venous return to prevent deep vein thrombosis													
☒ increase range of motion	☐ other: _____													
☐ prevent disuse atrophy														
☐ increase blood flow														
LENGTH OF NEED	☒ Long-term use Date unit was issued: _____ ☐ 6 - 9 months _____ Month(s) (specify no. of months)													
PHYSICIAN SIGNATURE	Physician's Name <u>Philip LaTourette</u> Phone # <u>864-583-0058</u> <u>613468</u> FAX # <u>864-583-0570</u> UPIN # _____ FAX # _____ ☒ No substitutions allowed - In my opinion, in accordance with accepted medical practice standards, the above named patient requires the Rehabiliticare device (no substitutions allowed) and electrodes as dispensed by Rehabiliticare, for the problems identified above. Physician's Signature <u>[Signature]</u> Date <u>11/23/04</u> (remember to check no substitutions box)													

Kevin Kennedy

Phone: 800-343-0488 Ext:4136

Fax: 800-995-2763

Record on Appeal
000270

104

ADVANCED MANAGEMENT OF PAIN

Patient Name: Patricia Johnson Date: 12/12/05

Vitals: HR 70 RR 20 BP 1 Wt

Gait/Station: ☐ Normal ☒ Antalgic

Behavior: ☒ Appropriate ☐ Anxious ☐ Depressed ☐ ↑ Pain Display

Mental Status: ☒ A & O x3 ☐ Drowsy ☐ Disoriented

Thought Content: ☒ Intact ☐ Irrational

Skin: ☐ Normal ☒ Abnormal dry skin patches no signs of infection

HEENT: ☐ NC/AT ☐ Abnormal

Cranial Nerves: ☐ Normal ☐ Abnormal

Neck: ☐ Normal ☐ Flex ☐ Ext ☐ Rotation R/L

☐ Tender ☐ Suboccipital ☐ Paracervical

☐ Trapezius ☐ Levator Scapulae ☐ Midline

Lungs: ☒ Clear ☐ Wheeze ☐ Rhonchi

Cardiac: ☒ RRR ☐ Gallop ☐ Murmur

Chest Wall: ☐ Normal ☐ Abnormal

Abdomen: ☐ Normal ☐ Abnormal

Back: ☐ Normal ☐ Flex ☐ Ext ☐ Lateral Bend

☒ Tender ☐ SI ☐ Facets ☐ Gluts

Neuro: ☐ Kyphosis ☐ Scoliosis

☐ Normal ☐ Motor S15 BLG ☐ LT decreased UE ☐ DTR

☐ Atrophy ☐ Clonus ☐ +SLR R/L

Sensation: ☐ Normal ☐ Abnormal

Sympathetic function: ☐ Normal ☐ Clubbing ☐ Edema ☐ ROM

Extremities: ☐ Tenderness ☐ ↑ Warmth/erythema ☐ Soft tissue swelling ☐ Effusion

Pulses: ☐ Absent ☒ 2+ ☐ DP ☒ PT

Results: ☐ MRI/CT reviewed ☐ x-rays reviewed ☐ EMG/CPT reviewed

☐ Labs reviewed ☐ Other

Assessment: DDD

PLS

Radie

Medication Use ☒ Appropriate ☐ Inappropriate

☒ Medication Education/Risks explained ☐ UTOX ☐ Pharmacy check

☐ Contract reviewed

Plan: ☐ Imaging Studies: AVINBA 30mg 4 po qd education given A&S

☐ Trial Meds: Stop Duragesic including driving + 1st patch

☐ Injection: call for problems A&S to oral med

☐ Continue: 1000 1000 1000

☐ Other: 1000 1000 1000

CCAMP-010

Record on Appeal
000271

Alman Printing Co., Inc. 04/02

**CAROLINAS CENTER FOR
ADVANCED MANAGEMENT OF PAIN**

Return Patient Name: Mr: CVA Jura Date: 12-12-05

Where is your pain? Foot Left back

Describe your pain: Sharp Ache Burn Electric Numb Other: _____
Softness

Rate your pain:
0 4 5 10
No Pain Moderate Worst Imaginable

Has your activity: Increased / decreased / stayed the same?

Did your injection help relieve your pain? Yes No Not Sure

Do your medications help relieve your pain? Yes No Not Sure

Are you taking any new medications since your last visit? NO

Are you having any side effects from the medications? yes RASH

Do you have any new medical / surgical problems? NO

Are you having any increased sadness, anxiety, or family problems? NO

Office Notes:

ROS _____ → Name Brand patches still causing rash.

Constitutional MS Neuro Psyche GI GU Card Pul

FHx / SHx: Unchanged New Changes _____

Additional Comments:

You are responsible for verifying the following information:

Insurance

Current Mailing Address & Phone Number

Signature

If you do not verify this information,
you will be responsible for today's visit.

MS PATRICIA D JOHNSON

Female DOB: [REDACTED]

Home: [REDACTED]

12/21/2005 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

History of Present Illness

HPI: pt here for f/u visit. Continues to c/o of pain in back and leg and foot. described as sching nad burning in nature. pain 5/10 on pain scale activity has remained the same. pt started on avinza one weeks ago. pt denies any ae's but is not strong enough. pt takes at 8pm and wakes up at 5am in pain. denies any other new meds or medical or surgical problems. pt to be fitted for Tens until today. taking miralx for constipation for last 4 days helping some with contispion taking last 4 days. still having some constipation. denies any changes in in ROS or family or social systems. pt does not believe lyrical better than neurontin pt to call with dose so we can titrate up if possible pt no longer seeing dr. mckorkal

Referring MD: Robert E Flandry, MD

Age: 54 Year Old

Sex: Female

Race: Undetermined

Pain Assessment

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline

Manual Muscle Testing

Right Quads: 5/5

Right Hamstring: 5/5

Right Calf: 5/5

Left Quads: 5/5

Left Hamstring: 5/5

Left Calf: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

MS PATRICIA D JOHNSON

Comments: LLE

Sympathetic Function: Normal

Assessment

New Problems:

DEGENERATIVE DISC DISEASE, LUMBAR SPINE (ICD-722.52)

Plan

F/u one month

call for problems or ae's

increase avinze to 60mg po q day education given ae's risks sedation safety and aw's including driving and operating machinery. pt to call for problems or concerns or ae's

constipation education given again

pt given dvd on SCS VCR broken

call with lyrica dose so we can increase if possible

New Prescriptions/Refills:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 qd #30 x 0 : Kacie B Tartaro FNPC
(12/21/2005)

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 :
Kacie B Tartaro FNPC (12/21/2005)

Current Medication List:

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 qd

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

New Orders:

Return for Follow-Up [XXXXXX]

Expanded [99213]

Prescriptions:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 12/21/2005

Method used: Handwritten

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 12/21/2005

Method used: Handwritten

Signed by Kacie B Tartaro FNPC on 12/21/2005 at 9:57 AM

MS PATRICIA D JOHNSON

Female

Home

5

02/02/2006 - Office Visit: Follow-Up Pain
Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: increased avinza to 60mg pt did not notice significant benefit. pt given education on long acting meds vs short acting with pain control
pt reports percocet better than lortab for pain control no ae's. she was given a hand written rx for percocet last month not lortab and preferred to take percocet. she notes she must take it with food to prevent ae's. Lyrica has improved burning pain in legs, she will continue to monitor over next month and see if further titration is needed to 150mg bid.
pain is 4-5/10 with meds.

pt using tens twice per day, still needs further trial to see if it is benefiting patient.
she continues to working night shift. and denies and changes in ROS

Location Of Pain: back

Description Of Pain: Aching, Burning

Pain Rating: 8

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

MS PATRICIA D JOHNSON
Female DOB

Home

Cervical

Palpation: Tender

Trapezius/LS

Comments: left >right

Thoracolumbar

Palpation: Tender

Midline

Plan

call for problems or concerns

utox next visit

pt to bring pill bottles to each visit

address SCST questions next visit

pt to call for problems or concerns

continue percocet and avinza and lyrica 75mg tid

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) qid prn #120 x 0 : Kacie B Tartaro
FNPC (02/02/2006)

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 qd #30 x 0 : Kacie B Tartaro FNPC
(02/02/2006)

Current Medication List:

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 qd

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

* LYRICA 75MG 1 po tid

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) qid prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

DURAGESIC 25 MCG/HR PT72 (FENTANYL) 1 Q 72 hours

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

Focused [99212]

Return for follow-up 1 month [xxxxx]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

Signed by: Kacie B Tartaro FNPC on 02/02/2006

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

Signed by: Kacie B Tartaro FNPC on 02/02/2006

Method used: Print then Give to Patient

MS PATRICIA D JOHNSON
Female DOB

Home

Signed by Kacie B Tartaro FNPC on 02/02/2006 at 9:02 AM

MS PATRICIA D JOHNSON
Female DOB

Home

03/06/2006 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: pt denies ae's to meds. working 40-50- hours per week
pt taking 4 oxycondone per day. pt denies any ae' wekness parathesis bowel bladder changes. last dose of pain meds this am. Neurontin 300mg 4 per day. pt is not sure if neurontin better than lyrice. pt does not want to schedule SCST or injection at present time. she reports only 2 injections helped.
C/o siffness in am.

Location Of Pain: leg and foot pain

Description Of Pain: Numbness, Aching, Burning

Pain Rating: 5

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

New Meds:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

Does the patient have any new medical or surgical problems? Yes

Is the patient experiencing increased sadness, anxiety, or family problems? No

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, SI

Comments: Left

Manual Muscle Testing

MS PATRICIA D JOHNSON

Female

Home: _____

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE

Sympathetic Function: Normal

Plan

UTOX

call for problems or concerns

f/u 1 month nurse visit

f/u 2 months

continue percocet, avinza and neurontin.

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (03/06/2006)

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0 : Kacie B Tartaro FNPC (03/06/2006)

Current Medication List:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

Return for Med Pickup [XXXXXX]

Return for follow-up 2 months [xxxxx]

Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 03/06/2006

Method used: Handwritten

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 03/06/2006

Method used: Handwritten

MS PATRICIA D JOHNSON

Home:

Female

Signed by Kacie B Tartaro FNPC on 03/06/2006 at 9:15 AM

MS PATRICIA D JOHNSON

Home

Female

04/10/2006 - Rx Refill: PERCOCET 10-325 MG TABS, AVINZA 60 MG CP24

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns

pt had dizziness yesterday and smothering feeling and anxious feeling this am, better now. bp 130/80
HR 60 RRR

pt to see pcp for sx

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 04/10/2006

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 04/10/2006

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 04/10/2006 at 8:46 AM

MS PATRICIA D JOHNSON
Female

Home:

05/10/2006 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: pt denies ae's to meds. pt denies any new sx bowel bladder changes weakness or parathesis she is taking avinza q day without ae's. and pecocet 4 per day. her bottle she brought in was dated 3/8/06. she reports she has 1 dose of percocet remaining at home. pt reports some injections have helped others have not. she still wants to hold off currently. she denies any changes in ROS.

Location Of Pain: leg and foot

Description Of Pain: Numbness, Burning

Pain Rating: 4

Activity: Stayed The Same

Did Injection Help? Yes

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt denies

Past, Family, and Social History

Past History: back surgery x 2

trigger finger x 2

CTS left hand

Social History: working full time at BMW

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop HR 80

MS PATRICIA D JOHNSON

Female DOB

Home

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline

Manual Muscle Testing

RLE: 5/5

LLE: 5/5 xcept 5- EHL

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Plan

f/u in one month for a nurse visit

f/u 2 months

call for problems or concerns

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (05/10/2006)

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0 : Kacie B Tartaro FNPC (05/10/2006)

Current Medication List:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

Return for Med Pickup [XXXXX]

Return for follow-up 2 months [xxxxx]

Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 05/10/2006

Method used: Print then Give to Patient

MS PATRICIA D JOHNSON

Home

Female

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 05/10/2006
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 05/10/2006 at 8:21 AM

MS PATRICIA D JOHNSON

Female

Home:

06/08/2006 - Rx Refill: PERCOCET 10-325 MG TABS, AVINZA 60 MG CP24
Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

Signed by: Kacie B Tartaro FNPC on 06/08/2006

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

Signed by: Kacie B Tartaro FNPC on 06/08/2006

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 06/08/2006 at 8:09 AM

MS PATRICIA D JOHNSON

Female

07/12/2006 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: pt denies ae's to meds.

pt denies any new sx bowel bladder changes weakness or parathesis

pt is out of meds monday since she missed apt.

pt is taking meds appropriately except for missed apt.

she is working full time at night shift.

pt denies changes in ROS.

pt did not bring pill bottles today and reports it was filled 6/10 last visit.

Location Of Pain: back

Description Of Pain: Aching, Burning

Pain Rating: 4

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (reviewed - no changes required): back surgery x 2

trigger finger x 2

CTS left hand

Social History (reviewed - no changes required): working full time at BMW

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop HR 70

MS PATRICIA D. JOHNSON

Female

Home

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, Facets

Comments: left

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Plan

f/u in one month for a nurse visit

f/u 2 months

call for problems or concerns

pt warned not to run out of meds, must keep appts.

New Prescriptions/Refills:

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs #150 x 3 : Kacie B Tartaro FNPC
(07/12/2006)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie
B Tartaro FNPC (07/12/2006)

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0 : Kacie B Tartaro FNPC
(07/12/2006)

Current Medication List:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

Focused [99212]

Return for Med Pickup [XXXXX]

Return for follow-up 2 months [xxxxx]

Prescriptions:

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs #150 x 3

MS PATRICIA D JOHNSON

Female

Home

Entered by: Kacie B Tartaro FNPC
Authorized by: Renju T Joseph MD
Signed by: Kacie B Tartaro FNPC on 07/12/2006
Method used: Print then Give to Patient
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0
Entered by: Kacie B Tartaro FNPC
Authorized by: Renju T Joseph MD
Signed by: Kacie B Tartaro FNPC on 07/12/2006
Method used: Print then Give to Patient
AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0
Entered by: Kacie B Tartaro FNPC
Authorized by: Renju T Joseph MD
Signed by: Kacie B Tartaro FNPC on 07/12/2006
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 07/12/2006 at 8:11 AM

MS PATRICIA D JOHNSON

Female

Home

08/14/2006 - Rx Refill: PERCOCET 10-325 MG TABS, AVINZA 60 MG CP24
Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 08/14/2006

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 08/14/2006

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 08/14/2006 at 8:25 AM

MS PATRICIA D JOHNSON

Female

Home: [REDACTED]

09/11/2006 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: pt denies ae's to meds.

pt is still working full time. she will be changing jobs within BMW. pt is not sure what she will have to do. she is afraid of having a job with bendign since she reports bending aggravates her pain. her boss said they would hopefully be able to work with her.

pt denies any new sx bowel bladder changes weakness or parathesis. pt continues to see GYN for "falling bladder" reports she may have bladder tac in future.

pt denies chages in ROS.

meds frilled 8/14/06. pt is idecribed as just hurting

Location Of Pain: back and leg

Description Of Pain: Burning

Pain Rating: 3

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt denies changes reports doing well overall.

Past, Family, and Social History

Past History (reviewed - no changes required): back surgey x 2
trigger finger x 2

CTS left hand

Social History (reviewed - no changes required): working full time at BMW

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

MS PATRICIA D JOHNSON

Female

Home

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, SI

Comments: Right

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Plan

f/u in one month for a nurse visit

f/u 2 months

call for problems or concerns

New Prescriptions/Refills:

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn #527g x 5 : Kacie B Tartaro
FNPC (09/11/2006)
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie
B Tartaro FNPC (09/11/2006)
AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0 : Kacie B Tartaro FNPC
(09/11/2006)

Current Medication List:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
SENNOKOT 8.6 MG TABS (SENNOSIDES) samples given
NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

Focused [99212]

Return for Med Pickup [XXXXX]

Return for follow-up 2 months [xxxxx]

Prescriptions:

Record on Appeal
000291

MS PATRICIA D JOHNSON

Female

Home

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn #527g x 5

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 09/11/2006
Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 09/11/2006
Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 09/11/2006
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 09/11/2006 at 8:51 AM

MS PATRICIA D JOHNSON

Female

Home

10/11/2006 - Rx Refill: AVINZA 60 MG CP24, PERCOCET 10-325 MG TABS

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns new job slight increase in pain but pain continue to work full time. she hope it is just getting used to doing something new.

Prescriptions:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 10/11/2006

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 10/11/2006

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 10/11/2006 at 8:39 AM

MS PATRICIA D JOHNSON

Home:

Female

11/15/2006 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: pt notes flare up over last month but better today.

pt denies any new sx bowel bladder changes weakness or parathesis

patient reports taking meds as prescribed.

pt denies ae's to meds

pt denisa ny falls injures or accidents

she is working full time.

filled 10/11/06 pt ran out oaf avinza yesterday.

Location Of Pain: back adn leg

Description Of Pain: Burning, Electric/Shooting

Pain Rating: 5

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt denies any depression and naxiety

Past, Family, and Social History

Past History (reviewed - no changes required): back surgey x 2

trigger finger x 2

CTS left hand

Social History (reviewed - no changes required): working full time at BMW

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: denies vaginal discharge, incontinence, dysuria, hematuria, urinary frequency, amenorrhea, menorrhagia, abnormal vaginal bleeding, pelvic pain

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

MS PATRICIA D JOHNSON

Home:

Female

Physical Exam

General

General appearance: well developed, well nourished, no acute distress
Communication ability: communicates by voice, normal quality
Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3
Thought Content: Intact
Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender
Midline, Facets

Manual Muscle Testing

RLE: 5/5
LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch
Comments: LLE
Neuro: No Atrophy or Clonus
Sympathetic Function: Normal

Plan

f/u in one month for a nurse visit
f/u 2 months
call for problems or concerns

New Prescriptions/Refills:

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs #150 x 3 : Kacie B Tartaro FNPC
(11/15/2006)

MS PATRICIA D JOHNSON

Home

Female

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (11/15/2006)
AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0 : Kacie B Tartaro FNPC (11/15/2006)

Current Medication List:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

Focused [99212]
Return for Med Pickup [XXXXX]
Return for follow-up 2 months [xxxxx]

Prescriptions:

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs #150 x 3

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/15/2006
Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/15/2006
Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/15/2006
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 11/15/2006 at 8:23 AM

MS PATRICIA D JOHNSON

Female

Home

12/07/2006 - Rx Refill: rx's reviewed with md

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly.

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 12/07/2006

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 12/07/2006

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 12/11/2006 at 8:21 AM

MS PATRICIA D JOHNSON

Home:

Female DOB

12/11/2006 - Rx Refill

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns

Signed by Kacie B Tartaro FNPC on 12/11/2006 at 8:23 AM

MS PATRICIA D JOHNSON

Home:

Female

01/08/2007 - Rx Refill: md reviewed meds

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. md reviewed prescriptions

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 01/08/2007

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 01/08/2007

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 01/11/2007 at 8:23 AM

MS PATRICIA D JOHNSON

Home

Female

01/11/2007 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

HPI: pt denies ae's to meds

pt denies any new sx bowel bladder changes weakness or parathesis

patient reports taking meds as prescribed.

pt is working full time. she notes she missed some days due to back pain.

neurontin helps with burning.

pt is taking percocet 4 per day and neurontin mostly 4 per day. and avinza with pain control.

Location Of Pain: leg back

Description Of Pain: Aching, Burning

Pain Rating: 4

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (reviewed - no changes required): back surgery x 2

trigger finger x 2

CTS left hand

Social History (reviewed - no changes required): working full time at BMW

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: denies vaginal discharge, incontinence, dysuria, hematuria, urinary frequency, amenorrhea, menorrhagia, abnormal vaginal bleeding, pelvic pain

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

MS PATRICIA D JOHNSON

Female

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Mental Status Exam

Mental Status: AAO x3

Thought Content: Intact

Behavior: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, SI

Comments: left

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

Comments: LLE

Neuro: No Atrophy or Clonus

Sympathetic Function: Normal

Plan

education given on meds effects with liver and kidneys. pt wants to wait on getting labs currently until she checks with gyn to see when last labs ordered and will order next visit if not done in last year.

f/u in one month for a nurse visit

f/u 2 months

call for problems or concerns

Current Medication List:

MS PATRICIA D JOHNSON

Home

Female

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

New Orders:

no charge [NOCHARGE]
Return for Med Pickup [XXXXX]
Return for follow-up 2 months [xxxxx]

Signed by Kacie B Tartaro FNPC on 01/11/2007 at 8:39 AM

MS PATRICIA D JOHNSON

Female

Home:

02/15/2007 - Office Visit: Med Pick-Up

Provider: Monica Speak, FNP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Rx Management

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly.

Prescriptions:

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs #150 x 3

Entered by: Monica Speak, FNP

Authorized by: Y Eugene Mironer MD

Signed by: Monica Speak, FNP on 02/15/2007

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Monica Speak, FNP

Authorized by: Y Eugene Mironer MD

Signed by: Monica Speak, FNP on 02/15/2007

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Monica Speak, FNP

Authorized by: Y Eugene Mironer MD

Signed by: Monica Speak, FNP on 02/15/2007

Method used: Print then Give to Patient

Signed by Monica Speak, FNP on 02/15/2007 at 11:34 AM

MS PATRICIA D. JOHNSON

Home:

Female

03/14/2007 - Office Visit: Follow-Up Pain

Provider: Monica Speak, FNP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: Sharp and burning Back pain radiating into Lt leg as numbness and then burning in Lt foot.

History of Present Illness: Pt states that the pain has not changed in intensity or character since last visit. No new numbness, tingling, or weakness. No bowel or bladder problems reported. States taking meds as directed. States needs refills on meds.

Location Of Pain: back and leg

Description Of Pain: Numbness, Sharp, Burning

Pain Rating: 3

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: denies vaginal discharge, incontinence, dysuria, hematuria, urinary frequency, amenorrhea, menorrhagia, abnormal vaginal bleeding, pelvic pain

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation,

MS PATRICIA D JOHNSON

Home:

Female

hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Facial strength: no weakness

Ears, Nose and Throat

External ear: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Lips/teeth/gums: normal dentition

Oropharynx: tongue normal, posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline

Extremities

Pedal pulses: pulses 2+, symmetric

Cervical

ROM FROM

Spurling's Test Negative

Palpation: Non-Tender

Thoracolumbar

ROM: Decreased in all directions

Patrick's Test: Negative

Straight Leg Raise: Negative

Palpation: Tender

Midline

Comments: L3-5

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

MS PATRICIA D JOHNSON

Home

Female

Muscle Stretch Reflex

Sensory Decreased sensation to light touch, Negative allodynia/hyperpathia

Comments: Lt leg Lateral and posterior thigh, lateral medial and posterior calf, foot dorsal surface

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Assessment

Status of Existing Problems:

Assessed DEGENERATIVE DISC DISEASE, LUMBAR SPINE as unchanged - Monica Speak, FNP

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Monica Speak, FNP

Assessed LUMBAR RADICULOPATHY as unchanged - Monica Speak, FNP

Comments: Lt lumbar radiculopathy

Plan

Refill meds

med p/u

Pt will call prior to appt if has any problems

continue present meds as they are controlling pain

Continue on present pain management program

New Prescriptions/Refills:

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn #527g x 5 : Monica Speak, FNP (03/14/2007)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Monica Speak, FNP (03/14/2007)

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0 : Monica Speak, FNP (03/14/2007)

Current Medication List:

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

New Orders:

Focused [99212]

Return for Med Pickup [XXXXX]

Prescriptions:

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn #527g x 5

Entered by: Monica Speak, FNP

Authorized by: Philip C LaTourette MD

Signed by: Monica Speak, FNP on 03/14/2007

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

MS PATRICIA D JOHNSON

Female

Home

Entered by: Monica Speak, FNP
Authorized by: Philip C LaTourette MD
Signed by: Monica Speak, FNP on 03/14/2007
Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Monica Speak, FNP
Authorized by: Philip C LaTourette MD
Signed by: Monica Speak, FNP on 03/14/2007
Method used: Print then Give to Patient

Signed by Monica Speak, FNP on 03/14/2007 at 10:22 AM

MS PATRICIA D JOHNSON

Home

04/12/2007 - Rx Refill: Medication Management Note
Provider: Kacie B Tartaro FNPC
Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Medication Management Visit

Chief Complaint: medication visit for continued treatment on chronic pain

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns
utox taken

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Y Eugene Mironer MD

Signed by: Kacie B Tartaro FNPC on 04/12/2007

Method used: Print then Give to Patient

AVINZA 60 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po qd #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Y Eugene Mironer MD

Signed by: Kacie B Tartaro FNPC on 04/12/2007

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 04/12/2007 at 10:45 AM

Ameritox, Ltd.

9930 West Hwy 80; Midland, TX 79706
Phone: (866) 287-7584
Fax: (432) 561-8619

Page 2

Location: Carolinas Center For Advanced Mgmt Of
CCAMPSC01

Address: 1330 Bolling Springs Rd Suite 2700
North Grove Medical Park
Spartanburg, SC 29303

Physician: Dr Philip C Latourette, MD

Patient Name: JOHNSON, PATRICIA

Birth Date:

Height: 64

Weight: 155

Gender: Female

Patient ID:

Accession: P603616

Lab Accession: 7070410110

Date Collected: 04/12/2007

Received By Lab: 04/13/2007

Reported: 04/17/2007

Test Ordered (ng/ml)	Lab Result	Assay Cutoff	Normalized Value	Expected Low	Range High	Range Interpretation	Medication Interpretation
Alcohol (mg/dl)	Negative	20					
Amphetamines	Negative	1000					
Barbiturates	Negative	300					
Benzodiazepines	Negative	100					
Methadone	Negative	150					
Propoxyphene	Negative	200					
Opiates FPLA Class	16473.4	50	33268.67	10701	41931	In Range	Consistent
Codine by GCMS	Negative	100					Consistent
Morphine by GCMS	19892 OK	100					Consistent
Hydrocodone by GCMS	Negative	100					Consistent
Hydromorphone by GCMS	Negative	100					Consistent
Oxycodone by GCMS	2412	100					Consistent
Oxymorphone by GCMS	791 OK	100					Consistent
Oxycodone by EIA	Positive	100					Consistent
Cocaine	Negative	200					Consistent
Phencyclidine	Negative	25					
Cannabinoids	Negative	30					
Methadone Metabolite (EDDP)	Negative	150					
Gabapentin	Negative						
Gabapentin by GCMS	NEGATIVE	5000	?				INCONSISTENT
Other:							
Creatinine - Urine	76.5			5	300		
PH - Urine	6.2			3	11		
Specific Gravity - Urine	1.010			1.003	1.035		

Prescribed Drug	Drug Name	Drug Class	Dose (mg)	Freq (Low / High)	# Dose (Low / High)	PRN
AVINZA	MORPHINE	Opiates	60	QD / QD	1 / 1	N
PERCOCET	ACETAMINOPHEN		325	QID / QID	1 / 1	Y
...	ONYCODONE	Opiates	325	QID / QID	1 / 1	Y
NEURONTIN	GABAPENTIN	Gabapentin	300	TID / TID	1 / 1	N

*** End of Report ***

Patient Name: JOHNSON, PATRICIA
Physician: Dr Philip C Latourette, MD

Location: Carolinas Center For Advanced
Accession: P603616

Page: 1 of 1

Record on Appeal
000309

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Ameritox, Ltd.

Location: Carolinas Center For Advanced
Mgmt Of Pain -1
CCAMPSC01
Address: 1330 Boiling Springs Rd Suite
2700 North Grove Medical Park
Spartanburg, SC 29303
Fax: (864) 583-0390

Patient: JOHNSON, PATRIGIA
Birth Date:
Height: 64
Weight: 155
Gender: Female

Accession: P603616
Lab Accession: 7070410110
Date Collected: 04/12/2007
Received by Lab: 04/13/2007
Reported: 04/17/2007

Physician: Dr Philip C Latourette, MD

Patient ID:

Supplemental Explanation Report

Test / Drug Class / Medication	Explanation

Gabapentin	SAMPLE IS NEGATIVE FOR GABAPENTIN. THIS COULD BE DUE TO INDIVIDUAL METABOLISM, TO NOT TAKING THE MEDICATION AS PRESCRIBED, OR TO A LEVEL TOO LOW TO BE DETECTED.

*** End of Report ***

Disclaimer: This report is meant to supplement the main RX Guardian toxicology report explaining any INCONSISTENT lab results. Patient care treatment decisions are dependent upon numerous factors. The Ameritox RX Guardian Report is another piece of information that the physician can utilize in determining appropriate patient care. The RX Guardian report is not meant to be a sole determining factor for a patient's care but to serve as an additional tool that the provider can review in conjunction with all other factors used in providing care for the patient.

Page 1 of 1

Record on Appeal
000310

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MS PATRICIA D JOHNSON

Female DOB

Home

05/10/2007 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back and leg
History of Present Illness: pt worked 3rd shift all night. pt denies any new sx bowel bladder changes weakness or paresthesia
she is working full time
pt reports she is weaning of neurontin and has been taking prn not q day as prescribed. pt given eductaigon given on ae's risk. pt reports burn in wore during the day. discussed options of taking q day. pt is taking 2 per day. utox negative for neurontin prn. pt has not taken over last week. pt will continue off and if burning worsens she will resume taking 1 q hs and titrate up to bid dosing after 1 week if tolerate.
pt reports she notes no benefit from avinza, she thinks percocet works much better. she would like to try weaning off if possible. will decrease to 30mg q day
pt reports pain is 4/10 with meds.

Location Of Pain: back and LLE

Description Of Pain: Numbness, Burning

Pain Rating: 7

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

New Meds:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt denies - si -hi

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2
trigger finger x 2

CTS left hand

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or

MS PATRICIA D JOHNSON
Female

Home:

discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpaton: Tender

Paravertebral, Gluts

Comments: gluts left paravertebral right

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

MS PATRICIA D JOHNSON

Female

Home

Comments: LLE
Neuro No Atrophy or Clonus
Sympathetic Function: Normal

Plan

decrease avinza to 30 mg po q day pt given education on risk, ae's including sedation safety and precautions including driving.
f/u in one month for a nurse visit
f/u 2 months
call for problems or concerns

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (05/10/2007)
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie B Tartaro FNPC (05/10/2007)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn
NEURONTIN 300 MG CAPS (GABAPENTIN) 1 po tid 2 tab qhs
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

New Orders:

Focused [99212]
Return for Med Pickup [XXXXX]
Return for follow-up 2 months [xxxxx]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Y Eugene Mironer MD
Signed by: Kacie B Tartaro FNPC on 05/10/2007
Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Y Eugene Mironer MD
Signed by: Kacie B Tartaro FNPC on 05/10/2007
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 05/10/2007 at 8:20 AM

MS PATRICIA D JOHNSON

Home: [REDACTED]

Female DOB [REDACTED]

1108

MS PATRICIA D JOHNSON
Female

Home

06/07/2007 - Rx Refill: Medication Management Note

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Medication Management Visit

Chief Complaint: medication visit for continued treatment on chronic pain of back and LLE

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns
pt reports she is out of work so has been able to decreased peccoet some. she will have hand surgery and possible galbladder surgery. she plans on being out of work for next 2-3 months. pt to fu lomtn and wil notify us if any meds are given after surgery.

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Y Eugene Mironer MD

Signed by: Kacie B Tartaro FNPC on 06/07/2007

Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Y Eugene Mironer MD

Signed by: Kacie B Tartaro FNPC on 06/07/2007

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 06/07/2007 at 9:18 AM

MS PATRICIA D JOHNSON

Home: [REDACTED]

Female DOB: [REDACTED]

07/09/2007 - Office Visit: Follow-Up Pain

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: medication visit for continued treatment on chronic pain of back and foot

History of Present Illness: pt is back to work, she reports she working full time. she did not have hand surgery. pt has been having physcal therpay. she will go back to work md for workmans comp for eval. she does not know name. she rpeorts no rx's given. pt denies any new sx bowel bladder changes weakness or parathesis

pt is taking percocet 3-4 per day and avinza. she filled meds.

pain is 4/10 with meds

filled meds 6/8/07 she has 1 tablet remainign. avinza filled 6/8/07

she is no longer taking neurontin. she has wanted to cut back on meds. she reports she still has buring but does not want to take anything for it. she is still working night shift.

pt has had ha for years, she usually takes excedrine migrianes but she was told not to take for stomach, gastritis. she has been taking prevacid for stomach.

Location Of Pain: back foot

Description Of Pain: Numbness, Sharp

Pain Rating: 5

Activlty: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medicatlons? No

New Meds:

PREVACID 30 MG CPDR (LANSOPRAZOLE)

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: she reports she is coplung well with stress. -si -hi

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgey x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

MS PATRICIA D JOHNSON

Home: _____

Female DOB: _____

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Vital Signs

P: 70

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, Facets

Comments: left>right

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

MS PATRICIA D JOHNSON

Home

Female DOB

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Plan

f/u in one month for a nurse visit

f/u 2 months

call for problems or concerns

pt appears to be taking meds appropriately, medication refills given

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (07/09/2007)

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie B Tartaro FNPC (07/09/2007)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

New Orders:

Return for Med Pickup [XXXXX]

Return for follow-up 2 months [xxxxx]

Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 07/09/2007

Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 07/09/2007

Method used: Print then Give to Patient

MS PATRICIA D JOHNSON

Home

Female

Signed by Kacle B Tartaro FNPC on 07/09/2007 at 9:12 AM

MS PATRICIA D JOHNSON

Home:

Female

08/13/2007 - Rx Refill: Medication Management Note

Provider: Kacie B Tartaro FNPC

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Medication Management Visit

Chief Complaint: medication visit for continued treatment on chronic pain of back

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns pt had left hand surgery by dr mullins shwas given lortab rx but has not filled yet. she will bring next visit so we can void.

she has been out of work for 1 week.

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 08/13/2007

Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 08/13/2007

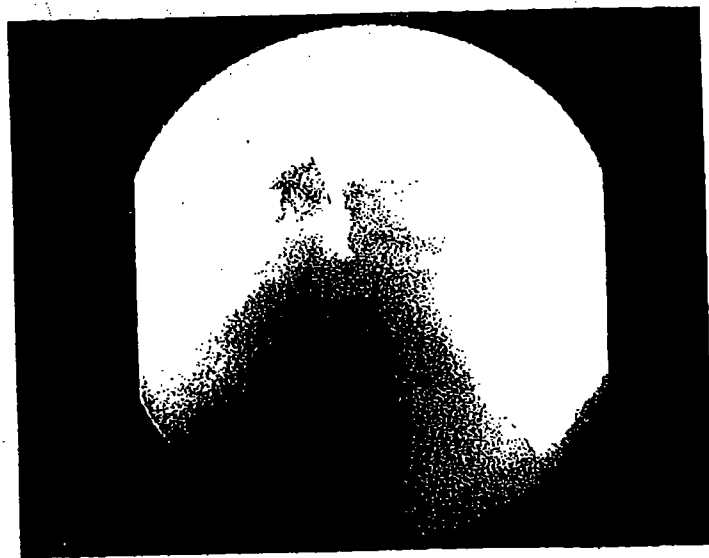
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 08/13/2007 at 8:46 AM

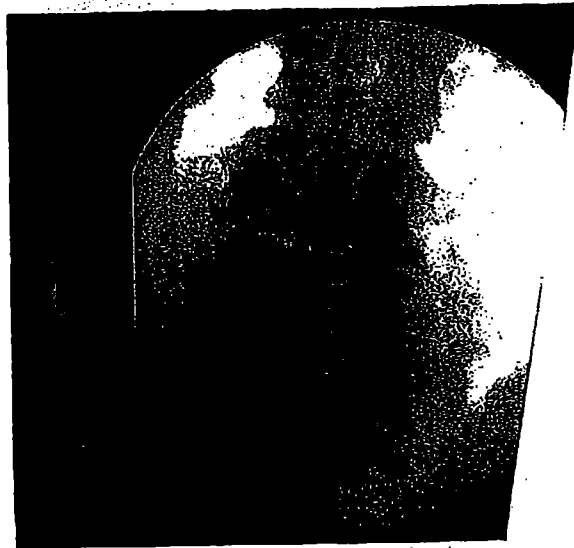




Record on Appeal
000322



Record on Appeal
000323



MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

11/14/2007 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of LLE and back

History of Present Illness: pt co cramping in LLE leg at night that happens about 1 times week which she reports has been going on for several months. pt is not sure if this started when she went off neurontin.

pt reports she tired skelaxin but it did not help pain before surgery. pt has not tried flexeril

pt denies ae's to meds

patient reports taking meds as prescribed.

pt ntos the days that she works she ahs to take 4 percocoet if she is not working she can cut back on percocet.

meds filled on 10/15/07

#5 percocoet and # 4 avinza remaining.

pt continue to work full time

pt had physical with pcp. she rpeorts labs wer done and she will get results soon.

Location Of Pain: LLE and back

Description Of Pain: Burning

Pain Rating: 5

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

New Meds:

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgey x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or

MS PATRICIA D JOHNSON

Home

Ins: SC BCBS

Female DOB:

6494

discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, SI

Comments: left

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

MS PATRICIA D JOHNSON

Female

6494

Home

Ins: SC BCBS

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Plan

trial flexeril 10mg 1/2-1 tablet po q hs prn cramping or spasms pt given education on risk, ae's including sedation safety and precautions including driving.

f/u in one month for a nurse visit

f/u 2 months

call for problems or concerns

pt appears to be taking meds appropriately, medication refills given

New Prescriptions/Refills:

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn #30 x 1 : Kacie B Tartaro FNPC (11/14/2007), Reprinted

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (11/14/2007), Reprinted

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie B Tartaro FNPC (11/14/2007), Reprinted

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn #30 x 1 : Kacie B Tartaro FNPC (11/14/2007)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (11/14/2007)

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie B Tartaro FNPC (11/14/2007)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn

New Orders:

Return for Med Pickup [XXXXX]

Return for follow-up 2 months [xxxxx]

Expanded [99213]

Prescriptions:

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn #30 x 1

Entered by: Kacie B Tartaro FNPC

Authorized by: Phillip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 11/14/2007

Method used: Reprint

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

MS PATRICIA D JOHNSON

Female

6494

Home

Ins SC BCBS

Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/14/2007
Method used: Reprint

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/14/2007
Method used: Reprint

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn #30 x 1

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/14/2007
Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/14/2007
Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 11/14/2007
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 11/14/2007 at 8:23 AM

MS PATRICIA D. JOHNSON

Female

6494

Home:

Ins: SC BCBS

12/17/2007 - Rx Refill: Medication Management Note

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Medication Management Visit

Chief Complaint: medication visit for continued treatment on chronic pain of back

PATRICIA JOHNSON returns today requesting refill of medication. The patient is taking the prescribed medication appropriately with benefit. The patient denies any side effects from the medication. Therefore the chart was reviewed and the medication renewed. The patient will follow-up accordingly. alert and oriented x 4 no acute distress, pt to f/u in 1 month or call sooner for problems or concerns

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 12/17/2007

Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: Philip C LaTourette MD

Signed by: Kacie B Tartaro FNPC on 12/17/2007

Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 12/17/2007 at 8:38 AM

MS PATRICIA D JOHNSON

6494

Home

Ins: SC BCBS

Female

01/10/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back and legs

History of Present Illness: pt is taking flexeril when she can not sleep, she reports it is helping with cramping. she reports she does not need refill

pt denies any new sx bowel bladder changes weakness or parathesis

pt denies ae's to meds

patient reports taking meds as prescribed.

pt would like to have labs checked for liver will send for labs

she is working full time.

pain is 5/10 with meds

avanza and percocet filled 12/20/07 she has pills in med box at home.

Location Of Pain: back and legs

Description Of Pain: Aching

Pain Rating: 6

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

MS PATRICIA D JOHNSON

Female

6494

Home

Ins: SC BCBS

Thoracolumbar

Palpation: Tender

Plan

release rx on 2/18/08

f/u 2 months

call for problems or concerns

CMP-pt to go to dr bannon in pacolet for lab test, she will call for results.

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (01/10/2008)

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie B Tartaro FNPC (01/10/2008)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie B Tartaro FNPC (01/10/2008)

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie B Tartaro FNPC (01/10/2008)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn

New Orders:

Metabolic panel, comprehensive [CPT-80053]

Expanded [99213]

Return for follow-up 2 months [xxxxx]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

Signed by: Kacie B Tartaro FNPC on 01/10/2008

Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

Signed by: Kacie B Tartaro FNPC on 01/10/2008

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

Authorized by: John C Haasis MD

MS PATRICIA D JOHNSON

Home

Female

6494

Ins: SC BCBS

Signed by: Kacie B Tartaro FNPC on 01/10/2008
Method used: Print then Give to Patient
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0
Entered by: Kacie B Tartaro FNPC
Authorized by: John C Haasis MD
Signed by: Kacie B Tartaro FNPC on 01/10/2008
Method used: Print then Give to Patient

Signed by Kacie B Tartaro FNPC on 01/10/2008 at 3:17 PM

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

03/10/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of leg and back

History of Present Illness: pt denies change in pain

pt denies ae's to meds

patient reports taking meds as prescribed.

Pt tried amitiza but it do not help so she stopped. pt prefers name brand mirilax. will change to name brand. she tried otc herbal medication.

pt reports she is not sure if she may have pill sin billt botx which she hasnot used recently which is 1 week supply. pt reports she has not taken over 4 percocet and 1 avinza per day

she has #2 avinza and #6 remaining.

she is taking 4 percocet on most days occasionally 3 per day.

Location Of Pain: leg and back

Description Of Pain: Numbness, Sharp, Burning

Pain Rating: 4

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

New Meds:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Data Reviewed: Other

Comments: BUN CR AST ALT normal

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

MS. PATRICIA D JOHNSON

Home

Ins: SC BCBS

Female

6494

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss
Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia
Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia
Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema
Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing
Gastrointestinal: constipation
Genitourinary: urinary frequency
Musculoskeletal: back pain
Skin: denies rash, itching, dryness, suspicious lesions
Neurologic: HA-pt to see pc. p.
Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia
Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change
Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes
Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress
Communication ability: communicates by voice, normal quality
Gait and station: Normal

Psychiatric

Mental Status: AAO x3
Judgement/Insight: Intact
Mood/Affect: Appropriate
Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender
Midline, Facets
Comments: left

Manual Muscle Testing

RLE: 5/5
LLE: 5/5

MS PATRICIA D JOHNSON

Home:

Female

6494

Ins SC BCBS

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Plan

ok to fill on 4/18/08

f/u 2 months

call for problems or concerns

change mirilax to naem brand take as directed prn.

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0, 03/10/2008, Kacie B Tartaro FNPC

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0, 03/10/2008, Kacie B Tartaro FNPC

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY #527 grams x 5, 03/10/2008, Kacie B Tartaro FNPC

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0, 03/10/2008, Kacie B Tartaro FNPC

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0, 03/10/2008, Kacie B Tartaro FNPC

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0, 03/10/2008, Kacie B Tartaro FNPC

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0, 03/10/2008, Kacie B Tartaro FNPC

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0, 03/10/2008, Kacie B Tartaro FNPC

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0, 03/10/2008, Kacie B Tartaro FNPC

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY #527 grams x 5, 03/10/2008, Kacie B Tartaro FNPC

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

New Orders:

Return for follow-up 2 months [xxxxx]

Focused [99212]

MS PATRICIA D JOHNSON

Home

Ins: SC BCBS

Female

6494

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756660150830

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756660050830

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY #527 grams x 5

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756630600830

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756630500830

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756630400830

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756420250830

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Phillip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756420150830

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC

MS PATRICIA D JOHNSON

Home

Female

6494

Ins. SC BCBS

Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756087950830

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756087850830

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY #527 grams x 5

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 03/10/2008
Method used: Print then Give to Patient
RxID: 1520756087750830

Signed by Kacie B Tartaro FNPC on 03/10/2008 at 3:33 PM

MS PATRICIA D JOHNSON

Female

6494

Home

Ins: SO BCBS

05/19/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of leg and back and foot

History of Present Illness: pt is working full time
pt denies any new sx bowel bladder changes weakness or parathesis
patient reports taking meds as prescribed.
pt denies ae's to meds
pt repots meds are helping.
avinza filled on 4/21/08 pt took this am.
percocet filled on 4/21/08 #11 remaining
pt took percocet this am.
pain is 3-4/10 wiht meds

Location Of Pain: leg and back and feet

Description Of Pain: Numbness, Sharp, Aching

Pain Rating: 5

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt is coping well.

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgey x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

MS PATRICIA D JOHNSON

Home: (

Female

6494

Ins: SC BCBS

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, Facets

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

Comments: LLE

Neuro: No Atrophy or Clonus

Sympathetic Function: Normal

MS PATRICIA D JOHNSON

6494

Home:

Ins: SC BCBS

Female

Assessment

Status of Existing Problems:

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Kacie B Tartaro FNPC
Assessed DEGENERATIVE DISC DISEASE, LUMBAR SPINE as unchanged - Kacie B Tartaro FNPC
Assessed LUMBAR RADICULOPATHY as unchanged - Kacie B Tartaro FNPC

Plan

UTOX

ok to fill 6/20/08

f/u 2 months

call for problems or concerns

pt appears to be taking meds appropriately, medication refills given

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0, 05/19/2008, Philip C LaTourette MD
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0, 05/19/2008, Philip C LaTourette MD
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0, 05/19/2008, Philip C LaTourette MD
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0, 05/19/2008, Philip C LaTourette MD

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
PREVACID 30 MG CPDR (LANSOPRAZOLE)

New Orders:

Return for follow-up 2 months [xxxxx]
Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0

Entered and Authorized by: Philip C LaTourette MD

Signed by: Philip C LaTourette MD on 05/19/2008

Method used: Print then Give to Patient

RxID: 1526802327100690

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0

Entered and Authorized by: Philip C LaTourette MD

Signed by: Philip C LaTourette MD on 05/19/2008

MS PATRICIA D JOHNSON

Home

Female

6494

Ins: SC BCBS

Method used: Print then Give to Patient

RxID: 1526802327000690

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered and Authorized by: Philip C LaTourette MD

Signed by: Philip C LaTourette MD on 05/19/2008

Method used: Print then Give to Patient

RxID: 1526802326900690

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered and Authorized by: Philip C LaTourette MD

Signed by: Philip C LaTourette MD on 05/19/2008

Method used: Print then Give to Patient

RxID: 1526802326800690

Signed by Kacie B Tartaro FNPC on 05/19/2008 at 11:29 AM

MS PATRICIA D JOHNSON

6494

Home

Ins: SC BCBS

Female

07/23/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back leg and feet

History of Present Illness: pt saw pcp for headaches and neck pain

pt has neck pain and left frontal headaches. seh has q day and is waking up in pain. pt was told she has disc problems in neck causing pain. she is not sure if she had MRI, pt reports this has been going on for some time. pt is not sure what has been done with neck will request records. pt was given naproxen, she took for 2 days then stopped due to urinary frequency but was told by pharmacy this was not listed as side effect. pt has not taken in 2-3 days and she is no longer urinated more frequently. pt is also using ice.

she reports is helped and she went without headaches for a few days but is now sure when that occurred and if naproxen or ice is helping. she did not have headaches yesterday. pt will fu with pcp in 1 month.

pt denies any new sx bowel bladder changes weakness or parathesis

patient reports taking meds as prescribed.

pt took last dose of meds yesterday

pt denies ae's to meds

meds filled on 6/20/08

pt reports bending at working will aggravate pain.

pt told we need to see you back before she is out of meds

pt is taking citricel for constipation. she has BM 1-2 times per week. but reports seh does not keep up with it. she says he is having to strain alot. she has taken warm prune juice, senakote, mirilax without significant relief.

she reports nothing has really worked for constipation, discussed options on amltiza trial but these did not want to try due to ae's listed.

Location Of Pain: back leg and foot

Description Of Pain: Numbness, Sharp, Aching, Burning

Activity: Decreased

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? Yes

New Problems:

NECK PAIN (ICD-723.1)

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

MS PATRICIA D JOHNSON

Female

6494

Home

Ins: SC BCBS

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pc.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Cervical

Palpation: Tender

Trapezius/LS, Midline

Thoracolumbar

Palpation: Tender

MS PATRICIA D JOHNSON

Home:

6494

Ins: SC BCBS

Female

Midline

Manual Muscle Testing

RUE: 5/5

RLE: 5/5

LUE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory Decreased sensation to light touch

Comments: LLE LUE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Assessment

Status of Existing Problems:

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Kacie B Tartaro FNPC

Assessed DEGENERATIVE DISC DISEASE, LUMBAR SPINE as unchanged - Kacie B Tartaro FNPC

Assessed LUMBAR RADICULOPATHY as unchanged - Kacie B Tartaro FNPC

New Problems:

NECK PAIN (ICD-723.1)

Plan

ok to fill on 8/22/08

f/u 2 months

call for problems or concerns

pt wishes to see pcp for futher tx of neck and headaches, she is not sure if she had MRI, will request

records from pcp, pt was told we recoemmend cervical MRI

she was also told is she did not want to try amiliza for constipation and she has tired several otc meds that we would recommend referral to GI for constipation. she want to discuss with pcp.

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL

BEFORE #120 x 0, 07/23/2008, Kacie B Tartaro FNPC

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30

x 0, 07/23/2008, Kacie B Tartaro FNPC

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0,

07/23/2008, Kacie B Tartaro FNPC

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0, 07/23/2008, Kacie B

Tartaro FNPC

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY

MS PATRICIA D JOHNSON

Female DOB:

6494

Home:

Ins: SC BCBS

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
PREVACID 30 MG CPDR (LANSOPRAZOLE)

New Orders:

Release of Information [Release]
Return for follow-up 2 months [xxxxx]
Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 07/23/2008
Method used: Print then Give to Patient
RxID: 1532421000150820

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 07/23/2008
Method used: Print then Give to Patient
RxID: 1532421000050820

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 07/23/2008
Method used: Print then Give to Patient
RxID: 1532420550400820

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie B Tartaro FNPC
Authorized by: Philip C LaTourette MD
Signed by: Kacie B Tartaro FNPC on 07/23/2008
Method used: Print then Give to Patient
RxID: 1532420550300820

Signed by Kacie B Tartaro FNPC on 07/23/2008 at 10:50 AM

MS PATRICIA D JOHNSON

6494

Home

Ins: SC BCBS

Female

09/15/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back and leg and foot

History of Present Illness: pt reports she has been back to see pcp but he reviewed films.

pt reports no further testing was ordered.

pt is still out of work. pt is requesting dr latourette to release her back to work.

pt reports her work pulled her out of the 25th.

she was told she was sent home due to her meds but they have not change and patient reports that work is aware of the meds she is taking

pt reports she did go to work MD for back pain.

pt reports she saw pcp originally for headaches which are improved

pt reports she does not want to do cervical MRI currently due to cost, reviewed results off DDD.

pt reports pain that flared up in back is better now but she has not been working.

discussed options of resuming neurontin but does not want to resume

pt is taking percocet 3-4 per day and avinza q day.

med filled on 8/22/08

Location Of Pain: back leg and foot

Description Of Pain: Numbness, Sharp, Aching, Burning

Pain Rating: 4

Activity: Decreased

Did Medications Help? Yes

Is the patient taking any new medications? No

New Meds:

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatic nerve root at L5-S1

FCE dx PLS

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Data Reviewed: MRI

Comments: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this may be an ecatic nerve root but this is unusual appearance. recommend CT myelogram for further eval

T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc bulge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc bulge and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body, disc bulge with bilateral foraminal narrowing. facet joint hypertrophy is noted.

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Lumbar MRI 8/08: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this

MS PATRICIA D JOHNSON

Female

6494

Home

Ins SC BCBS

may be an ectatic nerve root but this is unusual appearance. recommend CT myelogram for further eval
T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc bulge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc bulge
and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left
intervertebral foramen and remodeling of the adjacent vertebral body, disc bulge with bilateral foraminal
narrowing. facet joint hypertrophy is noted.

Cervical Xrays 8/08: Degenerative disc disease with foraminal stenosis. C5-6

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or
discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND,
peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation,
hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

MS PATRICIA D JOHNSON

Female

6494

Home

Ins: SC BCBS

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

Cervical

Palpation: Non-Tender

Thoracolumbar

Palpation: Tender

Midline, SI, Gluts

Comments: left

Manual Muscle Testing

RUE: 5/5

RLE: 5/5

LUE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

Comments: LLE

intact BUE

Neuro: No Atrophy or Clonus

Sympathetic Function: Normal

Plan

CT myelogram ordered

will not send patient back to work without FCE, worke pulled her out and pt is saying they will not allow her to go back without release and if she has any activity restrictions

ct myelogram of lumbar area for further eval and recommendations from perviosu MRI reports that was ordred by pcp and reveiwd today.

recommend cervical MRI for further eval but she is refusing due to cost.

fu 2 weeks to reveiw FCE and Myelogram.

pt to call for problems or ae's

pt appears to be taking meds appropriately with benefit, medication refills given

Plan of care discussed with dr latourette and he is in agreement with treatment plan.

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie Tartaro NP (09/15/2008)

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Kacie Tartaro NP (09/15/2008)

FCE dx PLS #1 x 0 : Kacie Tartaro NP (09/15/2008)

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1 #1 x 0 :
Kacie Tartaro NP (09/15/2008)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
PREVACID 30 MG CPDR (LANSOPRAZOLE)
LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1
FCE dx PLS

New Orders:

Expanded [99213]
Return for follow-up 2 weeks [xxxxx]
CT procedure unlisted [CPT-76497]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie Tartaro NP
Authorized by: Phillip C LaTourette MD
Signed by: Kacie Tartaro NP on 09/15/2008
Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: Kacie Tartaro NP
Authorized by: Phillip C LaTourette MD
Signed by: Kacie Tartaro NP on 09/15/2008
Method used: Print then Give to Patient

FCE dx PLS #1 x 0

Entered by: Kacie Tartaro NP
Authorized by: Phillip C LaTourette MD
Signed by: Kacie Tartaro NP on 09/15/2008
Method used: Print then Give to Patient

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1 #1 x 0

Entered by: Kacie Tartaro NP
Authorized by: Phillip C LaTourette MD
Signed by: Kacie Tartaro NP on 09/15/2008
Method used: Print then Give to Patient

Signed by Kacie Tartaro NP on 09/16/2008 at 11:13 AM

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

10/06/2008 - Office Visit: Follow-Up Pain

Provider: Phillip C LaTourette MD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: patient complains of severe low back pain which radiates into her left lower extremity
History of Present Illness: this patient has been struggling for quite some time with back and leg pain. She is, also has some issues with her neck and headache pain. Today I reviewed her CT myelogram of her lumbar spine. It basically shows severe degenerative disk disease with vacuum phenomenon at L4-5 and L5-S1. She's had previous a lumbar laminectomy at L4-5.

Location Of Pain: low back and left lower extremity.

Neck

Description Of Pain: Numbness, Sharp, Aching

Pain Rating: 7

Activity: Decreased

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? Yes

Data Reviewed: Old Charts, CT, Myelogram

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Lumbar MRI 8/08: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this may be an ectatic nerve root but this is unusual appearance. recommend CT myelogram for further eval
T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc buldge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc buldge and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body, disc buldge with bilateral foraminal narrowing. facet joint hypertrophy is noted.

Cervical Xrays 8/08: Degenerative disc disease with foraminal stenosis. C5-6

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp.

Psychiatric: anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia, patient reports depression

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Vital Signs

P: 82 Rhythm: regular R: 16

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: ataxic

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Depressed

Recent/Remote Memory: Normal

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Facial strength: no weakness

Ears, Nose and Throat

External ear: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Lips/teeth/gums: normal dentition

Oropharynx: tongue normal, posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

MS PATRICIA D JOHNSON

Female

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Home:

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Chest Wall

Chest: Normal inspection and palpation

Abdomen

Abdomen: soft, non-tender, non-distended, no masses, bowel sounds normal

Extremities

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Eyes

Inspection of conjunctivae & lids: Normal

Pupils and Irises: grossly intact by confrontation

Pupils: equal, round, reactive to light and accommodation

EOM: extraocular movements intact, normal gaze alignment

Cranial Nerves

5th (Trigeminal): normal corneal reflex

7th (Facial): no weakness

8th (Auditory): grossly intact

9th (Glossopharynx): grossly intact

11th (Spinal accessory): grossly intact

12th (Hypoglossal): tongue midline on protrusion no fasciculations

Cervical

ROM: Decreased in all directions

Palpation: Tender

Trapezius/LS, Midline

Thoracolumbar

ROM: Decreased in all directions

Palpation: Tender

Midline, Facets

Manual Muscle Testing

RUE: 5/5

RLE: 5/5

LUE: 5/5

LLE: 5/5

Exceptions:

Left EHF: 5-/5

Muscle Stretch Reflex

RUE: 2+

RLE: 2+

LUE: 2+

LLE: 2+

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Sensory Decreased sensation to light touch

Comments: decreased sensation left lower extremity

Waddell's Signs: 0/5

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Assessment

Status of Existing Problems:

Assessed NECK PAIN as unchanged - Phillip C LaTourette MD

Assessed DEGENERATIVE DISC DISEASE, LUMBAR SPINE as unchanged - Phillip C LaTourette MD

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Phillip C LaTourette MD

Assessed LUMBAR RADICULOPATHY as unchanged - Phillip C LaTourette MD

Comments: and at this time, I believe this patient is suffering from significant pain in her back and left lower extremity. She also has complaints of neck pain. CT myelogram shows vacuum disc phenomenon at L4-5 and L5-S1. She appears to have a lumbar radiculopathy and I wish to establish that with an EMG. The patient I also believe there is some depression due to her pain and disability. She presently is not allowed to work at BMW, because she is on narcotics and I don't see any way of her being able to return to work. Not taking some sort of opiate type medication. I think that she is disabled at this time.

Plan

Additional Studies: EMG bilateral lower extremities

Medications: patient wishes to try Percocet alone without the Avinza.

Consults: Dr. Hinnant for treatment of depression associated with pain and disability

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1

FCE dx PLS

New Orders:

Return for follow-up 2 weeks [xxxxx]

Referral to Psychologist [XXXXX]

Needle EMG, 2 extrmty, w/ or w/o paraspinal [CPT-95861]

Expanded [99213]

Signed by Phillip C LaTourette MD on 10/27/2008 at 3:02 PM

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

10/15/2008 - Office Visit: New Psych Consult

Provider: Donald W Hinnant PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

This document contains confidential information

Psychological Consultation

Reason For Referral: This very nice lady has a job in assemble at BMW. She has been unable to work due to fact she has back and leg pain. She has worked there for 8yrs. She is a married high school grad with a grown 29yo son and husband works locally.

Very obvlous she is in a bind. She had been on pain meds at work given by her plant physician but now she will not be allowed to work in the plant on opioids of any type. She is not ready to retire, and worries. She was trying to hang in for another 5 years.

Tests Administered: none

Interview and Behavioral Observations: this pleasant lady needs some support for her medical leave, and pain/rehab. She is pretty straightforward and struggling to cope. She is resistent to antidepressant medications but not unreasonable. She took some years ago.

Mood is depressed. No evidence of substance abuse. No vegetative signs.

Diagnostic Impression: Depressive d/o,nos

Summary and Recommendations: We gave her samples of Cymbalta. I Will see her again, Nov.6.
50min

Assessment

Plan

New Orders:

Psychiatric Diagnostic Exam [90801]

Return for Follow-Up [XXXXX]

Updated Med List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

MS PATRICIA D JOHNSON
Female

6494

Home

Ins: SC BCBS

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qld prn *****DO NOT FILL
BEFORE
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
PREVACID 30 MG CPDR (LANSOPRAZOLE)
LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1
FCE dx PLS

Signed by Donald W Hinnant PhD on 10/21/2008 at 5:47 PM



CAROLINAS CENTER
FOR ADVANCED MANAGEMENT OF PAIN

☐ 220 Roper Mountain Extension
Greenville, SC 29615
864.295.6399

☐ 69 McDowell Street
Asheville, NC 28801
828.232.1955

☐ 820 Fleming Street
Hendersonville, NC 28792
828.233.0060

☐ Clinton Office

☒ 1330 Bolling Springs Road
Suite 2700
Spartanburg, SC 29646
864.583.0053

Test Date: 10/21/2008

Patient: Patricia Johnson	DOB:	Physician: Renju T. Joseph, MD
Sex: Female	Height:	Ref Phys: Philip LaTourette, MD

PATIENT HISTORY

57 yo AAF with low back pain since 2005 s/p lumbar surgery. She describes the low back pain as aching in quality with radiation with radiation down the LLE to the 1st toe with associated numbness.

PAST MEDICAL HISTORY

Pt denies any history of diabetes, thyroid disease, heavy alcohol use, or cancer.

PHYSICAL EXAM:

MSR: 2+ BLE

MMT: 5/5 BLE except left EHL 4/5

Sensation: decreased dorsum of left foot

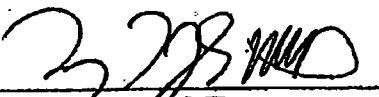
SUMMARY:

1. The nerve conduction studies of the BLE were within normal limits.
2. The needle EMG study of the RLE and corresponding paraspinal muscles was within normal limits.
3. The needle EMG study of the LLE and corresponding paraspinal muscles was within normal limits except for increased insertional activity, moderately increased spontaneous activity, increased amplitude, duration, markedly increased polyphasicity, decreased recruitment, and slightly decreased interference pattern in the anterior tibialis; increased amplitude, duration, moderately increased polyphasicity, decreased recruitment, and slightly decreased interference pattern in the peroneus longus and posterior tibialis; increased amplitude, duration, and slightly decreased interference pattern in the gluteus medius; and increased insertional activity, slightly increased spontaneous activity, and the presence of complex repetitive discharges in the lumbosacral paraspinal muscles.

IMPRESSION: Abnormal Study

1. There is electrodiagnostic evidence of a left chronic L4 and L5 radiculopathy. *This is with evidence of active denervation (noted in the anterior tibialis and lumbosacral paraspinal muscles).*
2. There is no electrodiagnostic evidence of a LLE plexopathy, myopathy, or overt peripheral neuropathy.
3. There is no electrodiagnostic evidence of a RLE radiculopathy, plexopathy, myopathy, or overt peripheral neuropathy.

Thank you for this referral, please feel free to contact me if you have any questions.


Renju T. Joseph, MD

Nerve Conduction Studies Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)
Left Peron Anti Sensory (Ant Lat Mall)									
14 cm		3.5	<4.3	9.8	>7.9	14 cm	Ant Lat Mall	3.5	14.0
Right Peron Anti Sensory (Ant Lat Mall)									
14 cm		3.8	<4.3	14.9	>7.9	14 cm	Ant Lat Mall	3.8	14.0
Left Sural Anti Sensory (Lat Mall)									
Calf		3.9	<4.3	18.3	>4.9	Calf	Lat Mall	3.9	14.0
Right Sural Anti Sensory (Lat Mall)									
Calf		3.8	<4.3	12.1	>4.9	Calf	Lat Mall	3.8	14.0

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev)											
Ankle		5.6	<5.7	2.8	>1.9	B Fib	Ankle	7.2	29.5	41.0	>40
B Fib		12.8		2.7		Poplt	B Fib	1.9	9.0	47.4	>40
Poplt		14.7		2.6							
Right Peroneal Motor (Ext Dig Brev)											
Ankle		5.6	<5.7	3.1	>1.9	B Fib	Ankle	7.4	30.0	40.5	>40
B Fib		13.0		3.2		Poplt	B Fib	2.3	9.5	41.3	>40
Poplt		15.3		2.8							
Left Tibial Motor (Abd Hall Brev)											
Ankle		5.9	<6.2	3.5	>1.9	Knee	Ankle	6.8	35.0	51.5	>41
Knee		12.7		2.3							
Right Tibial Motor (Abd Hall Brev)											
Ankle		5.4	<6.2	5.2	>1.9	Knee	Ankle	7.5	35.0	46.7	>41
Knee		12.9		4.4							

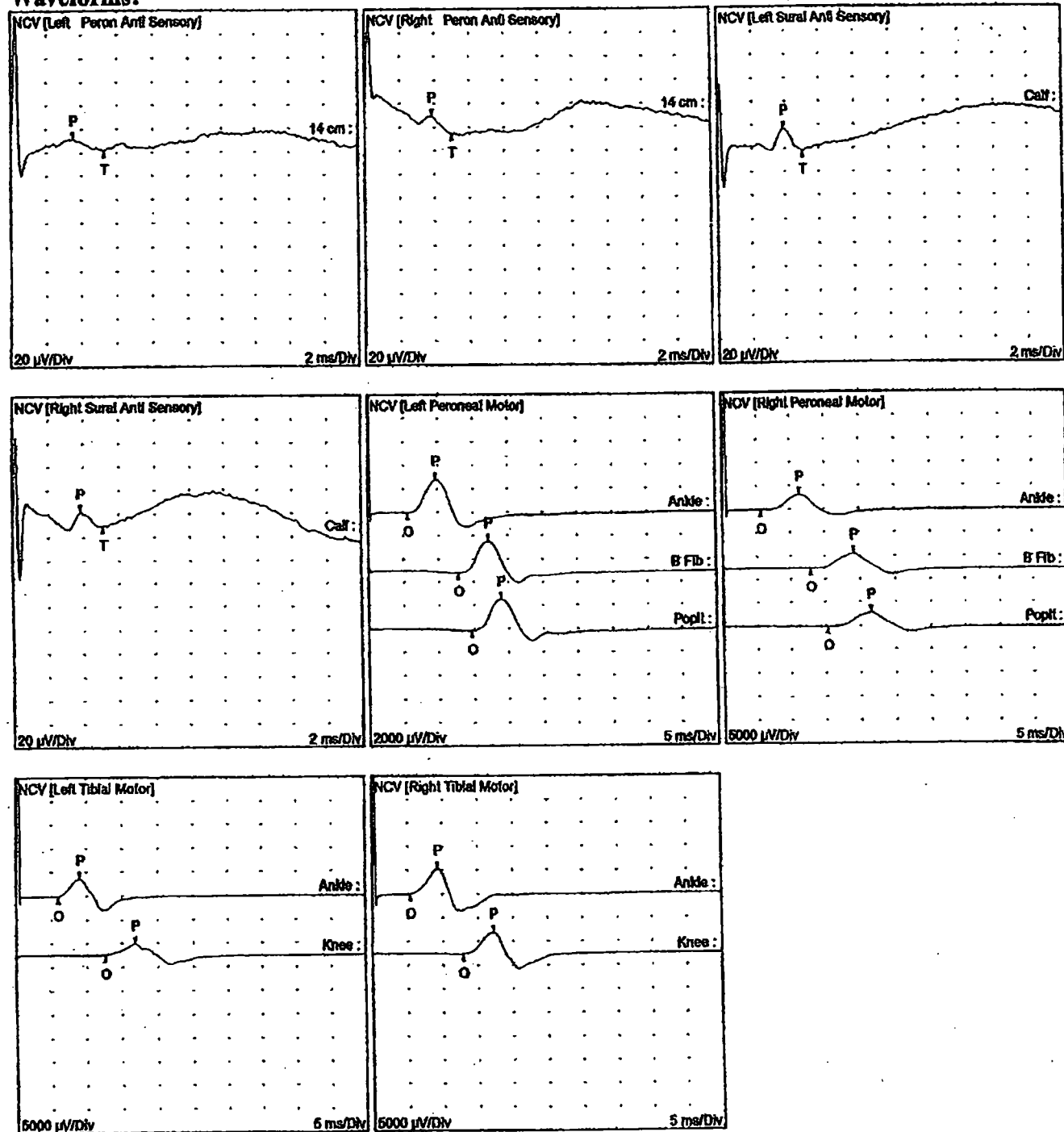
EMG

Side	Muscle	Nerve	Root	Ins Act	Fib	Pay	Amp	Dur	Foly	Recr	Int Pat	Comment	Complex Repetitive D/c
Left	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Left	MedGastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Left	Peroneus Long	Sup Br Peron	L5-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Left	PostTibialis	Tibial	L5, S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Left	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Left	GluteusMed	SupGluteal	L4-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Right	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Right	MedGastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Right	Peroneus Long	Sup Br Peron	L5-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Right	PostTibialis	Tibial	L5, S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent
Right	GluteusMed	SupGluteal	L4-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		Absent

Paraspinal EMG

Side	Muscle	Nerve	Root	Ins Act	Fib	Pay	Comment	Complex Repetitive D/c
Left	L2-L4	Rami	L1	Nml	Nml	Nml		
Left	L4-S1	Rami	L2	Nml	Nml	Nml		
Right	L2-L4	Rami	L1	Nml	Nml	Nml		Absent
Right	L4-S1	Rami	L2	Nml	Nml	Nml		Absent

Waveforms:



192

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

10/27/2008 - Office Visit: Follow-Up Pain

Provider: Phillip C LaTourette MD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: low back pain and left lower extremity pain

History of Present Illness: today I spoke patient. We discussed her EMG. The EMG is positive for an L4 and L5 lumbar radiculopathy. The radiculopathy is both active and chronic. Patient appears to be unable to work at this time, we discussed cord stimulation surgery and medication changes

Location Of Pain: low back and left leg

Description Of Pain: Numbness, Sharp, Aching, Burning

Pain Rating: 6

Activity: Decreased

Did Medications Help? Yes

Did Injection Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? Yes

Data Reviewed: Old Charts, MRI, EMG

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Lumbar MRI 8/08: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this may be an ectatic nerve root but this is unusual appearance. recommend CT myelogram for further eval
T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc buldge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc buldge and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body, disc buldge with bilat foraminal narrowing. facet joint hypertrophy is noted.

Cervical Xrays 8/08: Degenerative disc disease with foraminal stenosis. C5-6

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or

MS PATRICIA D JOHNSON

Female DOB:

6494

Home:

Ins: SC BCBS

discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcip.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Vital Signs

P: 80 Rhythm: regular R: 18

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Facial strength: no weakness

Ears, Nose and Throat

External ear: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Lips/teeth/gums: normal dentition

Oropharynx: tongue normal, posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Carolinas Center for Advanced Management of Pain

1330 Bolling Springs Rd Suite 2700 Spartanburg, SC 29303

8645830053 Fax: 8645830390

January 15, 2009

Page 3

Chart Document

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Eyes

Inspection of conjunctivae & lids: Normal

Pupils and Irises: grossly intact by confrontation

Pupils: equal, round, reactive to light and accommodation

EOM: extraocular movements intact, normal gaze alignment

Cranial Nerves

5th (Trigeminal): normal corneal reflex

7th (Facial): no weakness

8th (Auditory): grossly intact

9th (Glossophar): grossly intact

11th (Spinal access): grossly intact

12th (Hypoglossal): tongue midline on protrusion no fasciculations

Thoracolumbar

ROM: Decreased in all directions

Palpation: Tender

Midline, SI

Comments: left SI notch

Manual Muscle Testing

RUE: 5/5

RLE: 5/5

LUE: 5/5

LLE: 5/5

Exceptions:

Left EHF: 5-/5

Muscle Stretch Reflex

RUE: 2+

RLE: 2+

LUE: 2+

LLE: 1+

Sensory: Decreased sensation to light touch

Comments: left lower extremity

Waddell's Signs: 0/5

Neuro: No Atrophy or Clonus

Sympathetic Function: Normal

Assessment

Status of Existing Problems:

Assessed LUMBAR RADICULOPATHY as unchanged - Phillip C LaTourette MD

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Phillip C LaTourette MD

Assessed NECK PAIN as unchanged - Phillip C LaTourette MD

Record on Appeal

000361

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Assessed DEGENERATIVE DISC DISEASE, LUMBAR SPINE as unchanged - Phillip C LaTourette MD

Plan

Medications: continue same

Other: patient to consider spinal cord stimulator trialing

New Prescriptions/Refills:

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY #527 grams x 5 : Phillip C LaTourette MD (10/27/2008)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Phillip C LaTourette MD (10/27/2008)

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : Phillip C LaTourette MD (10/27/2008)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1

FCE dx PLS

New Orders:

Return for follow-up 1 month [xxxxx]

Expanded [99213]

Prescriptions:

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY #527 grams x 5

Entered and Authorized by: Phillip C LaTourette MD

Signed by: Phillip C LaTourette MD on 10/27/2008

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered and Authorized by: Phillip C LaTourette MD

Signed by: Phillip C LaTourette MD on 10/27/2008

Method used: Print then Give to Patient

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered and Authorized by: Phillip C LaTourette MD

Signed by: Phillip C LaTourette MD on 10/27/2008

Method used: Print then Give to Patient

Signed by Phillip C LaTourette MD on 10/27/2008 at 3:04 PM

Y. Eugene Mironer, MD
John C. Haasls, MD
Philip C. LaTourette, MD
Edward A. Lewis, MD
John R. Satterthwaite, MD
Renju T. Joseph, MD
Patricia R. Grant, MD
J. Kelby Hutcheson, MD
C. David Tollison, PhD
Donald W. Hinnant, PhD



CAROLINAS CENTER
FOR ADVANCED MANAGEMENT OF PAIN
www.carolinapain.com

11/7/08

Dear Mr. Smith,

I am prepared to declare that
Mrs. Johnson is fully disabled. I am
not prepared to declare her pain &
disability is due to a work related
injury.

Sincerely,

P. J. H. MD

220 Roper Mountain Road Ext.
Greenville, SC 29605
Phone: 864-295-6399
Fax: 864-295-2337

1330 Boiling Springs Road
Suite 2700
Spartanburg, SC 29303
Phone: 864-583-0053
Fax: 864-583-0390

45 Plateau Street
Bryson City, NC 28713
Phone: 828-586-7950
Fax: 828-488-4276

69 McDowell Street
Asheville, NC 28801
Phone: 828-232-1955
Fax: 828-232-0329

1325 Spring Street
Greenwood, SC 29646
Phone: 864-725-4095
Fax: 864-725-5082

820 Fleming Street
Hendersonville, NC 28739
Phone: 828-233-0060
Fax: 828-223-0063

105 Physicians Park Drive
Clinton, SC 29325
Phone: 864-583-0053 x31
Fax: 864-583-0390

421 Hulon Lane
West Columbia, SC 29169
Phone: 803-791-7175
Toll-free: 888-401-6099
Fax: 864-583-0147

Record on Appeal
000363

MS PATRICIA D JOHNSON
Female

6494

Home

Ins: SC BCBS

12/01/2008 - Office Visit: Follow-Up Pain

Provider: April Smith PA

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: pain in back and leg

History of Present Illness: Pt. denies any change in quality, character, and location of pain. Pt. denies any new weakness, paresthesias, bowel and bladder symptoms.

Pt. states is just trying to deal with the pain - is trying to get along without injections as these are painful and do not seem to last long enough (only 3-4 weeks).

Pt. was unable to watch SCS video because she returned it.

Pt. reports taking medications as directed. Pt. reports medication providing relief.

Pt. reports constipation from medications - controlled with miralax.

Pt. forgot to bring her bottle with her.

Location Of Pain: back and leg

Description Of Pain: Numbness, Sharp, Aching

Pain Rating: 8

Activity: Decreased

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? Yes

Comments: sadness - saw Dr. Hinnant, Had to pay \$80 for last visit.

Data Reviewed: Old Charts

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2
trigger finger x 2

CTS left hand

Gastritis

Lumbar MRI 8/08: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this may be an ectatic nerve root but this is unusual appearance. recommend CT myelogram for further eval
T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc bulge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc bulge and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body, disc bulge with bilateral foraminal narrowing. facet joint hypertrophy is noted.

Cervical Xrays 8/08: Degenerative disc disease with foraminal stenosis. C5-6

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation

Genitourinary: urinary frequency

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp.

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Facial strength: no weakness

Ears, Nose and Throat

External ear: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Lips/teeth/gums: normal dentition

Oropharynx: tongue normal, posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline

Extremities

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing, edema, or varicosities

MS PATRICIA D JOHNSON
Female

6494

Home

Ins: SC BCBS

Thoracolumbar

ROM: Decreased in all directions

Palpation: Tender

SI

Comments: left

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory Decreased sensation to light touch, Negative allodynia/hyperpathia

Comments: LLE

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Assessment

Status of Existing Problems:

Assessed DEPRESSION as comment only - April Smith PA

Assessed NECK PAIN as unchanged - April Smith PA

Assessed DEGENERATIVE DISC DISEASE, LUMBAR SPINE as unchanged - April Smith PA

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - April Smith PA

Assessed LUMBAR RADICULOPATHY as unchanged - April Smith PA

Plan

FU one month

Continue current therapy as this improves quality of life.

Pt. is functionally disabled and unable to return to work at this time.

Pt. considering SCS trial - given DVD today.

UTOX today.

New Prescriptions/Refills:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0 : April Smith PA
(12/01/2008)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : April
Smith PA (12/01/2008)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL
BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

FCE dx PLS

New Orders:

Focused [99212]

Return for follow-up 1 month [xxxxx]

In house screening [CPT-80101]

Prescriptions:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day #30 x 0

Entered by: April Smith PA

Authorized by: Phillip C LaTourette MD

Signed by: April Smith PA on 12/01/2008

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: April Smith PA

Authorized by: Phillip C LaTourette MD

Signed by: April Smith PA on 12/01/2008

Method used: Print then Give to Patient

Signed by April Smith PA on 12/01/2008 at 2:05 PM

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

01/05/2009 - Office Visit: Follow-Up Pain

Provider: Sri Craft NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: low back and leg pain

History of Present Illness: Denies any change in character, location or intensity of pain.

Does try to walk 3 days/wk but finds back exercises seem to aggravate the pain

Denies any new or different sensory or motor symptoms (eg. numbness, tingling, burning, hyperesthesia, weakness, change in gait or difficulty walking)

Here with Avinza script given 12/1 and states she is trying to not take this to decrease the side effects of meds "I'm trying to tough it out but it's hard."

States she does think not being on the Avinza has helped her headaches

States she is hurting more with doing this but thought it would be better on her liver and kidneys if she stopped it.

States she has looked at the SCS info but is not sure about that

Location Of Pain: low back and L leg to foot

Description Of Pain: Sharp, Aching

Pain Rating: 8

Activity: Decreased

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Lumbar MRI 8/08: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this may be an ectatic nerve root but this is unusual appearance. recommend CT myelogram for further eval
T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc bulge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc bulge and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body, disc bulge with bilateral foraminal narrowing. facet joint hypertrophy is noted.

Cervical Xrays 8/08: Degenerative disc disease with foraminal stenosis. C5-6

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History: Married, 1 child

high school

no tobacco

no etoh

last worked 8/08 (BMW)

MS PATRICIA D JOHNSON

Female

6494

Home: ()

Ins: SC BCBS

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation- Miralax is working

Genitourinary: urinary frequency - no changed "I've had everything checked and they say everything is fine."

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp on 1/9 for a "physical"

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Head and Face

Inspection: normocephalic, no scars, lesions, or masses

Thoracolumbar

ROM: Decreased in all directions

Palpation: Tender

Paravertebral

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

Comments: L LE

Assessment

Status of Existing Problems:

Carolinas Center for Advanced Management of Pain

1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
8645830053 Fax: 8645830390

January 15, 2009

Page 3

Chart Document

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Siri Craft NP
Assessed LUMBAR RADICULOPATHY as unchanged - Siri Craft NP

Plan

Extensive education re: SCS and trial process - she wants to think about this.
Lengthy discussion re: opioids and pain mgmt - she thinks she'd like to stick with one med and
since her headaches are improved off the Avinza will just keep her on Percocet.
F/U 1 mo

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Siri
Craft NP (01/05/2009)

Current Medication List:

AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn
AVINZA 30 MG CP24 (MORPHINE SULFATE BEADS) 1 tablet po q day ****DO NOT FILL BEFORE
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn ****DO NOT FILL
BEFORE
MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND
MEDICALLY NECESSARY
SENOKOT 8.6 MG TABS (SENNOSIDES) samples given
PREVACID 30 MG CPDR (LANSOPRAZOLE)
LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecalatic nerve root at L5-S1
FCE dx PLS

New Orders:

Return for follow-up 1 month [xxxxx]
Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Siri Craft NP
Authorized by: Phillip C LaTourette MD
Signed by: Siri Craft NP on 01/05/2009
Method used: Handwritten

Signed by Siri Craft NP on 01/05/2009 at 9:04 AM

MS PATRICIA D JOHNSON

Female

6494

Ins: SC BCBS

02/05/2009 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back leg and foot
History of Present Illness: pt reports she has less headaches without avinza, they are 50% better.
pt will consider scst, she admits she has not watched the video.
pt is taking percocet 4 per day, pain is 3-4/10 with meds
pt is trying to walk but has been limited with cold.
discussed retiring neurontin.
pt reports injection do not last long.
pt filled percocet on 1/6/09
pt denies any new sx bowel bladder changes weakness or parathesis
patient reports taking meds as prescribed.
pt denies allergies to meds

Location Of Pain: back leg and foot

Description Of Pain: Burning, Electric/Shooting

Pain Rating: 7

Activity: Decreased

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Lumbar MRI 8/08: post changes at L4-5, enlargement and remodeling of the left foramen at L5-S1 this may be an ectatic nerve root but this is unusual appearance. recommend CT myelogram for further eval
T11-12 minimal disc bulge

L2-3 disc bulge, mild foraminal narrowing bilat

L3-4 large circumferential disc bulge, mild foraminal narrowing bilat, some facet joint hypertrophy

L4-5 small laminectomy defect on the left and postoperative soft tissue swelling post. disc bulge and moderate foraminal narrowing bilat, facet joint hypertrophy. L5-S2 enlargement of the left intervertebral foramen and remodeling of the adjacent vertebral body, disc bulge with bilateral foraminal narrowing. facet joint hypertrophy is noted.

Cervical Xrays 8/08: Degenerative disc disease with foraminal stenosis. C5-6

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): Married, 1 child

high school

no tobacco

no etoh

last worked 8/08 (BMW)

MS PATRICIA D JOHNSON
Female

6494

Home:
Ins: SC BCBS

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: constipation- Miralax is working

Genitourinary: urinary frequency - no changed "I've had everything checked and they say everything is fine."

Musculoskeletal: back pain

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: HA-pt to see pcp on 1/9 for a "physical"

Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Extremities

Pedal pulses: pulses 2+, symmetric

Thoracolumbar

Palpation: Tender

Midline, SI, Gluts

Comments: bialt left>right

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

Sensory: Decreased sensation to light touch

Comments: LLE

MS PATRICIA D JOHNSON

Female

6494

Home:

Ins: SC BCBS

Neuro No Atrophy or Clonus
Sympathetic Function: Normal

Assessment

Status of Existing Problems:

Assessed SYNDROME, POSTLAMINECTOMY, LUMBAR as unchanged - Kacie Tartaro NP

Assessed LUMBAR RADICULOPATHY as unchanged - Kacie Tartaro NP

Plan

ok to fill on 3/6/09

f/u 2 months

call for problems or concerns

pt appears to be taking meds appropriately with benefit, medication refills given

pt will call if she decides on scst

pt given education on scst.

New Prescriptions/Refills:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0 : Kacie Tartaro NP (02/05/2009)

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0 : Kacie Tartaro NP (02/05/2009)

Current Medication List:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE

MIRALAX POWD (POLYETHYLENE GLYCOL 3350) take as directed prn*****NAME BRAND

MEDICALLY NECESSARY

SENOKOT 8.6 MG TABS (SENNOSIDES) samples given

PREVACID 30 MG CPDR (LANSOPRAZOLE)

LUMBAR CT MYELOGRAM dx PLS see mri reprot from 8/7/08 with ecatatic nerve root at L5-S1

FCE dx PLS

New Orders:

Return for follow-up 2 months [xxxxx]

Focused [99212]

Prescriptions:

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn *****DO NOT FILL BEFORE #120 x 0

Entered by: Kacie Tartaro NP

Authorized by: Y Eugene Mironer MD

Signed by: Kacie Tartaro NP on 02/05/2009

Method used: Print then Give to Patient

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tablet po qid prn #120 x 0

Entered by: Kacie Tartaro NP

Authorized by: Y Eugene Mironer MD

Signed by: Kacie Tartaro NP on 02/05/2009

Method used: Print then Give to Patient

Carolinas Center for Advanced Management of Pain
1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
8645830053 Fax: 8645830390

March 4, 2009
Page 4
Chart Document

MS PATRICIA D JOHNSON

Female DOB:

6494

Home:

Ins: SC BCBS

Signed by Kacie Tartaro NP on 02/05/2009 at 10:17 AM

Record on Appeal
000374

208

#9
BMW
ASSOCIATE MEDICAL
EVALUATION
Supervisor: Ron Herring
6-29-06
Supervisor: David Brown
7-31-07
8-25-08
Pg. 209-211

ASSOCIATE MEDICAL EVALUATION

Associate's Name Patricia Johnson Date & Time of Visit Tuesday
Associate's Number 4266 Follow-up Appointment Monday 7-11-06
Supervisor Ron Hemming Diagnosis Low back pain

Based upon available information and / or evaluation, this Associate's current medical condition is primarily:

Work Related: ☐ Personal: ☐ Uncertain: ☐

This Associate:

- ☐ Has been advised to consult with his / her physician regarding a personal condition
- ☐ May perform regular duties
- ☐ May NOT perform duty in the plant
- ☐ May be (re)introduced to regular duties as follows (does count restricted time):
 - ☐ Three (3) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ Two (2) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ One (1) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ Two (2) hours on regular duty / two (2) hours off line (restriction specified below)
 - ☒ May perform modified duty as listed below (counts as restricted time for OSHA)

Comments Can't comment - history here

Signature [Signature] Date 6-29-06

MAY perform the marked postures, movements, or activities below ONLY within the designated limitations:

Never = 0 Seldom = 1% - 10% Occasional = 11% - 33% Frequent = 34% - 66% Continuous = 67% - 100%

Neck	Forward	Backward	Sideward	Rotate	Back	Forward	Backward	Twist	Side	Squat / Kneel
Never					Never					Never
Seldom					Seldom					Seldom
Occasional					Occasional					Occasional
Frequent					Frequent					Frequent
Continuous					Continuous					Continuous

Hand / Finger	Grasp	Pinch	Finger Dexterity	Handle / Manipulate	Thumb Pushing	Material Handling	Lift	Carry 10'	Full Body Push / Pull	Vibration without Torque	Sander / Grinder
Never						Never				Never	
Seldom						Seldom				Seldom	
Occasional						Occasional				Occasional	
Frequent						Frequent				Frequent	
Continuous						Continuous				Continuous	

Wrist / Arm / Elbow	Sideways Wrist Motion	Bending Elbow	Rotate to Palm Up or Palm Down	Overhead Lift	Shoulder	Up	Forward	Lateral	Back	Push / Pull (Arms)	Throw
Never					Never						
Seldom					Seldom						
Occasional					Occasional						
Frequent					Frequent						
Continuous					Continuous						

ASSOCIATE MEDICAL EVALUATION

Associate's Name Johnson, Patricia

Date & Time of Visit

Associate's Number 4266

Follow-up Appointment IF NEEDED

Supervisor David Brown

Diagnosis Strain Lower back

Based upon available information and / or evaluation, this Associate's current medical condition is primarily:

Work Related: ☐

Personal: ☐

Uncertain: ☐

This Associate:

- ☐ Has been advised to consult with his / her physician regarding a personal condition .
- ☒ May perform regular duties
- ☐ May NOT perform duty in the plant
- ☐ May be (re)introduced to regular duties as follows (does count restricted time):
 - ☐ Three (3) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ Two (2) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ One (1) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ Two (2) hours on regular duty / two (2) hours off line (restriction specified below)
 - ☐ May perform modified duty as listed below (counts as restricted time for OSHA)

Comments ICE to BACK AFTER SHIFT - Analgesic as needed.

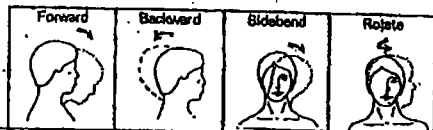
Signature Q. Johnson

Date 07-31-07

MAY perform the marked postures, movements, or activities below ONLY within the designated limitations:

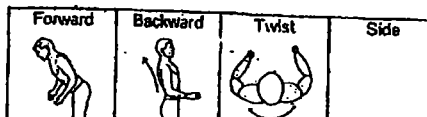
Never = 0 Seldom = 1% - 10% Occasional = 11% - 33% Frequent = 34% - 66% Continuous = 67% - 100%

Neck



	Forward	Backward	Sidebend	Rotate
Never				
Seldom				
Occasional				
Frequent				
Continuous				

Back

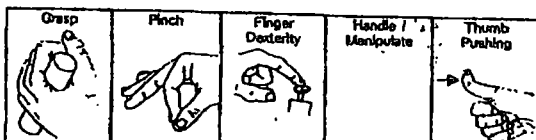


	Forward	Backward	Twist	Side
Never				
Seldom				
Occasional				
Frequent				
Continuous				

Squat / Kneel

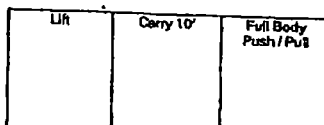
Never	
Seldom	
Occasional	
Frequent	
Continuous	

Hand / Finger



	Grasp	Pinch	Finger Dexterity	Handle / Manipulate	Thumb Pushing
Never					
Seldom					
Occasional					
Frequent					
Continuous					

Material Handling

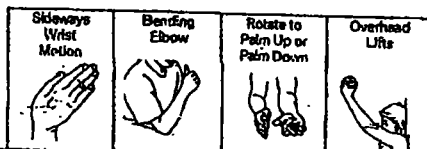


	Lift	Carry 10'	Full Body Push / Pull
Never			
Seldom			
Occasional			
Frequent			
Continuous			

Vibration without Torque

Never	
Seldom	
Occasional	
Frequent	
Continuous	

Wrist / Arm / Elbow



	Sideways Wrist Motion	Bending Elbow	Rotate to Palm Up or Palm Down	Overhead Lifts
Never				
Seldom				
Occasional				
Frequent				
Continuous				

Shoulder



	Up	Forward	Lateral	Back	Push / Pull (Arms)	Throw
Never						
Seldom						
Occasional						
Frequent						
Continuous						

ASSOCIATE MEDICAL EVALUATION

Associate's Name JUNSON, PATRICK Date & Time of Visit _____
 Associate's Number 4266 Follow-up Appointment To be determined
 Supervisor D. Brown Diagnosis _____

Based upon available information and / or evaluation, this Associate's current medical condition is primarily Medical Record FA
864-801-7938
Late Person -
On site WC REP
5576
- Rheba McGraw - 5247 -

This Associate:

- ☐ Has been advised to consult with his / her physician regarding a personal condition
- ☐ May perform regular duties
- ☒ May NOT perform duty in the plant
- ☐ May be (re)introduced to regular duties as follows (does count restricted time):
 - ☐ Three (3) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ Two (2) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ One (1) hours on regular duty / One (1) hour off line (restrictions specified below)
 - ☐ Two (2) hours on regular duty / two (2) hours off line (restriction specified below)
 - ☐ May perform modified duty as listed below (counts as restricted time for OSHA)

Comments

Signature [Signature] Date 8-25-08

MAY perform the marked postures, movements, or activities below **ONLY** within the designated limitations:
 Never = 0 Seldom = 1% - 10% Occasional = 11% - 33% Frequent = 34% - 66% Continuous = 67% - 100%

Neck	Forward	Backward	Sidebend	Rotate	Back	Forward	Backward	Twist	Side	Squat / Kneel
Never					Never					Never
Seldom					Seldom					Seldom
Occasional					Occasional					Occasional
Frequent					Frequent					Frequent
Continuous					Continuous					Continuous

Hand / Finger	Grip	Pinch	Finger Dexterity	Hands / Manipulate	Thumb Pushing	Material Handling	Lift	Carry 10'	Full Body Push / Pull	Vibration without Torque	Sander / Grinder
Never						Never				Never	
Seldom						Seldom				Seldom	
Occasional						Occasional				Occasional	
Frequent						Frequent				Frequent	
Continuous						Continuous				Continuous	

Wrist / Arm / Elbow	Sideways Wrist Motion	Bending Elbow	Rotate to Palm Up or Palm Down	Overhead Lifts	Shoulder	Up	Forward	Lateral	Back	Push / Pull (Arms)	Throw
Never					Never						
Seldom					Seldom						
Occasional					Occasional						
Frequent					Frequent						
Continuous					Continuous						

#10
A. MELTON
BMW/INCIDENT REPORT
8-25-08
Pg. 212-213

INCIDENT REPORT

(Please answer every question completely.)

Associate's Name Patricia D. Johnson
First Middle Last

Associate's Badge # 4266 Shift B Cost Center 1820 Work Phone _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Birth Date _____ Hire Date 11/13/00

Social Security Number _____ Job Title Assembly

Department R 4L Process Name door Panel Shift Model B

Line _____ Supervisor D. Brown Work Station _____

Date of Injury 8-19-08 Time of Injury 4th Quarter

Fully describe your injury / illness: back Pain

Did the incident occur from one specific incident? bending to low Yes or No (circle)

If yes, describe the incident: Putting screws in bottom of door

Did your injury / illness develop gradually over a period of time? Yes or No (circle)

If yes, indicate period: From (date) _____ To (date) _____

Describe how injury / illness developed: _____

Is there anything else that could have contributed to your injury / illness? Yes or No (circle)

If so, please give details: _____

Explain what caused your injury / illness (describe the process): bending to low

If you were lifting or moving an object when you were injured or became ill, describe the object: N/D

Give the approximate weight of the object:

When did you first realize you were injured?

Date:

Time:

When did you first feel pain?

Date:

Time:

Who at work did you first tell about your injury / illness?

Off Line - Derrin Hayes

When did you first tell your supervisor?

Next Day

Date:

Time:

Name of supervisor you reported your injury / illness to:

D. Brown

If the injury / illness was not reported to your supervisor on the date you were injured or became ill, state the reason it was not reported:

Name(s) of person(s) who witnessed your injury:

List the parts of your body affected:

back

Right, Left or Both (circle)

Name and address of physician(s) who treated you for this injury / illness:

Bannon Date of Visit: 8-19-08

Name and address of hospital where you were treated for this injury / illness:

Have you lost time from work?

NO

If so, indicate the first day you missed from work:

NO

If so, indicate the date you returned to work:

I certify that the answers given to the questions above are correct and accurate to the best of my ability and recollection. I hereby authorize the release of all medical records, including but not limited to psychological, psychiatric, alcohol and drug, and all other pertinent medical information relevant to my workers' compensation claim. Additionally, I authorize BMW Manufacturing Co., LLC and its workers' compensation carrier and their respective agents to communicate directly, both orally and in writing, with all treating physicians or medical providers of any kind regarding all facts and opinions relevant to my workers' compensation claim until my claim has ended. I understand that pursuant to S.C. Code Ann. §42-15-80 that no fact communicated to or otherwise learned by any physician or surgeon who may have attended or examined me, or who may have been present at any examination, is privileged.

Associate's Signature

8-25-08

Date

I.H.S. Representative's Signature

[Signature]

08-25-08

Date

TURNER PADGET

TURNER PADGET GRAHAM & LANEY P.A.

COLUMBIA
FLORENCE
GREENVILLE
MYRTLE BEACH

April 2, 2009

Vernon F. Dunbar

Email: VDunbar@TurnerPadget.com

Writer's Direct Dial: (864) 552-4601

Commissioner T. Scott Beck
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29201-1715

RE: Claimant: Patricia D. Johnson
 Employer: BMW Manufacturing Corporation
 Carrier: Specialty Risk Services Inc.
 Claim No.: YMG96273
 WCC File No.: 0813280
 Our File No.: 02920.00555
 D/A: 8/23/2008

Dear Commissioner Beck:

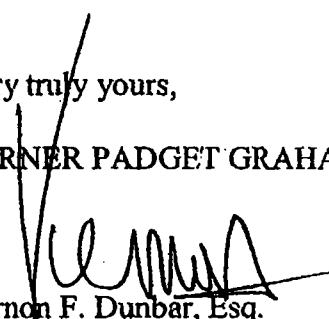
Please find enclosed our Pre-hearing Brief and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants for filing in the above captioned matter.

By copy of this letter to Albert V. Smith, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

With kind regards, I am

Very truly yours,

TURNER PADGET GRAHAM & LANEY P.A.


Vernon F. Dunbar, Esq.

VFD/mdj

Enclosures

cc: Beth Padgett
 Latu Person
 ✓ Albert V. Smith, Esquire (w\enclosures)

BUSINESS • LITIGATION • SOLUTIONS

200 East Broad Street • Suite 250 (29601) • PO Box 1509 • Greenville, SC 29602

Phone (864) 552-4600 • Fax (864) 552-4620 • turnerpadget.com

Record on Appeal

000382



Claimant's Name: _____

Address: _____

City _____ State: SC Zip: _____

Home Phone: _____ Work Phone: _____

Preparer's Name: Vernon F. Dunbar, Esq.

Employer's Name: BMW Manufacturing Corporation

Address: P.O. Box 11000

City Spartanburg State: SC Zip: 29304-1400

Carrier: Specialty Risk Services Inc.

Preparer's Phone #: (864) 552-4601

A claim for workers' compensation benefits is made based on the following grounds:
☐ Injury ☐ Illness ☒ Repetitive Trauma

1. Compensation Rate: \$ _____ 2. AWW: \$ _____ Date of Injury: 8/23/2008
3. Type of injury and body part(s): back and upper extremity
4. Facts in controversy: Compensability regarding the low back alleged injury. And whether she has reached MMI regarding upper extremity.
5. Legal issues involved: _____
6. Unusual aspects: Leave the record open for the report from Dr. Kevin Kopera regarding his evaluation.
7. Witnesses (designate if expert):* The claimant, Latu Person, John Huss, and David Brown, supervisors.
8. Exhibits: Video of claimant's job at BMW. BMW Work Environment Description
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
Please refer to APA submission
10. Name, address, and specialty, if any, of the treating physician: N/A
11. Impairment rating(s); body part(s); physician and date of opinion: _____
12. I am amending my Form 50/51 in the following manner: _____

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

Signature: Vernon F. Dunbar, Esq.

Date of hearing: 04/09/2009

Email: VDunbar@TurnerPadget.com

Time needed for hearing: 1 hour

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

CC Form # 58

Rev. 9/07

58

PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0813280

PATRICIA D. JOHNSON,

Employee,

Claimant,

vs.

BMW MANUFACTURING
CORPORATION,

Employer,

AND

SPECIALTY RISK SERVICES INC.,

Carrier,

Defendants.

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

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND ALBERT
V. SMITH, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South
Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws
(Cum. Supp. 1988) submit the following medical records and other documents as evidence:

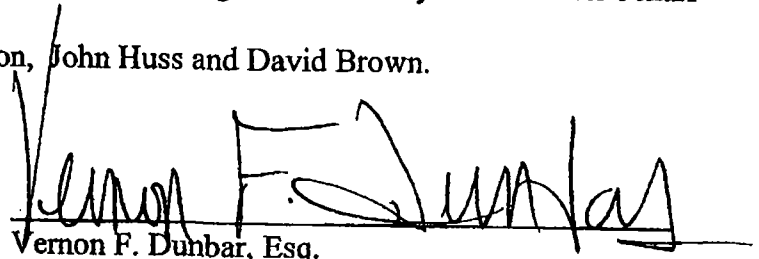
APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
APA # 11	Carolina OB-BYN Dr. Toler	01/09/09-04/21/06	Page 214 - 218
APA # 12	Urology Center of Spartanburg	11/12/2008	Page 219
APA # 13	Dr. Richard Bannon	11/10/08-11/22/04	Page 220- 228
APA # 14	Atena Attending Physician Form	10/06/2008	Page 229- 230
APA # 15	BMW STD Statement	08/29/2008	Page 231

APA # 16	Carolina Center for Advanced Management	07/23/08 – 09/27/2007	Page 232 - 236
APA # 17	BMW Industrial Health Services	11/28/06 – 10/17/2005	Page 237 – 243
APA # 18	Dr. Cavet McCorckle	12/13 – 01/31/2005	Page 244 - 253

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: The claimant, Latu Person, John Huss and David Brown.



Vernon F. Dunbar, Esq.
TURNER PADGET GRAHAM & LANEY P.A.
P.O. Box 1509
Greenville, SC 29602
(864) 552-4601
Attorneys for the Employer/Carrier

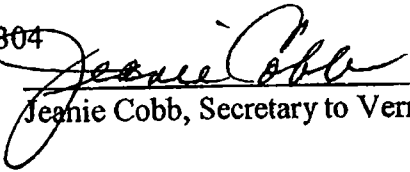
Greenville, SC

April 2, 2009

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Defendants were served upon Albert V. Smith, Esquire, the attorney for the claimant, this 2nd day of April, 2009, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Albert V. Smith, Esquire
P.O. Box 5866
Spartanburg, SC 29304



Jeanie Cobb, Secretary to Vernon F. Dunbar

WORK ENVIRONMENT DESCRIPTION

Assembler - Motor Vehicle / Chassis

JOB DESCRIPTION:

Assembles automobiles, at assigned work stations on moving assembly line, performing any combination of the following repetitive tasks according to specifications and using hand tools, power tools, welding equipment, and production fixtures and components to form body subassemblies. Positions and fastens together body subassemblies, such as side frames, underbodies, doors, hoods, and trunk lids, to assemble vehicle bodies preparatory to body welding process. Bolts, screws, clips or otherwise fastens together parts to form subassemblies, such as doors, seats, instrument control panels, steering columns, and axle units. Installs mechanical and electrical components and systems, such as engine, transmission, and axle unit; pumps; wire harnesses; instrument control panels; and exhaust, brake, and air conditioning systems. Fits and adjusts doors, hoods and trunk lids. Seals joints and seams, using caulk gun. Fastens seats, door paneling, headliners, carpeting, molding, and other trim into position. Fills vehicle systems with brake and transmission fluids, engine coolant, and oil. May apply precut and adhesive coated vinyl tops and pads to vehicle roofs. May verify quality of own work and write description of defects observed on documents attached to vehicle bodies. May enter and retrieve production data, using computer terminals. May work as a member of assembly group (team) and be assigned different work stations as production needs require or shift from one station to another to reduce fatigue factor. May participate in group meetings to exchange job related information. May be designated according to component assembled or installed as Assembler, Engine (auto. mfg.); Assembler, Seat (auto. mfg.); or stage of assembly as Assembler, Body (auto. mfg.); Assembler, Chassis (auto. mfg.); Assembler, Final (auto. mfg.); Assembler, Trim (auto. mfg.).

May manually spray surfaces of auto body with paint using a spray gun. Cleans grease and dirt from product, using materials such as lacquer thinner, turpentine, soap, and water. Applies masking tape over parts and areas that are not to be coated. Fills cavities and dents with putty to attain smooth surface. Sands rough spots on automotive vehicle. Sprays scratched areas with filler solution, using spray gun. Removes gloss from intermediate coats of paint, using polishing compound and cloth. Paints surfaces not readily accessible, such as wheels and underside of fenders, using brush and spray gun. May brush or spray undercoating material on replaced parts.

PHYSICAL REQUIREMENTS:

Highly repetitive, rapid, machine pace activity to manually assemble vehicles. There is little automation of the assembly process. There is frequent bending, stooping, gripping and lifting. Requirements include performing essential job functions, working a full 8 or 10-hour shift and required overtime, excluding a 40-minute lunch and two ten minute breaks.

PERSONAL PROTECTIVE EQUIPMENT or OTHER SPECIAL EQUIPMENT:

Safety glasses and steel-toed shoes are mandatory for all Production Associates. Additionally, Kevlar gloves and sleeves, welding jackets or aprons and bump caps are required for Production Associates assigned to the Body Shop. Nylon jumpsuits are required for Production Associates assigned to the Paint Shop.

ENVIRONMENTAL CONDITIONS:

TS-84
64-S-0-187
May 12, 2004
Revision 2
1 of 2

Exhibit

BMW Manufacturing Co., LLC
Industrial Health Services

A climate controlled facility with heat and water chilled systems. The average temperature is 68°F - 80°F. The average humidity is 12% - 60%, which varies with seasonal changes.

FUNCTIONAL REQUIREMENTS:

Medium Level Lifting Requirements:

Lifting	Occasional 0-33% of shift	Frequent 34-66% of shift	Continuous 67-100% of shift
Static to knuckle height	60 lbs.	25 lbs.	10 lbs.
Dynamic to bench height	60 lbs.	25 lbs.	10 lbs.
Dynamic to shelf height	25 lbs.	13 lbs.	5 lbs.

Heavy Level Lifting Requirements:

Lifting	Occasional 0-33% of shift	Frequent 34-66% of shift	Continuous 67-100% of shift
Static to knuckle height	100 lbs.	60 lbs.	25 lbs.
Dynamic to bench height	100 lbs.	60 lbs.	25 lbs.
Dynamic to shelf height	50 lbs.	25 lbs.	10 lbs.

TS-64
64-3-0-187
May 12, 2004
Revision 2
2 of 2

01/09/09

PATRICIA JOHNSON

#830850

Dr. Aaron M. Toler

DOB: 10/14/51

Patient: <u>Patricia Johnson</u>		AGE: <u>57</u>		DOB: <u>10/14/51</u>		Chart: <u>119/09</u>		Date: <u>1/9/09</u>			
Dr.: <u>A. Toler</u>		P: <u>102/60</u>		R: <u>157</u>		Temp: <u>98.6</u>		LMP: <u>11/9/08</u>			
Character	Color	Gluc	Bili	Ketones	SpGr	Blood	pH	Prot	Urobili	Nitrite	Leuk
NORMAL		neg	neg	neg	1.005-1.030	neg	5-7	neg	neg	neg	neg
HGB	HCG	KOH	Wet Mount	Glucose	Pain Level	Initials					
148											
NORMAL: 11.0-16.0 g/dl						NORMAL: 70 - 100 mg/dl			RANGE: 0 - 10		

PCW
Allergies

 CAROLINA OB GYN CARE PC
 2805 Palmetto Rd. • Bldg. 200 • Spartanburg, SC 29301

- S: The patient is a 57 year-old Black female, Gravida II, Para I, Abortus I, with a prior hysterectomy and unilateral salpingo-oophorectomy who presents today for her annual exam. She has a long history of chronic low back pain and is currently disabled and taking OxyContin daily. Her primary care physician is Dr. Bannon. She sees Dr. Latourette at the Pain Control Center in Boiling Springs. She recently apparently had an MRI which showed some benign appearing kidney cysts which is being followed by urology. Allergies are penicillin. Medications are Climara 0.5 mg, generic OxyContin 5 mg three to four times daily. Complete review of systems as above, otherwise negative. See yellow sheet for details.
- O: On physical examination, vital signs are as above. In general, the patient is in no apparent distress. Head, ears, eyes, nose, and throat examination is within normal limits. The oropharynx is clear. The neck shows no thyromegaly or lymphadenopathy. The heart has a regular rate and rhythm. The lungs are clear. The breasts were examined in the sitting and supine position; bilateral fibrocystic breast changes, no masses, discharge, or adenopathy were appreciated. Back shows no CVA tenderness. The abdomen is soft, nontender, and nondistended. There are positive bowel sounds and no organomegaly. Pelvic reveals normal external female genitalia. The vagina is slightly atrophic. The uterus is surgically absent. Rectovaginal exam reveals no masses with Hemoccult negative brown stool. Unilateral ovary was not palpated. Extremities are without tenderness or edema.
- I/P:
1. Normal menopausal exam with mild pelvic organ prolapse. The patient is minimally symptomatic at this time. Pap smear was done. I suggested that we go to Pap smears every two to three years. The risks, benefits and side effects of hormone replacement therapy were discussed. The patient would like to continue her Climara. A prescription for Climara 0.05 mg was provided with instructions.
 2. Fibrocystic breast changes. The patient was counseled on self-breast exams. A screening mammogram was ordered.
 3. Health maintenance managed by Dr. Bannon. The patient will have a bone density at her convenience.
 4. Chronic back pain managed by the Pain Center in Boiling Springs.
- Aaron M. Toler, M.D./ma

10/31/07

Dr. Aaron M. Toler

PATRICIA JOHNSON
(delayed dictation)

DOB: 10/14/51

Patient: <u>Patricia Johnson</u>		AGE: <u>56</u>		DOB: <u>10/14/51</u>		Chart: <u>4856</u>		Date: <u>10/30/07</u>			
Dr.: <u>AT</u>		WL: <u>146</u>		HL: <u>115</u>		LMP: <u>11/5/07</u>					
BP: <u>108/68</u>		P: <u></u>		R: <u></u>		Temp: <u></u>		Allergies: <u>Pen</u>			
Character	Color	Gluc	Bili	Ketones	SpGr	Blood	pH	Prot	Urobil	Nitrite	Leuk
		<u>n</u>						<u>n</u>			
NORMAL		neg	neg	neg	1.003-1.030	neg	5-7	neg	neg	neg	neg
HGB	HCG	KOH	Wet Mount	Glucose		Pain Level		Initials			
<u>14.8</u>						<u>5</u>		<u>KT</u>			
NORMAL: 11.5-15.5 g/dl				NORMAL: 70-105 mg/dl		RANGE: 0-10					

CAROLINA OB/GYN CARE, PC
2005 Pavilion Rd. • Ste. 200 • Spartanburg, SC 29301

- S: The patient is a 55 year old Black female, Gravida II; Para I, Abortus I, with a prior hysterectomy and unilateral salpingo-oophorectomy who presented for an annual exam on 10/31/07. I do not recall the specifics of the exam. My notes indicate that the patient has a long history of chronic back pain and takes OxyContin as needed. She also struggles with chronic constipation secondary to narcotic use resulting in pelvic organ prolapse. Past history is reviewed and is otherwise unchanged. Medications – see updated medication profile. Allergies are penicillin. Complete review of systems as above; otherwise negative. See yellow sheet.
- O: On physical examination, vital signs are as above. Per my notes the patient had a normal exam with the exception of bilateral fibrocystic breast changes. She was also noted to have normal pelvic exam and surgically absent uterus and prolapse unchanged from previous visit. Stool was Hemoccult negative and brown.
- I/P: 1. Normal GYN exam with pelvic organ prolapse exacerbated by constipation. Per my notes, the patient declined surgical options or pessary and Pap smear was done. She will follow up in one year. If her constipation persists, I would recommend referral back to Dr. Fedalel for evaluation.
2. Fibrocystic breast changes. The patient was counseled on self-breast exams and a screening mammogram was ordered.
3. Health maintenance managed by Dr. Bannon. I have encouraged her to have a bone density at her convenience.

Aaron M. Toler, M.D./mal

✓

Progress Notes

Patient Name: Patricia Johnson DOB: _____ SS # _____

Date of message	Time of message	Pt Name	Urgent	Primary Physician
5/3/07	AM			AT
Who called	Referral to pt	L M P	Temp	Pt Age
Patricia Johnson		1 1		
Medication	Pharmacy Phone No.	Physician's orders / Followup action		
10-14-51		Ref to Dr. Burt		
Allergy		of GI		
Message		AT 5/3/07		
Pt cont c chronic Constipation.		Pt to call back		
Zelnorm did not help - Please advise		about which GI Dr		
5/3/07 9:30		in her plan is		
Person Taking Message	Call Back Times Available	Call Back Notes	Call	Handled by
KD	AM PM Home			

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10/24/06

Dr. Aaron M. Toler

PATRICIA JOHNSON

#1456

DOB: 10/11/51

Patient: Patricia Johnson AGE: 55 DOB: 10/11/51 Chart: 4856 Date: 10/24/06
 Dr.: AT Wt.: 142 Ht.: 5'5" LMP: 4/5/05

BP: <u>118/64</u>		P:		R:		Temp:		Allergies			
Character	Color	Gluc	BH	Ketones	SpGr	Blood	pH	Prot	Urabil	Nitrite	Leuk
		—						—			
NORMAL		neg	neg	neg	1.000-1.030	neg	5-7	neg	neg	neg	neg
HGB		HCG		KOH		Wet Mount		Glucose		Pain Level	Intitile
<u>12.2</u>										<u>5</u>	<u>KO</u>
NORMAL: 11.0-16.0 g/dl								NORMAL: 70-135 mg/dl		RANGE: 0-10	

CAROLINA OB GYN CARE PC
 2803 Redwood Rd. • Bldg. 200 • Spartanburg, SC 29301

S: The patient is a 55-year-old Black female, Gravida II, Para I, Abortus I, with a prior hysterectomy and unilateral salpingo-oophorectomy, who presents today for her annual examination. She has a long history of chronic back pain and takes OxyContin 5 three to four times daily. She also struggles with chronic constipation secondary to narcotic use and subsequent pelvic organ prolapse. She has previously been seen by Dr. Nikrooz and has had a normal colonoscopy. She is managed by ? Dr. Shanbhag at the Pain Management Center on highway 9. She is otherwise doing reasonably well and denies any menopausal symptoms today. Her past history is reviewed and is unchanged. Allergies are penicillin. Medications are Neurontin three to four times daily uncertain of dose, OxyContin 5 three to four times daily, and ? Albenza. Complete review of systems is as above, otherwise negative.

O: On physical examination, vital signs are as above. In general, the patient is in no apparent distress. Head, ears, eyes, nose, and throat examination is within normal limits. The oropharynx is clear. The neck shows no thyromegaly or lymphadenopathy. The heart has a regular rate and rhythm. The lungs are clear. The breasts were examined in the sitting and supine position; no masses, discharge, or adenopathy were appreciated. There are bilateral fibrocystic breast changes. Back shows no CVA tenderness. The abdomen is soft, nontender, and nondistended. There are positive bowel sounds and no organomegaly. Pelvic reveals normal external female genitalia with Stage II to III cystocele, Stage I to II vaginal vault prolapse, and Stage I rectocele. Rectovaginal exam reveals no masses with heme negative brown stool. Extremities are without tenderness or edema.

I/P: 1. Normal GYN examination with pelvic organ prolapse exacerbated by constipation. We discussed surgical options and a pessary. The patient declines for now. Pap smear is done. She will follow up in one year or p.r.n. I have asked her to discuss with her pain management doctor about minimizing her medloines in hopes of improving her constipation. Should her constipation continue to worsen, we will refer back to Dr. Fedalel for further evaluation.
 2. Fibrocystic breast changes. The patient was counseled on self-breast exams, and a screening mammogram is ordered.
 3. Health maintenance managed by Dr. Bannon.

Aaron M. Toler, M.D./jlw

cc: Dr. Bannon and Dr. Shanbhag

(P)

MAILED
 10-26-6-Km

04/21/08

PATRICIA JOHNSON

#4858

Dr. Aaron M. Toler

DOB:

Ref: Patricia Johnson AGE: 54 Date: 4-21-08
Dr.: AT Wt.: 150 Ht.: 5'4" LMP: 11/01/07
BP: 130/78 P: R: Temp: 98.6 Allergies: PCN

Character	Dolor	Gluc	Bili	Ketones	SpGr	Blood	pH	Prot	Urobilin	Nitrite	Leuk
		---	---	---	1.015	Tr	5	---	---	---	---
NORMAL		neg	neg	neg	1.005-1.030	neg	5-7	neg	neg	neg	neg
HGB		HCG		KOH		Wet Mount		Glucose		Pain Level	Initials
										0	AT
NORMAL: 11.0-16.0 g/dl										NORMAL: 70-105 mg/dl	
										RANGE: 0-10	

2003 Fackell PC, 800-250-2500 • Spartanburg, SC 29301

- S: The patient is a 54-year-old White female, Gravida II, Para I, Abortus I, with a prior hysterectomy and unilateral salpingo-oophorectomy, who presents today with complaints of something falling out of her vagina. The patient has a long history of chronic constipation. She has had no relief with fiber. She was straining with a stool several weeks ago and noted a bulge protruding from her vagina. She denies any urinary tract infection symptoms or leakage of urine when she coughs and sneezes. She is frustrated with her constipation and reports a negative colonoscopy several years ago with Dr. Fedalei. Her past history is reviewed and is otherwise unchanged. Complete review of systems as above, otherwise negative.
- O: On physical examination, vital signs are as above. In general, the patient is in no apparent distress. Back shows no CVA tenderness. The abdomen is soft, nontender, and nondistended. There are positive bowel sounds. Pelvic reveals normal external female genitalia. The vagina shows a Stage II to III cystocele with Valsalva with a lateral defect, Stage I to II vaginal vault prolapse, minimal rectocele. Rectovaginal exam confirms with a firm stool. Extremities are without tenderness or edema.
- I/P: 1. Stage II to III cystocele and Stage I to II vaginal vault prolapse. I had a lengthy discussion with the patient regarding surgical and nonsurgical options including a pessary. The patient would like to try Kegel's exercises for now and will follow up in 10/2008 for her annual exam.
2. Chronic constipation unimproved with fiber. The patient reports a normal colonoscopy two years ago. Risks, benefits, and side effects of Zelnorm were reviewed in detail. Samples and a prescription of Zelnorm, 6-mg b.i.d. were provided for six weeks.

Aaron M. Toler, M.D./Jlw

(Signature)

Family Pharm Greer would like Climara 0.5mg
801-0411

Patient Name: JOHNSON, PATRICIA D.
Date of Service: 11/12/2008

MR#: 76953
DOB:

CONSULTATION

CHIEF COMPLAINT:

Right renal mass.

PRESENT ILLNESS:

57-year-old pleasant black female who is referred to our office to be seen in consultation for a right renal cystic mass. She was initially found to have a right cystic mass on a lumbar CT scan. Subsequent renal ultrasound revealed a complex right renal cyst mildly suspicious for neoplasia as well as a simple left renal cyst. She denies any significant change in her back pain. She has a long history of lumbar disk disease. She denies any gross hematuria, dysuria, past history of urinary tract infections or urolithiasis. She has no urinary incontinence. She does complain of nocturia 2-3; however, no stranguria or hesitancy.

ALLERGIES:

PENICILLIN.

MEDICATIONS:

Oxycodone on a p.r.n. basis.

REVIEW OF SYSTEMS/FAMILY HISTORY:

Updated today. See sheet.

MAJOR MEDICAL PROBLEMS:

Lumbar disk disease. No diabetes or hypertension.

Renal ultrasound report as well as lumbar CT scan was reviewed.

PHYSICAL EXAMINATION:

See sheet. There is slightly atrophic vaginal mucosa.

URINALYSIS: Clear. No blood was present.

IMPRESSION:

1. Complex right renal cyst.
2. Left simple renal cyst.
3. Mild atrophic vaginitis.

PLAN:

Will draw a BUN and creatinine today. Schedule abdominal triple phase CT scan. We will check a postvoid residual on her return appointment to make sure her residual is not elevated.

Clifton L. Williams Jr., M.D. F.A.C.S.

/arch/100271/2821/000074769/DD: 11/12/2008 12:18/DT: 11/13/2008 12:45

cc: Richard Bannon, FAX: 864-474-1501

11/10/08 PATRICIA JOHNSON 1-2139

RICHARD B. BANNON, MD

RENAL MASS

- S: The patient had a lumbar spine myelogram and CT of the lumbar spine. It was noted that there was a bilateral renal low attenuation lesion present. This was done at Mary Black Hospital, and a renal ultrasound was recommended. She came in today for follow-up on that. She has a lot of frequency and urgency but no true dysuria.
- O: See the vital signs sheet in the chart. The patient shows no signs of acute distress. Blood pressure is good at 110/70. Weight is 148. Chest is clear. Heart is stable. Abdomen is negative. I ordered a urinalysis, and it looks negative.
- A: Renal mass found on CT.
- P: I have ordered a renal ultrasound.

BACK PAIN

- S: The patient has been out of work for a while because of back pain. In 2005 she had disc surgery done by Dr. McCorkle. Since August 23 she was put out of work by the company doctor at BMW because of chronic back pain. The pain is in the lower back and a little bit in the neck. They have her on Oxycodone 7.5 four times a day and Avinza once a day. They don't want her to work on while taking that medication. She still has a lot of pain the lumbosacral area and in the neck. Her job duties include putting on door panels, which requires her to bend in a certain way to put them in place. She has to then put several screws in the panels and has to stoop down under the panels to do that. She has to get into several different positions to do the job. She has several other jobs there, and all of them require physical maneuvering, bending, stooping, etc. Her back pain became worse, so the CT and myelogram were done.
- P: Continue follow-up with her company doctor. I didn't add to or change her medicines for this problem.

RBB/mt-09
Job#147662

11/11/08 PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

RENAL MASS

- S: We had sent her for an ultrasound of the kidney because there was an abnormality seen in the kidney when she had a CT of the spine.
- O: I talked to the radiologist after this was done today, and on the right kidney there is a complex cyst with questionable lesion in the middle of it. He felt that it needs to be considered mitotic until proven otherwise.
- P: We have made an appointment for her to see a urologist tomorrow.

RBB/mt-09
Job#147663

8/5/08 MRI @ spine @ MBH 8/7/08 @ 8:30 AM (22)

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
8/11/08	4:15	pt	Patricia Johnson			B
AGE	WT	T	BY	MEDS	RE	
			Dr			
Want MR results -						
DISPOSITION Needs to make appt. to talk per Dr Bannan						
DRUG STORE:				BY:	TIME	
				RE	4:37	P

08/14/08 PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

ELEVATED BLOOD PRESSURE

O: The patient's blood pressure is slightly elevated today at 130/92. Chest is clear. Heart is stable. Abdomen is negative.

A: Mild elevation of blood pressure. She thinks it is secondary to pain. She is having a lot more pain today.

CHRONIC BACK PAIN

CHRONIC HEADACHE

S: I had started her on Naprosyn 500 mg twice a day. It does not seem to be effective. She goes to a chronic pain clinic, and they have her on Avinza and Oxycodone 4-5 times a day.

O: See the vital signs sheet in the chart. Her MRI is definitely abnormal. I went over the results with her.

A: Chronic pain.

P: I told her she needs to see a specialist to see if a CT or myelogram would be beneficial. I gave her a copy of the report to take to the chronic pain clinic and possibly to Dr. McCorkle.

RBB:mt-09
Job#138192

08/27/08 PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

CHRONIC BACK AND NECK PAIN

S: I went over the CT results with her. She hurt her back at work when she was bending over. They have been following this at work. They were a little upset that she came here because this was a worker's compensation problem. They sent her to the company doctor.

P: I talked to her about the report, but since worker's compensation is handling it we'll let their doctor follow-up on it. The company doctor has put her out of work for a while.

ELEVATED BLOOD PRESSURE

S: Her blood pressure was elevated last time, but she was in a lot of pain. She does not have as much pain now.

O: See the vital signs sheet in the chart. Blood pressure is down today to 120/70.

A: It looks the elevation in her blood pressure was secondary to pain.

P: No treatment necessary at this time.

RBB:mt-09
Job#139471

2139

DATE 9/24/08	TIME A 2:15 TIME P	CALLER PT	PT NAME - CHART # Patricia Johnson	PHONE #	ALL: P.S.C.O	MD B
AGE	WT.	T.	BY MB	MEDS:	RE: ↓ Fall #	
Needs to speak to the nurse						9/25/08 @ 2:47 pm
DISPOSITION @ 4:30 pm N/A TE						
DRUG STORE:				BY: TE	TIME 3:00 p	

11/10/08 Renal Uls @ MBH I. Center 11/11/08 @ 1:00 pm

2139

DATE 8/24/08	TIME A TIME P	CALLER	PT NAME - CHART # Pat Johnson	PHONE #	ALL: P.S.C.O	MD B
AGE	WT.	T.	BY Ph	MEDS:	RE:	
Wanted to let you know that her plant doctor took her out of work for a while.						
DISPOSITION						
DRUG STORE:				BY:	TIME: A P	

DATE 7/16/08	TIME A 2:00 TIME F	CALLER PT	PT NAME - CHART # 8139 Patricia Johnson	PHONE #	ALL: P.S.C.O	MO B
AGE	WT.	T.	BY MG	MEDS:	RE:	
wants to be seen today. Re: Dizziness, Headaches						
DISPOSITION						
2/m that I made her a Appt @ 4:00 7/17/08						
DRUG STORE:				BY: TE	TIME: 4:00	

RICHARD B. BANNON, MD

07/17/08 PATRICIA JOHNSON 2-2139
HEADACHE

- S: The patient states she has had a headache every day since March. She takes 1-2 Excedrin every day. Most of them are on the left side of her head. She points to the temple area. The left side of her neck also hurts. She is already taking Oxycodone and Avinza from the chronic pain clinic.
- O: See the vital signs sheet in the chart. Blood pressure is good at 110/70. Weight is 139. Pupils are equal, round and reactive to light direct and consensual. Tympanic membranes are negative. The neck is a little tight on the left side but not bad. The neck is supple. Chest is clear. Heart is stable. In 2005 we got cervical spine films that showed degenerative disc disease with foraminal stenosis and osteophyte formation. That has probably worsened.
- A: Persistent headaches. I think they are probably secondary to cervical osteoarthritis and irritation.
- P: I am going to put her on Naprosyn 500 mg twice a day. I want her to take it regularly after meals. This should go well with Oxycodone and Avinza.

HYPERLIPIDEMIA

- S: We had a letter from Dr. Toler stating that her cholesterol was high. She says she is working on it and it is going down.

RBB/ML-09
Job#138505

DATE 8/15/08	TIME A TIME P	CALLER Came in	PT NAME - CHART # Patricia Johnson	PHONE #	ALL: P.S.C.O	MO RB
AGE	WT.	T.	BY TE	MEDS:	RE:	
Back pain had surg 2005						
UA clear wants to have MRI						
DISPOSITION						
DRUG STORE:				BY: TE	TIME: 3:13	

DATE	TIME A	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
7/10/05	TIME P	PT	Patricia Johnson			M
AGE	WT	T	BY	MEDS:	RE:	
C/O in severe Pain Need something today						
DISPOSITION: VIC O PROFEV #30 = MRF Lgt. Feb 700. 9/4h PRN pr. Take 2nd						
Schedule PE if OK = R-Mule - disc bulge present						
DRUG STORE				BY	TIME	A P
Eck Pac				See		P

7/19/05 PATRICIA JOHNSON 2-2139
PENDING BACK SURGERY

RICHARD B. BANNON, MD

The patient has lumbosacral pain on the left with radiation down the leg. She is scheduled for disc surgery tomorrow by the neurosurgeons.

BACK PAIN

This is what brought her in. She has had a lot of neck pain. She has used Naprosyn and Lortab and Skelaxin to try and help the neck, but nothing has been successful. She has extremely large breasts and feels that they definitely aggravate the problem. She has talked to her insurance company about breast reduction surgery. See the vital signs sheet in the chart. HEENT: Negative. The neck is fairly tender. She has lightness of all the muscles along the neck. She has decreased range of motion secondary to pain. The chest is clear. The heart is stable. She has very large breasts. I did cervical spine X-ray, and it showed arthritic component. Neck pain is probably made worse by her large breasts.

Since she has been on anti-inflammatories, it probably is not going to respond to that. She has been on pain medication for her back pain, and the neck is still giving her problems. Breast reduction would be a reasonable treatment for her.

RBB/mf-09

25/05 Appt Dr. Habib 5/26/05 @ 1:45 pm
Called pt with Appt time

DATE	TIME A	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
5/25/05	TIME P	pt	Patricia Johnson			B
AGE	WT	T	BY	MEDS:	RE:	
			OK			
Called to let you know that Dr. Habib is on her network						
DISPOSITION: 5/26/05 1:45 pm						
585-3608				DRUG STORE	BY	TIME
					26	1:30 P

7/20/05 cancelled

-1508 NS

2139

10/24/06

Dr. Aaron M. Toler

PATRICIA JOHNSON

#1155R

DOB:

Patient:

AGE:

DOB:

Chart:

Date:

Dr.: AT

Wt.: 142

Hi:

LMP: 10/24/06

BP: 118/64

P:

R:

Temp:

Allergies:

Character	Color	Gluc	Bili	Ketones	SpGr	Stood	pH	Prot	Urobili	Nitrite	Leuk
		—						—			
NORMAL		neg	neg	neg	1.005-1.030	neg	5-7	neg	neg	neg	neg
HGB		HCG		KOH		Wet Mount		Glucose			
12.2											
NORMAL 11.0-15.0 g/dl											

Pen

Pain Level

Initials

5

KO

NORMAL: 70-135 mg/dl

RANGE: 0-10

CAROLINA OB GYN CARE PC
2005 Parkway Rd. Ste. 230 - Spartanburg, SC 29301

S: The patient is a 55-year-old Black female, Gravida II, Para I, Abortus I, with a prior hysterectomy and unilateral salpingo-oophorectomy, who presents today for her annual examination. She has a long history of chronic back pain and takes OxyContin 5 three to four times daily. She also struggles with chronic constipation secondary to narcotic use and subsequent pelvic organ prolapse. She has previously been seen by Dr. Nikrooz and has had a normal colonoscopy. She is managed by ? Dr. Shanghag at the Pain Management Center on highway 9. She is otherwise doing reasonably well and denies any menopausal symptoms today. Her past history is reviewed and is unchanged. Allergies are penicillin. Medications are Neurontin three to four times daily uncertain of dose, OxyContin 5 three to four times daily, and ? Albenza. Complete review of systems is as above, otherwise negative.

O: On physical examination, vital signs are as above. In general, the patient is in no apparent distress. Head, ears, eyes, nose, and throat examination is within normal limits. The oropharynx is clear. The neck shows no thyromegaly or lymphadenopathy. The heart has a regular rate and rhythm. The lungs are clear. The breasts were examined in the sitting and supine position; no masses, discharge, or adenopathy were appreciated. There are bilateral fibrocystic breast changes. Back shows no CVA tenderness. The abdomen is soft, nontender, and nondistended. There are positive bowel sounds and no organomegaly. Pelvic reveals normal external female genitalia with Stage II to III cystocele, Stage I to II vaginal vault prolapse, and Stage I rectocele. Rectovaginal exam reveals no masses with heme negative brown stool. Extremities are without tenderness or edema.

- I/P:
1. Normal GYN examination with pelvic organ prolapse exacerbated by constipation. We discussed surgical options and a pessary. The patient declines for now. Pap smear is done. She will follow up in one year or p.r.n. I have asked her to discuss with her pain management doctor about minimizing her medicines in hopes of improving her constipation. Should her constipation continue to worsen, we will refer back to Dr. Fedalei for further evaluation.
 2. Fibrocystic breast changes. The patient was counseled on self-breast exams, and a screening mammogram is ordered.
 3. Health maintenance managed by Dr. Bannon.

Aaron M. Toler, M.D./jlw

cc: Dr. Bannon and Dr. Shanbhag

Record on Appeal

000399

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RADIOLOGY SERVICES
2995 REIDVILLE ROAD
SPARTANBURG, S.C. 29301

PHONE (864) 573-3861

FAX (864) 573-3160

NAME: JOHNSON, PATRICIA
AGE: DOB:

SEX:

SSN:
ACCOUNT: 9999998

ORDERING PHYSICIAN:

(OVER READ)

Medical Record Number:

FOOTHILLS FAMILY MEDICINE/ PACOLET

CERVICAL SPINE (FIVE VIEWS): 5/19/05

History: Neck pain

There is narrowing at the disc space C5-6 with hypertrophic end plate changes and sclerosis consistent with degenerative disease. Posterior osteophyte formation is noted with some encroachment on the neural foramina bilaterally at C5-6.

IMPRESSION: Degenerative disc disease with foraminal stenosis as described.

JAMES L. DUNCAN JR., MD

This document has been electronically reviewed and approved
by JAMES L. DUNCAN JR., MD 05/24/2005.

V: mg

/i. 19

JOB: 01263

ID: 000445065

DD: 05/24/2005

DT: 05/24/2005 1148

TD: 0983

fx: RICHARD B. BANNON, MD (07239)

RADIOLOGY SERVICES

Record on Appeal

000401
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2139-02

DATE 1-13-05	TIME 9:45 P	CALLER PT	P. NAME - CHART # Patricia Johnson	PHONE #	ALL P.S.C.O.	MO B/M
AGE	WT	T	BY Dh	WEDS	RE	
Wants to know about her X-rays						
DISPOSITION Do not have yet						
				DRUG STORE	YV 1/13/05	

2139

DATE 1-14-05	TIME 9:45	CALLER PT	P. NAME - CHART # Patricia Johnson	PHONE #	ALL P.S.C.O.	MO M
AGE	WT	T	BY MG	WEDS	RE	
Wants results of MRI						
DISPOSITION Do not have yet pt. notified SA						
				DRUG STORE	Home 11:45	

01/10/05 JOHNSON, PATRICIA

2139-02

MARK MILES, M. D.

C: "My back is killing me."

H: EXTENDED HISTORY: This 53 year old with a 2 week history of left leg pain, it has been tingling and numb and now she is starting to have trouble walking. She initially saw Dr. Bannon on 11/18/04 and diagnosed with sciatica. Naprosyn, Darvocet, or Diazepam has not helped she says, it is getting to the point that she is having a hard time working. She is afraid she may lose her job if this keeps up. She has some trouble with bowels as far as constipation on review of systems. No trouble with bladder. Constipation has been somewhat chronic in nature. She has difficulty walking, feels numb all the way down to the big toe. Sitting makes it worse, standing makes it a little bit better, but she has a hard time standing still at work which she has to do sometimes at the BMW plant. None of her other medicines seem to be helping much anymore.

E: See the vitals signs sheet in the chart. Afebrile. Tearful. She walks with an obvious limp. Difficulty getting on and off of the table by herself. Subjective tenderness over L4/L5/S1 on the lumbar spine. No perivertebral tenderness. Straight leg raise positive on the left. DTR's are symmetrica and physiologic. Muscle tone, bulk, and strength is normal except for decreased strength secondary to pain. Difficult with flexion at the hip because of pain.

A/P: Sciatica, possible DJD of the back with herniated disc, fairly classic presentation, but startling to have some neuropathic symptoms. I do not think the constipation is a worry as this is more chronic although with the use of narcotics it could get worse and I have warned her of this. Referral for MRI and plain films. Switch over to Lortab #30 with 1 refill for pain. Use Advil 800 mg 3 times a day with food if needed and moist heat. Consider getting PT started once we get a definitive diagnosis. We may have to have a surgical evaluation as well. She will work if tolerated. Of note we gave her a shot of Toradol 30 mg IM in the office along with Decadron 1 1/2 cc. She tolerated both well.

MM/Int-05

1/20/05 Hgt = Dr. McCorkle 1/31/05 @ 9:15 Am Records fixed, Se.

Record on Appeal

000402

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9/25/00 appt Dr. Lijewski Nov 27, 2000 @ 3:30pm
left message on Alm pt to call for appt time - (28)

09/25/00 PATRICIA JOHNSON
CONSTIPATION

02-2139

RICHARD B. BANNON, M.D.

S: The patient has had a lot of problems with constipation most of her life. A lot of people have been talking to her about the fact that there is a good chance that it may mean that she has cancer of the colon. In talking to her there is really nothing there that particularly suggests any kind of cancer of the colon. No history of any bleeding. No real change in her bowel habits.

P: I am going to put her on Colace 100 mg p.o. b.i.d. I told her that I thought it was an indication that she probably needed to have a screening done at least. Set her up for an appointment with the gastroenterologist, Dr. Lijewski.

RBB/trx-02

11/18/04 PATRICIA JOHNSON 2-2139

RICHARD B. BANNON, MD

S: The patient was out walking last Friday and suddenly developed pain in the left lumbosacral area, more so over to the left hip. She kept walking but then finally had to stop because of the pain. She has taken a few Aleve, which seemed to help a little bit. The pain has not gone away. She has difficulty getting up when she is lying down. She has difficulty rolling over. The pain is more in the left hip and goes all the way down to the left foot.

O: See the vital signs sheet in the chart. Reflexes are 2+ and equal bilaterally. Straight leg raising shows a little pain with radiation at about 60 degrees. Vibratory sense is intact. There was no obvious area that I could palpate that was tender.

A: Left scialica.

P: We will treat her with Naprosyn and Darvocet and Diazepam. I gave her some Williams' flexion exercises. I told her to use hot or cold packs. If she is totally well in a week we do not need to do anything else. If she is not, I want her to come back for X-ray, etc.

RBB/Int-09

DATE 11/22/04	TIME 15:40	CALLER Pt	Pt NAME - CHART # Patricia Johnson	PHONE #	ALL: PS.CO	MD B
AGE	WT.	T.	BY MG	MEOS	RE:	
Needs to speak to the nurse about if she should see a chiropractor or not.						
hip + leg pain						
Dr. Bannon don't like						
for his pt to see chiropractor.						
DISPOSITION				DRUG STORE	BY (28)	TIME 2:10

10-05 MRI of L-Spine Jan. 12th @ 12:30 @ MBH SH
11/11/05 - No present needed per Susan @ 18002446224-(mt)



Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 7.
The Patient will complete Section 1.
The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician.

- (a) Control Number _____
(b) Patient Name (Last, First, Middle Initial) Patricia Thomas D. Social Security Number _____ Birth Date (MM/DD/YYYY) 1/24/1957 Height 154 Weight (lb) 157
(c) Patient Gender ☐ Male ☒ Female
(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) ☐ Check if New
(e) Mailing Address, if different from Home address _____
(f) Patient Employer Name/City/State Bmw ☐ Check if New
(g) Patient Telephone Number _____
(h) Job Title/Occupation Bmw - Assembly
(i) Type of Claim: ☒ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium
☐ Long Term / Permanent Total Disability

2. Physician Instructions: Please complete form in its entirety. Pages 2 and 3 MUST be completed before faxing.

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed.

3. Impairing Diagnosis & Treatment

- (a) For medical reasons, the patient will need to be absent from work due to a disability beginning on 6/6/08 and ending on unknown.
(b) Primary Diagnosis Unknown DDG + M.S. Primary ICD Code _____
Secondary Diagnosis Unknown Redi Secondary ICD Code _____
Other Diagnoses Depression Other ICD Codes _____
(c) Height _____ Weight _____ Date Measured (MM/DD/YYYY) _____
(d) If Pregnancy related, delivery or expected date _____ Month _____ Day _____ Year _____
Delivery Type: ☐ Vaginal ☐ Cesarean
(e) Surgery Date _____ Month _____ Day _____ Year _____
Primary Procedure N/A Primary CPT Code _____
Secondary Procedure _____ Secondary CPT Code _____
Other Procedures _____ Other CPT Codes _____
(f) Medication(s)/Dose/Frequency Oxycontin 800 prn 10/325 800 prn
Impairment from medication effects _____
(g) Is patient still under your care for this condition? ☒ Yes ☐ No, date service terminated (MM/DD/YYYY) _____
(h) Treatment summary Opiate Medication + Spinal injections
(i) Office visit dates: First 08/10/05 Last 10/16/08 Next 1 month Frequency of appointments month
(j) Was patient recently hospitalized? ☐ No ☒ Yes Date hospitalized: Admit (MM/DD/YYYY) _____ Discharge (MM/DD/YYYY) _____
(k) Hospital Name/City/State _____

Page 1 of 3

GC-1488-7 (8-07) B

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Patient Name (Last, First Middle Initial) Required

Johnson, Patricia

4. History

(a) Symptoms: LBPA leg pain

(b) Date symptoms first appeared or accident happened ... Month 10 Day _____ Year 04

(c) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☐ Yes ☒ Unknown

(f) Other Treating Physicians

Name Flandry/Hickok/KG Specialty MS City Spartanburg State SC
Name _____ Specialty _____ City _____ State _____

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable:

- Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to give supervision ☐ Yes ☒ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ☒ Yes ☐ No ☐ Other/describe in (d)

• Able to do? Select one: Place remarks in item (d) below, if applicable.

- ☐ Heavy work activity. No limitations of functional capacity.
- ☐ Medium work activity. Exerting 20-60 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
- ☐ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
- ☐ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
- ☒ No ability to work. Severe limitation of functional capacity: Incapable of minimal activity
- ☐ Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) No lift, bend, twist, work at height

- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☒ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities Month 10 Day 6 Year 04
- How long are these restrictions/limitations in effect? Permanently ☐ No Longer
Day _____ Weeks _____ Months _____
- Estimated return to work date? None modified duty _____ full duty _____
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)

(d) Other/Comments _____

6. Current Status

(a) Patient has ☐ Improved ☐ Stabilized ☒ Regressed ☐ Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?

☒ No ☐ Yes, please explain _____

(c) In your opinion, is your patient motivated to return to work? Yes

7. Physician Information

Attending Physician's Name (Print) <u>Philip L. Atourth</u>	Degree <u>MD</u>	Specialty <u>Pain Mgmt</u>
Address (No. Street, City, State, Zip Code) <u>2100 Boake Springs Hwy</u>	Telephone Number _____	Fax Number _____
Signature <u>[Signature]</u>	Date (MM/DD/YYYY) <u>10/16/05</u>	

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000405

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**BMW SHORT TERM DISABILITY
STATEMENT OF UNDERSTANDING
FORM 1B**

IMMEDIATELY SIGN AND RETURN TO:
Aetna - BMW MC Disability Claim Unit
PO Box 14560, KY 40512-4560
Phone: 1-866-326-1380 Fax: 1-866-667-1987

Name: Patricia Johnson SSN: _____

Address: _____ Home Telephone#: _____

I, Patricia Johnson understand that I must inform Aetna of any changes in my condition, (including a different return to work date, changing health care providers, etc.).

I understand that I must present a Return to Work Authorization form from my health care provider to Industrial Health Services (IHS) or Human Resources and Aetna before I return to work.

I understand that I must be cleared through IHS or Human Resources before I can physically return to work. If I am not cleared through IHS or Human Resources, I will continue to be out on short term disability (STD) benefits until my medical condition is cleared.

I understand that if I do not return to work on the day my health care provider states that I am able, I will be considered voluntarily resigned. If my health care provider is going to be extending my leave beyond the original return to work date, I will need to have my Physician contact Aetna with updated clinical information before the return to work date.

I understand that a completed return to work authorization form does not automatically constitute an extension of STD benefits through my return to work date.

I understand that benefits will not be paid until the SHORT TERM DISABILITY FORM and the DOCTOR'S STATEMENT are completed, returned and approved by Aetna.

I understand it is my responsibility to file for benefits, complete the necessary paperwork and ensure that my physician provides medical documentation to Aetna in a timely manner. I understand Benefits Administration, IHS or Human Resources and Aetna will not be responsible for incomplete forms, getting forms or information to and from my health care provider.

Employee/Associate

Signature: _____

Date: 5-29-05

Carolinas Center for Advanced Management of Pain
1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
8645830053 Fax: 8645830390

August 26, 2008
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Chart Document

MS PATRICIA D JOHNSON
Female

07/23/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back leg and feet

History of Present Illness: pt saw pcp for headaches and neck pain

pt has neck pain and left frontal headaches. seh has q day and is waking up in pain.

pt was told she has disc problems in neck causing pain. she is not sure if she had MRI, pt reports this has been going on for some time. pt is not sure what has been done with neck will request records. pt was given naproxen, she took for 2 days then stopped due to urinary frequency but was told by pharmacy this was not listed as side effect. pt has not taken in 2-3 days and she is no longer urinated more frequently. pt is also using ice.

she reports is helped and she went without headaches for a few days but is now sure when that occurred and if naproxen or ice is helping. she did not have headaches yesterday. pt will fu with pcp in 1 month.

pt denies any new sx bowel bladder changes weakness or parathesis

patient reports taking meds as prescribed.

pt took last dose of meds yesterday

pt denies ae's to meds

meds filled on 6/20/08

pt reports bending at working will aggravate pain.

pt told we need to see you back before she is out of meds

pt is taking citricel for constipation. she has BM 1-2 times per week. but reports seh does not keep up with it. she says he is having to strain alot. she has taken warm prune juice, senakote, mirilax without significant relief.

she reports nothing has really worked for constipation, discussed options on amitiza trial but these did not want to try due to ae's listed.

Location Of Pain: back leg and foot

Description Of Pain: Numbness, Sharp, Aching, Burning

Activity: Decreased

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? Yes

New Problems:

NECK PAIN (ICD-723.1)

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Record on Appeal

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August 26, 2008
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MSPATRICIA D JOHNSON

Female DOB: [REDACTED]

05/19/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of leg and back and foot

History of Present Illness: pt is working full time

pt denies any new sx bowel bladder changes weakness or parathesis

patient reports taking meds as prescribed.

pt denies ae's to meds

pt reports meds are helping.

aviza filled on 4/21/08 pt took this am.

percocet filled on 4/21/08 #11 remaining

pt took percocet this am.

pain is 3-4/10 w/ht meds

Location Of Pain: leg and back and feet

Description Of Pain: Numbness, Sharp, Aching

Pain Rating: 5

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt is coping well.

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgery x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Record on Appeal

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August 26, 2008
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MS PATRICIA D JOHNSON

Female

01/10/2008 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of back and legs
History of Present Illness: pt is taking flexeril when she can not sleep, she reports it is helping with cramping. she reports she does not need refill
pt denies any new sx bowel bladder changes weakness or parathesis
pt denies ae's to meds
patient reports taking meds as prescribed.
pt would like to have labs checked for liver will send for labs
she is working full time.
pain is 5/10 w/ht meds
avanza and percoet filled 12/20/07 she has pills in med box at home.

Location Of Pain: back and legs

Description Of Pain: Aching

Pain Rating: 6

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Physical Exam

General

General appearance: well developed, well nourished, no acute distress

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Recent/Remote Memory: Normal

Respiratory

Auscultation: clear to auscultation bilaterally, no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR, no murmur, rub, or gallop

Extremities

Pedal pulses: pulses 2+, symmetric

/2008 TUE 16:40 FAX

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August 26, 2008
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MSPATRICIA D. JOHNSON Home
 864/583-0053 MS SCRCBS

11/14/2007 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of LLE and back
 History of Present Illness: pt co cramping in LLE leg at night that happens about 1 times week which she reports has been going on for several months. pt is not sure if this started when she went off neurontin.

pt reports she tired skelaxin but it did not help pain before surgery. pt has not tried flexeril
 pt denies ae's to meds

patient reports taking meds as prescribed.

pt ntoss the days that she works she ahs to take 4 percocet if she is not working she can cut back on percocet.

meds filled on 10/15/07

#5 percocet and #4 avinza remaining.

pt continue to work full time

pt had physical with pcp. she rpeorts labs wer done and she will get results soon.

Location Of Pain: LLE and back

Description Of Pain: Burning

Pain Rating: 5

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

New Meds:

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) 1/2-1 tablet po q hs prn

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgey x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or

Record on Appeal

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August 26, 2008
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MS PATRICIA D JOHNSON

Female DOB

09/12/2007 - Office Visit: Follow-Up Pain

Provider: Kacie Tartaro NP

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office

Follow-Up Visit

Chief Complaint: here for f/u visit for evaluation and treatment of chronic pain of leg and back

History of Present Illness: pt repots her hand is doing well, she is back to work full time

she saw dr mullens last week and will fu in 2 weeks.

pt is taking 3-4 percoet per day and avinza, pt reports pain is controlled.

pt denies any new sx bowel bladder changes weakness or parathesis

patient reports taking meds as prescribed.

pt denies ae's to meds

filled 8/15 #9 remaining.

pt rpeots seh know neurontin helps but she does not want to take, she wants to take less meds if possible.
 she is bending alot at work which she notes can increase pain.

Location Of Pain: leg and back

Description Of Pain: Numbness, Burning

Pain Rating: 4

Activity: Stayed The Same

Did Medications Help? Yes

Is the patient taking any new medications? No

Does the patient have any new medical or surgical problems? No

Is the patient experiencing increased sadness, anxiety, or family problems? No

Comments: pt reports she is coping well -si -hi

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): back surgey x 2

trigger finger x 2

CTS left hand

Gastritis

Family History (Reviewed - No Changes Since Last Visit): no family hx of significance

Social History (Reviewed - No Changes Since Last Visit): working full time at BMW

Married, 1 child

high school

no tobacco

no etoh

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopla, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive spuulum, hemoptysis, wheezing

Record on Appeal

000411

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DATE:	TIME:	
11-6-06	0430	A Low back pain - Related to a trip injury (hyperextension). Itv of chronic low back pain being tx by pain management. Must likely JE joint strain. P Reg duty Mire 1 BPF FW IWK sooner if needed
11-18-06	0400	S FIV R Elbow medial Epicondylitis. She is requesting repeat steroid injection. Reports last injection (4-21-06) worked really well for her. Reports recurrence of discomfort last 3 weeks. Q - In NAD R Elbow - No swelling, erythema, increased warmth, ecchymosis, or crepitation. Full ROM. Point tenderness medial epicondyle. Procedure note: Consent form signed. Skin R Elbow medial epicondyle area prepped with Betadine. 1cc lidocaine 1/2cc morcaine 1/2cc Kenglog 10mg/1cc injected medial epicondyle area. Tolerated well. No numbness/tingling with injection. Relief of tenderness after injection. A - R Elbow medial epicondylitis - recurrence SIP steroid injection (2nd) P Reg duty Elbow pad FIV IWK

Name: Patricia Johnson Associate #: 4266 Shift: _____

DATE:	TIME:	
11-6-06	0430	really bad over the weekend. Reports low
(Cont)		back pain has remained the same since the
		weekend. Reports lying down is the worse but
		sitting. Walking also causes pain. Reports
		pain will radiate around to the left groin
		area. Reports she had two back surgeries
		in 2005 1 month apart. No hx of Fusion.
		Reports she can't to have unchanged leg symptoms
		which has been present since her back surgery.
		Takes Oxycodone for low back pain but does
		not take it so it affects her at work.
		Takes Neurontin for Left leg symptoms.
		Reports she had to have two Epidural injections
		in her low back after the surgery prior to her
		RTW. She was out of work for 5 months after
		her surgery. Allergic to Penicillin. Takes
		Oxycodone and Neurontin (No driving at
		work). Treat at Pain center in Spartenburg.
		No other Rx med. No hx of PVD, Kidney Rx,
		or Diabetes. No hx of Kidney stones.
		On NARS Performing Reg Duty ok
		Ambling with slight limp
		LS spine - tender Left SI joint area. No pain
		spinous processes or interspinous ligaments. No
		paraspinal muscle tenderness (spasm). Left
		low back pain (non radicular) with Left SLR.
		Strength SIS symmetrical in LES. Full ROM.

Discomfort with extension. > flexion No erythema or
 Name: JOHNSON, PATRICIA Associate #: 4266 Shift: skin eruption

Wap - tender Greater trochanter. Discomfort post
 Wap with IR. No Ecchymosis, erythema, or thrombosis

DATE:	TIME:	
6/11/06	2215	O: Associate # 1455 ch (L) hip, (L) pelvic; pain x 15 min, as result of trip over floor mat, and subsequent fall to floor onto (L) hip; no other complaints offered. O: Appear to be slowly moving into all positions slowly; states "I feel it catch every once and a while; intermittent grimacing; constant grunting." (L) hip area states "It hurts down the back all around to the front"; NKA; MEDS: OXYCODONE HX: LAMENECTOMY OF CERVICAL VERTEBRAS A: see ob P: Sent to ABH radiology for x-ray of (L) pelvis (L) hip, lower spine; App to Dr. Hume in AM; Ref to 1455 for physical exam; 400 mg pain med; ice x 15 min. NAACRN
11-6-06	0430	S 55 YO BF BF assembly associate who reports she tripped over a newly installed mat in her work area last Wednesday. Reports that when she tripped it jerked her low back. Describes hyperextension type injury. Reports that 4 or 5 people "have tripped over the mat thus far. She did not fall to the ground and did not strike her back on anything. "I sort of caught myself when I tripped." Reports back pain was

Name: JOHNSON, PATRICIA Associate #: 4266 Shift:

DATE:	TIME:	
6-29-06	0600	S FW low back pain. Reports strength improved. Reports not as stiff. Reports better movement. NO numbness / tingling into LBS.
		O - IN WARD
		L spine - slow transition movements. Tightness in paraspinal muscles. Neg sitting SLR bilaterally. Pain with flex to 45°. No limp
		A - low back pain - probable strain - slight improvement
		P - Ant restriction
		FW 7-11-06 (on vacation until FW date)
		~~Kant 12~~
7-12-06	0315	S FIU low back pain. Reports back doing well. Reports slight discomfort with full forward flexion, but feels able to do her Reg job duties now.
		O - IN WARD Normal Ambulation
		L spine - Nontender. No spasm. Neg sitting SLR. Full ROM. Mild discomfort with full flexion. Good transition movements.
		A - low back pain - Resolving
		P - Trial of Reg duty
		FW pm
		~~Kant 160~~

Name: JOHNSON, PATR. C/A Associate #: 4266 Shift:

DATE:	TIME:	
6-27-06	0330	Discomfort worse with bending forward and twisting to the right. No direct trauma to low back. Takes Neurontin and Oxycodone (Bedtime only) for low back pain. SIP Lumbar surgery June 05. Medications prescribed by pain management MD. Allergic to Penicillin. No hx of PUD, Kidney Dx, or Diabetes. No perm restrictions Tolerates Ibuprofen O - IN NAD LS spine - Tender R paraspinal L5-S1 area and R SI joint area. No spasm, tenderness, erythema, or skin eruption. Well healed surgical scar midline of back. NCS sitting SLR bilaterally. Sensation intact R L5. Strength symmetrical S1S in L5s. DTR H1 symmetrical in L5. Reports pain with R twisting to 10° and forward bending to 45°. Difficulty with transition movements. R - Low back pain - SIP L4-5 Disc surgery 2005. Takes Rx pain medication per personal pain management. Probable strain today. P (1) Ibuprofen (2) Ice 1 restriction (3) FW Thursday Ken Hannon
06-27-06	0435	Assoc. job modified to comply c/ILK restrictions R P. Herring

Name: JOHNSON, PATRICIA Associate #: Y266 Shift:

DATE:	TIME:	
10/17/05	11 am	gone now. WAS having radicular Sx down ② leg. Resolved. Some slight weakness with ② foot dorsiflexion. Reports she thinks she can do her regular job duties, but not quite sure as she has some job changes. Personal MD has ordered an FCE.
		O: Gen-NAD. GAIT WNL. ② Limp Back- Low back surgical scar. ④ Full ROM denev pain SSLR/LSLR ② B/L ④ mild weakness ② dorsiflex ② ankle. ④ mild EHL weakness ② compared to R
		A: ① RTW VISIT P: Personal MD has ordered an FCE to see if any restrictions/limitations needed. I think FCE is a good idea. Results of that will be sent to PCP and assoc will have PCP fill out form 1 C for RTW disposition
10/21/05	1300	KLE completed see report
11/16/05		S: c/o Being very tired after working last night. c/o tightness at the back & bottom of ② foot hurts from walking too much.

Name: Johnson, Patricia Associate #: 4266 Shift:

DATE:	TIME:	
11.14.05	0900	P: Wound well approximated and very superficial; tooth intact; treated soreness area of upper lip and upper incisor, teeth; no bleeding inside mouth; Dental band applied to wound area primarily for protection to prevent infection and to promote good healing; to minimize scarring; instructed to keep wound clean, dry, and covered; return to IHS temporary nurse to check for wound; check and dressing change or sooner if any problems or concerns; 440 Meadview St. Dr. P. Spurgeon cleaned & debrided; band placed over wound area. WAC/Star
05-12-05	0900	S: Return to IHS concerned over lip "swelling" "numbness". O: Mild edema to upper lip. Abscess clean - No bleeding to gums. No loose teeth / incisors. A: Lip contusion P: Advised to ice 15 minutes & repeat Q2H PRN. RTV. - A. Watson
10/17/05	11 am	S: 54 y/o Doorline B-shift Assoc out of work ~ 5 months Low back pain S/P ? L4-L5 ? Discectomy. Doing well. Pain better. Has gone through formal PT x 3 months. Had the surgery 5/20/05 and a second back surgery 6/05. Has had 4 ESI since 7/05. Reports her pain is all

Name: JOHNSON, PATRICIA Associate #: 4266 Shift: _____

Patricia C. Johnson
12-13-2005

50400

SUBJECTIVE: She went back to work. Now the plant has closed down for a month for reconfiguration. She has a hard time getting up and down because of pain at the base of her back. She is doing her exercises. She still has numbness of her leg and foot. She still has the pain in her foot. She is off the Duragesic Patch as it caused a rash. She sees Dr. LaTourette. He gave her some new medicine yesterday. She has been taking the Lyrica but it really hasn't changed much. She has burning in her big toe. It is hard to get up from a squatting position.

EXAMINATION: When she is sitting, she has better dorsiflexion of her left foot, still has a foot drop. Range of rotation looks good. She does have some soreness. She also complains of pain in her neck and shoulder. Apparently Dr. Bannon did a cervical MRI scan the first of the year. We do not have the films or report. Examination of her neck is satisfactory.

RECOMMENDATIONS: Instructions were given. I will see her on a P.R.N. basis. Follow with Dr. LaTourette. (CKMC:n1)

cc: Richard Bannon, M.D. 474/501
Phillip LaTourette, M.D.
583-0390

Carol K. Melby, M.D.

Record on Appeal
000419 - 244 -

01-05-06
OK
P R 1 A

PATRICIA JOHNSON
November 2, 2005

She is somewhat better. She finished physical therapy, but she has a catch in her side. She started back to work at BMW last week. She puts paneling in on the doors. She has been on Lortab and a Duragesic Patch, but that seems to be causing a skin rash locally at the patch. Also she has been on Neurontin three times a day, but that doesn't seem to be as helpful. She feels improved. She wants to work. Her examination shows improved range of rotation. Straight leg raising causes some pulling in her left leg. She does have some weakness of dorsi flexion of her left foot. She actually cannot walk on her heel and when she walks, she doesn't pick her left leg up and sort of shuffles it along. I instructed her in some body mechanics and leg elevation exercise. She was given a note for physical therapy at BMW to help her with the catch in her back. She will stop the Duragesic Patch and also stop the Neurontin. She was given Lyrica 75 mg. #60 and 2 refills, one b.i.d., and Robaxin 750 mg. #120 and 2 refills. We will wait on a TENS unit. She was given a prescription for a lumbosacral back support/corset. Apparently her job is ten hours a day, four days a week. Further instructions were given. I will see her in a month. (CKMC:k1b)

David K McKeble, M.D.
ONE/11/14

Patricia Johnson
08/03/05

50400

SUBJECTIVE:

Mrs. Johnson presents for post operative follow up. We are seeing her in Dr. McCorkle's absence. She had contacted the office last week complaining of progressive pain about the distal aspect of the left lower extremity, despite increasing doses of analgesic medication, muscle relaxants, and anti-convulsants. She was sent for repeat lumbar MRI and presents today for reevaluation and review of her study.

Presently, she complains of severe and unrelenting burning type discomfort about an L5-S1 pattern in the left foot. In addition, she has pain of a less intense quality about the lateral aspect of the left lower leg to about the knee. She has some soreness about her lumbar spine incision, but no severe pain about the low back, left hip, or the left thigh area. There are no symptoms whatsoever in the right lower extremity. She does not appreciate any elevated temperatures or drainage from her wound. She can find no position of comfort and describes hyperpathia of the left foot with her current symptoms preventing rest and greatly restricting her activity level.

OBJECTIVE:

Mrs. Johnson does appear quite uncomfortable today, constantly rubbing her left foot and ankle area. It is very difficult for her to stand secondary to her left lower extremity pain. Her gait is quite antalgic. She exhibits persistent weakness and anterior tibialis and extensor hallucis longus in the left foot with hyperpathia and hypesthesia from the lateral knee down over the dorsum of the left foot. There may be a small amount of weakness with plantar flexion as well on the left. No abnormalities noted in the right lower extremity. Lumbar spine incision is clear with no evidence of erythema or drainage. Interestingly, she is actually minimally tender to palpation about the lumbar sacral region.

STUDIES:

Repeat lumbar MRI reveals post operative changes on the left at L4-5 and L5-S1 without overt recurrent disc. There is some evidence of fluid collections about the laminotomy sites but these are consistent with the gel foam that Dr. McCorkle usually places in these areas. The remainder of the lumbar spine is consistent with age.

OML
8/30

Patricia Johnson
08/03/05
PAGE TWO

50400

ASSESSMENT: 1) Progressive, distal left lower extremity
dysesthetic pain post two surgical procedures
on the left, first at L5-S1 (5/05), the second
at L4-5 and L5-S1 (6/05).

PLAN: Discussed case in detail with Dr. Flandry who also
reviewed patient's repeat lumbar MRI and talked with
the patient and her husband. We see no evidence of
persistent nerve root compression on the left at
L4-5 or L5-S1. Mrs. Johnson continues to report
progressive dysesthetic pain in the distal aspect of
the left lower extremity (primarily foot) despite
increasing analgesic, muscle relaxant and anti
convulsant medication regimen. We will send her to
Dr. LaTourette for an opinion and possible
additional treatment regarding her current
dysesthetic pain. We will try her again on Neurontin
300 mg beginning at h.s. for five days and then
b.i.d. dosing for five days and then t.i.d. dosing
(questionable GI distress with this medication in
the past but was also taking multiple medications
at the time). In addition, will increase her
analgesic medication to Percocet 10/325 1 tablet
q. 4-6 hours PRN pain #90. She will tentatively plan
to return here to see Dr. McCorkle in approximately
three weeks. She may call us for any additional
problems in the interim.

Chal Mills, P.A./CKM:pag

cc Dr. Phillip LaTourette
8/17/05
(PMB)
Chal
8/18/05

PATRICIA D. JOHNSON
July 18, 2005

#50400

She still is having pain. It is worse with lying down and sometimes increased with walking, but other times it is not as bad, but she is better than before surgery. Her exam still shows weakness of her foot. I have recommended that she re-start the Keppra. She is to do her back exercises. I am sending her to physical therapy for left foot strengthening. Apparently she has an appointment this week. I have also sent her for a Doppler study of her left leg as she continues to complain of throbbing and burning in her left calf, but I do not feel she has phlebitis. She was given Lortab 7.5 #60 and 2 refills and further instructions. I will see her in one month. (CKMC:klb)

*Carol K. McNeill, M.D.
July 18*

ps/a

PATRICIA D. JOHNSON
JUNE 23, 2005

#50400

She called yesterday and wanted an x-ray of her foot but it was inadvertently scheduled and was done here in our office yesterday and we do not read feet x-rays and therefore we will make a CD of this x-ray and then have it read. But it appears that her pain in her foot is coming from her back. But she complains of throbbing pain in her left foot particularly on the dorsal aspect and down toward the big toe and at night it is particularly bad and then she has the throbbing pain but even she has calf pain. She has been no better, has not been able to get relief, and the pain is constant. She apparently stays in bed a lot as trying to walk makes it worse. On exam, she has good range of rotation but on backward bending and also on bending to the left on lateral bending there is increased left leg and foot discomfort. When she is sitting on the side of the bed she has good dorsey flexion of her left foot and even of her big toe but when she tries to walk on her heel there is weakness of her left foot in dorsey flexion. I have reviewed her lumbar MRI Scan films once again. I have reviewed my operative note. She had undergone two level decompression. The MRI shows bulging in the foramen particularly at L5-S1 to the left but also L4-5 as a lateral disc protrusion. I have discussed with her at length the findings, significance, and alternatives of treatment. It is my opinion that re-exploration and probably disc removal and she will undergo surgery for L4-5 and L5-S1 re-exploration and probable disc removal. I have discussed it with her the findings, significance of treatment and she wishes to proceed with surgery. (CKM-jcm)

Charles R. McNeill, M.D.
CM 6/29

py/ll

Patricia Johnson
April 5, 2005

50400

The first epidural block helped but the second and third one did not. She complains primarily of left leg pain and burning on the side down to her foot. At night when she turns over it increases her pain. When she is working it is painful. She does not have much back pain. I have reviewed her scan and the lateral view shows degenerative disc changes at L4-5 and narrowing. The axial view shows thickening. She has narrowing of the foramen at L4-5 and L5-S1 on the left. It may be reasonable to consider decompression on the left at L4-5 and L5-S1. Instructions were given. We will continue with conservative treatment. Her exam shows some pain in the left sacral area on forward, backward and left lateral bending and even causes some pain in to her leg. (CKMC:pag)

David K. McNeill, M.D.
DMC 4/14

[Handwritten signature]

Patricia Johnson
January 31, 2005

50400

212
HISTORY OF PRESENT ILLNESS: This 53 year-old lady is seen today in referral from Dr. Bannon. I am in receipt of medical records from him. These are as noted and appreciated. Back in November she was walking and just felt some pain down the back of the leg. She now has left calf pain and into her foot and toes and also associated low back pain. She has tried some medications that really have not helped. She denies previous history of such trouble. She denies any injury. Her job is working at BMW where she puts door panels on and also attaches air bags. Initially she had some physical therapy and that made the pain worse. She is still trying to work. She gets relief by being off of her feet and lying in bed. Initially the pain was all the way down from the left sacral area into the foot but now it is primarily in her calf. Review of systems and past medical history are unremarkable. The patient information sheet is as noted.

STUDIES: In reviewing the lumbar spine x-rays there is narrowing of L4-5 space with some degenerative changes and anterior spur. The AP view shows a large lateral spur at 4-5 on the right. There is narrowing of the disc space. The lumbar MRI scan on the lateral view shows narrowing of L4-5 with degenerative changes. The axial view shows some facet thickening and hypertrophy.

PHYSICAL EXAM: This is a well-developed lady who has some limitation with forward bending at 30 degrees and backward bending at 15 degrees. She has some discomfort on left lateral bending causing some left leg pain. Motor, sensory and reflexes are symmetrical. Straight leg raising and F-AB-ER-E maneuver are unremarkable. There is no spasm. There is no point tenderness.

IMPRESSION: This lady is experiencing sciatica. Her MRI scan reveals some degree of stenosis.

RECOMMENDATIONS: I have discussed the findings, significance and alternatives of treatment with her. I have scheduled her for an epidural block at L4-5. She is given the back exercises and prescriptions for Skelaxin 800 mg #120 and two refills, Talwin 50 mg #60 with two refills and Neurontin 300 mg #120. The Lortab 7.5 and Darvocet did not help. Instructions were given. I will see her in follow up.

(CKMC:pag)

cc: Dr. Richard Bannon

Carol K. Melville, M.D.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0813280

PATRICIA D. JOHNSON,

Employee,

Claimant,

vs.

**BMW MANUFACTURING
CORPORATION,**

Employer,

AND

SPECIALTY RISK SERVICES INC.,

Carrier,

Defendants.

SUPPLEMENTAL

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

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND ALBERT
V. SMITH, ESQUIRE:**

**YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South
Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws
(Cum. Supp. 1988) submit the following medical records and other documents as evidence:**

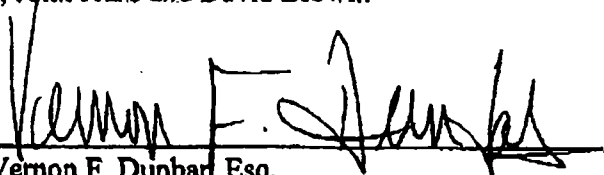
APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
APA # 11	Carolina OB-BYN Dr. Toler	01/09/09-04/21/06	Page 214 - 218
APA # 12	Urology Center of Spartanburg	11/12/2008	Page 219
APA # 13	Dr. Richard Bannon	11/10/08-11/22/04	Page 220- 228
APA # 14	Atena Attending Physician Form	10/06/2008	Page 229- 230
APA # 15	BMW STD Statement	08/29/2008	Page 231

APA # 16	Carolina Center for Advanced Management	07/23/08 – 09/27/2007	Page 232 - 236
APA # 17	BMW Industrial Health Services	11/28/06 – 10/17/2005	Page 237 - 243
APA # 18	Dr. Cavet McCorkle	12/13 – 01/31/2005	Page 244 - 253
APA # 19	Dr. Kevin Kopera's Report / work description	04/01/2009	254 - 258

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: The claimant, Latu Person, John Huss and David Brown.


Vernon F. Dunbar, Esq.
TURNER PADGET GRAHAM & LANEY P.A.
P.O. Box 1509
Greenville, SC 29602
(864) 552-4601
Attorneys for the Employer/Carrier

Greenville, SC

April 9, 2009

INDEPENDENT MEDICAL EVALUATION

Name: Patricia Johnson
SSN:

Date of Service: 04-01-09

Mrs. Johnson is a 57 year old woman who is referred today for an Independent Medical Evaluation. History is obtained from Mrs. Johnson and in addition extensive medical records are available for review, including records from BMW, The Carolina Center for Advanced Management of Pain, as well as from the office of Dr. Richard Bannon. In addition medical records are available for review from Dr. McCorkle.

Mrs. Johnson describes developing low back pain in August of 2008 while working at BMW. It is noteworthy that she does have a history of chronic low back pain status post lumbar spine surgery times two and is narcotic dependent for pain relief. She does not recall the exact day of injury but it is described in an incident report as being 08-19-08. Mrs. Johnson indicates that she was working on the assembly line, her usual job position. Specifically she reports working on the door line where she states she has worked for eight years. She states she was bending over putting screws into a door and she felt something pop in her lower back with the onset of low back pain. She does not describe doing anything unusual from her regular job duties. She does not describe doing any lifting at the time or any unusual body position.

Notes are available from assessment from Dr. Ken Hommel at BMW on 08-25-08 and that report indicates that Mrs. Johnson had injured her lower back approximately two weeks ago and then also her back started hurting on the job a month ago but this is not the history that Mrs. Johnson reports to me today. Mrs. Johnson does describe being seen by her family physician and undergoing MRI imaging of the lower back and also reports being under pain management under the direction of Dr. Latourette. On 09-04-08 a telephone call was documented with Mrs. Johnson and in part of the conversation Mrs. Johnson indicates that she is fine and just needs to get back to work. It appears that her low back pain was denied under workers compensation.

Records from Dr. Bannon's office reflect that Mrs. Johnson underwent MRI imaging of the lumbar spine on 08-07-08 and it was compared to a prior study performed in January of 2005. Disk bulging is noted at a number of levels, as well as post surgical changes. Facet joint hypertrophy is also noted. On 08-14-08 Dr. Bannon describes reviewing the results of the MRI scan with Mrs. Johnson and describes her chronic back pain as being worse, but there is no description of work injury. A CT scan and myelogram of the lumbar spine was recommended to further evaluate the MRI findings. Mrs. Johnson would undergo CT scan of the lumbar spine with myelogram on 09-19-08. Post surgical changes were noted at the L4-5 level, as well as facet degenerative changes. There was notation of a lesion in the right kidney and renal ultrasound was recommended. Renal ultrasound would be performed on 11-11-08 and a complicated right renal cyst was noted and it was also noted that it was suspicious for neoplasia. Dr. Bannon's records reflect referral to an urologist for further assessment but I am uncertain as to whether or not this occurred.

Records from the Carolina Center for Advanced Management of Pain reflects Mrs. Johnson undergoing EMG nerve conduction study 10-21-08 and the study revealed evidence of a left chronic

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Name: Patricia Johnson
SSN: _____

Date of Service: 04-01-09
Page 2

L4 and L5 radiculopathy with evidence of active denervation. Mrs. Johnson would follow up with Dr. Latourette on 10-27-08 and he indicated that Mrs. Johnson was unable to work and he also discussed spinal cord stimulation surgery, as well as medication changes. At that time patient's medication for pain consisted of Percocet and Avinza. Dr. Latourette would note on 10-30-08 that in his opinion Mrs. Johnson was totally and permanently disabled. Mrs. Johnson would be assessed by April Smith a Physician Assistant on 12-01-08 at which point she continued to complain of pain in her back and leg and she was continued on the medications Avinza and Percocet. On 02-05-09 Mrs. Johnson would be assessed by Kacie Tartaro, Nurse Practitioner, and it was noted Avinza was discontinued and Mrs. Johnson had improvement in chronic headaches that she was experiencing. She continued on Percocet as her primary medication for pain control. This summarizes Mrs. Johnson's medical care that she has received following her reported increase in low back pain in August of 2008.

In terms of residual symptoms Mrs. Johnson emphasizes having low back pain primarily left-sided. She reports tingling that comes and goes in the left lower extremity. She reports the left foot becomes cold at times, which also occurs intermittently. She reports intermittent numbness in the left calf and some soreness in her right lower back and the point of emphasis in the lower back towards the left side.

PAST MEDICAL HISTORY: Mrs. Johnson has a history of low back pain dating back to at least 2005. At that time Mrs. Johnson failed conservative treatment and would come under the care of Dr. McCorkle and would undergo on 05-20-05 a left L4-L5 and L5-S1 decompressive partial hemilaminectomy for lumbar stenosis and nerve root compression. At that time Mrs. Johnson continued to have difficulties and on 06-24-05 she underwent a second surgery including re-exploration of the L4-5 and L5-S1 left epidural space with removal of disk material from the L5-S1 level. Mrs. Johnson would have continued difficulties with pain and would come under treatment at the Carolina Center for Advanced Management of Pain.

Mrs. Johnson has been followed at the Carolina Center for Advanced Management of Pain since at least 2005. Her treatment has included primarily medication management but she has also received spinal injections in the past as well. Records from Dr. Bannon, as well as the Carolina Center for Advanced Management of Pain reflect history of chronic low back pain. Medical records also reflect that Mrs. Johnson has had multiple medical conditions affecting her upper extremities. This includes carpal tunnel syndrome, as well as trigger fingers for which she has underwent a number of surgical procedures. There are also descriptions of symptoms involving the shoulders and elbows. Records also reflect Mrs. Johnson requiring treatment for chronic constipation related to narcotic usage. Mrs. Johnson reports drug allergy to Penicillin. She reports currently taking Oxycodone one tablet four times per day for pain management, as well as Ibuprofen as needed.

SOCIAL HISTORY: Mrs. Johnson is married. She does not smoke and does not consume alcohol. She is currently on short-term disability. She plans on applying for long term disability. She does not anticipate returning to employment.

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Name: Patricia Johnson
SSN:

Date of Service: 04-01-09
Page 3

PHYSICAL EXAMINATION: Mrs. Johnson is alert, oriented and cooperative. She displays a normal affect. She is 5'4" in height and weighs 150 pounds. Blood pressure is 120/76 with a heart rate of 80. Pain is rated as 6 on a scale of 0/10. Exam reveals a surgical scar over the lumbar spine area measuring 10 cm in length. There is tenderness directly over the surgical spine at the site of the surgical scar. Pain is otherwise well tolerated in the upper lumbar and thoracic spine, as well as the adjacent soft tissues in the lumbosacral area. Range of motion of the lumbar spine is normal and pain free including flexion, extension and lateral bending in each direction. Strength is normal in both lower extremities with no evidence of weakness. Both calves measure 37 cm in circumference without evidence of muscle atrophy. Sensation to light touch is presently intact in both lower extremities. Patella and ankle reflexes are 2+ and symmetrical bilaterally. Straight leg raise testing is negative bilaterally. Gait pattern is normal.

IMPRESSION: Chronic low back pain with chronic degenerative disk disease and left chronic L4 and L5 radiculopathy.

DISCUSSION: A job description from BMW for Mrs. Johnson is also reviewed. In addition a letter from Dr. McCorkle from 10-29-08 is also reviewed which indicated the job would probably aggravate any pre-existing condition that Mrs. Johnson would have in her back, left leg or foot. It is noteworthy that Mrs. Johnson's physical examination today is unremarkable from an objective standpoint. She is neurologically intact and has no range of motion restrictions. It is also well established that Mrs. Johnson had chronic low back pain and is status post two lumbar spine surgeries dating back to 2005. Significant pathology has been identified in the lumbar region on diagnostic imaging studies, as well as EMG study. Mrs. Johnson has established history of chronic low back pain with narcotic dependence in terms of managing her low back pain. It is also worth noting that Mrs. Johnson does not describe an injury occurring in August of 2008. The date of her low back pain appears to be listed as 08-23-08 and according to Mrs. Johnson she was simply bending to put screws in the door an activity that she did on a daily basis previously without apparent difficulty. Based on what Mrs. Johnson describes to me today, I do not feel that the activity described occurring on August 23, 2008 would produce Mrs. Johnson's current state of low back pain. The activity described occurring on August 23, 2008 typically would not produce low back pain; however, if it did one would expect it to be temporary. For clarification, Mrs. Johnson had a significant pre-existing condition involving her lumbar spine, which would be expected to be only temporarily aggravated from the activities described occurring in August of 2008. As relates to the events of August, 2008 no further medical care is required and there is a 0% permanent impairment.

In conclusion this report is based upon the available information including Mrs. Johnson's physical examination, as well as her clinical presentation and available medical records. If additional information becomes available at a later date it may or may not change the opinions rendered in this report. My analysis is based upon reasonable medical probability and is provided totally independent of the requesting agent.


Kevin W. Koper, M. D.

KWK/llr 04-03-09

C: Vernon Dunbar, Turner and Padgett, PO Box 1509, Greenville, SC 29612

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BMW Manufacturing Co., LLC
Industrial Health Services

WORK ENVIRONMENT DESCRIPTION

Assembler - Motor Vehicle / Chassis

JOB DESCRIPTION:

Assembles automobiles, at assigned work stations on moving assembly line, performing any combination of the following repetitive tasks according to specifications and using hand tools, power tools, welding equipment, and production fixtures and components to form body subassemblies. Positions and fastens together body subassemblies, such as side frames, underbodies, doors, hoods, and trunk lids, to assemble vehicle bodies preparatory to body welding process. Bolts, screws, clips or otherwise fastens together parts to form subassemblies, such as doors, seats, instrument control panels, steering columns, and axle units. Installs mechanical and electrical components and systems, such as engine, transmission, and axle unit; pumps; wire harnesses; instrument control panels; and exhaust, brake, and air conditioning systems. Fits and adjusts doors, hoods and trunk lids. Seals joints and seams, using caulk gun. Fastens seats, door paneling, headliners, carpeting, molding, and other trim into position. Fills vehicle systems with brake and transmission fluids, engine coolant, and oil. May apply precut and adhesive coated vinyl tops and pads to vehicle roofs. May verify quality of own work and write description of defects observed on documents attached to vehicle bodies. May enter and retrieve production data, using computer terminals. May work as a member of assembly group (team) and be assigned different work stations as production needs require or shift from one station to another to reduce fatigue factor. May participate in group meetings to exchange job related information. May be designated according to component assembled or installed as Assembler, Engine (auto. mfg.); Assembler, Seat (auto. mfg.); or stage of assembly as Assembler, Body (auto. mfg.); Assembler, Chassis (auto. mfg.); Assembler, Final (auto. mfg.); Assembler, Trim (auto. mfg.).

May manually spray surfaces of auto body with paint using a spray gun. Cleans grease and dirt from product, using materials such as lacquer thinner, turpentine, soap, and water. Applies masking tape over parts and areas that are not to be coated. Fills cavities and dents with putty to attain smooth surface. Sands rough spots on automotive vehicle. Sprays scratched areas with filler solution, using spray gun. Removes gloss from intermediate coats of paint, using polishing compound and cloth. Paints surfaces not readily accessible, such as wheels and underside of fenders, using brush and spray gun. May brush or spray undercoating material on replaced parts.

PHYSICAL REQUIREMENTS:

Highly repetitive, rapid, machine pace activity to manually assemble vehicles. There is little automation of the assembly process. There is frequent bending, stooping, gripping and lifting. Requirements include performing essential job functions, working a full 8 or 10-hour shift and required overtime, excluding a 40-minute lunch and two ten minute breaks.

PERSONAL PROTECTIVE EQUIPMENT or OTHER SPECIAL EQUIPMENT:

Safety glasses and steel-toed shoes are mandatory for all Production Associates. Additionally, Kevlar gloves and sleeves, welding jackets or aprons and bump caps are required for Production Associates assigned to the Body Shop. Nylon jumpsuits are required for Production Associates assigned to the Paint Shop.

ENVIRONMENTAL CONDITIONS:

TS-64
64-50-187
May 12, 2004
Revision 2
1 of 2

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BMW Manufacturing Co., LLC
Industrial Health Services

A climate controlled facility with heat and water chilled systems. The average temperature is 68°F - 80°F. The average humidity is 12% - 80%, which varies with seasonal changes.

FUNCTIONAL REQUIREMENTS:

Medium Level Lifting Requirements:

Lifting	Occasional 0-33% of shift	Frequent 34-66% of shift	Continuous 67-100% of shift
Static to knuckle height	60 lbs.	25 lbs.	10 lbs.
Dynamic to bench height	50 lbs.	25 lbs.	10 lbs.
Dynamic to shelf height	25 lbs.	13 lbs.	6 lbs.

Heavy Level Lifting Requirements:

Lifting	Occasional 0-33% of shift	Frequent 34-66% of shift	Continuous 67-100% of shift
Static to knuckle height	100 lbs.	50 lbs.	25 lbs.
Dynamic to bench height	100 lbs.	50 lbs.	25 lbs.
Dynamic to shelf height	50 lbs.	25 lbs.	10 lbs.

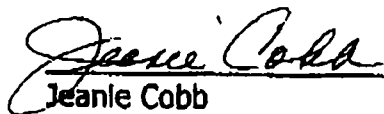
TB-04
 64-S-0-187
 May 12, 2004
 Revision 2
 2 of 2

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PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached *Supplemental* Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Defendants was served upon Albert V. Smith, Esquire, the attorney for the claimant, this 9th day of April, 2009, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by facsimile and hand delivery:

Albert V. Smith, Esquire
P.O. Box 5866
Spartanburg, SC 29304



Jeanie Cobb
Secretary to Vernon F. Dunbar

BEFORE THE WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
W.C.C. 0813280

PATRICIA DIANNE JOHNSON,)
)
CLAIMANT,)
VERSUS)
)
BMW MANUFACTURING CORP., Employer,)
AND HARTFORD INSURANCE COMPANY OF)
THE MIDWEST, Carrier,)
)
DEFENDANTS.)

COPY

* * * * *

DEPOSITION OF

CAVERT K. MCCORKLE, M.D.

* * * * *

PURSUANT TO NOTICE OF DEPOSITION AND/OR AGREEMENT
IN THE ABOVE-ENTITLED CASE, THE DEPOSITION OF **CAVERT K.
MCCORKLE, M.D.** WAS TAKEN ON THE **23RD DAY OF MARCH, 2009**,
COMMENCING AT THE HOUR OF 1:23 P.M., AT THE OFFICES OF
SPARTANBURG NEUROSURGICAL INSTITUTE, SPARTANBURG, SOUTH
CAROLINA.

REPORTED BY: ROSALIND WALTERS, CERTIFIED VERBATIM REPORTER.

FREELANCE REPORTING SERVICES
CERTIFIED VERBATIM REPORTERS
POST OFFICE BOX 170637
SPARTANBURG, SOUTH CAROLINA 29301
(864) 587-7050 OR (864) 706-1241
FreelanceRpt@charter.net

APPEARANCES:

ALBERT V. SMITH, ESQUIRE**ALBERT V. SMITH, P.A.**

POST OFFICE BOX 5866

SPARTANBURG, SOUTH CAROLINA 29304

ATTORNEYS FOR THE CLAIMANT,

VERNON F. DUNBAR, ESQUIRE**TURNER, PADGET, GRAHAM, AND LANEY**

200 EAST BROAD STREET, SUITE 350

GREENVILLE, SOUTH CAROLINA 29602

ATTORNEYS FOR THE DEFENDANTS.

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EXHIBITS

(NONE MARKED)

1 STIPULATIONS:

2 IT IS AGREED BY AND BETWEEN THE COUNSEL FOR THE PARTIES AS
3 FOLLOWS:

- 4 1. THAT THIS DEPOSITION IS BEING TAKEN PURSUANT TO ALL
5 APPLICABLE RULES OF THE SOUTH CAROLINA WORKERS'
6 COMPENSATION COMMISSION;
7 2. THAT THE DEPONENT WAIVES HIS RIGHT TO READ AND SIGN THE
8 DEPOSITION TRANSCRIPT.

9 *****

10 CAVERT K. MCCORKLE, M.D., BEING DULY SWORN TO TELL THE
11 TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH OF HIS OWN
12 KNOWLEDGE CONCERNING THE MATTER HEREIN, TESTIFIED AS
13 FOLLOWS:

14 *****

15 EXAMINATION BY MR. SMITH:

16 Q. DR. MCCORKLE, MY NAME IS ALBERT SMITH, AND I REPRESENT
17 MS. PATRICIA JOHNSON, AND I WOULD ASK YOU FIRST OF ALL
18 TO TELL US YOUR NAME AND GIVE US A LITTLE BIT OF YOUR
19 EDUCATIONAL BACKGROUND, PLEASE, SIR.

20 A. I'M CAVERT KEITH MCCORKLE. I WENT TO MED SCHOOL DOWN
21 AT THE MEDICAL UNIVERSITY OF SOUTH CAROLINA IN
22 CHARLESTON, THEN DID MY GENERAL SURGERY TRAINING FOR
23 TWO YEARS AT THE BOWMAN GRAY SCHOOL OF MEDICINE IN
24 WINSTON-SALEM, AND THEN DID NEUROSURGICAL TRAINING FOR
25 FIVE YEARS AT THE GEORGE WASHINGTON UNIVERSITY MEDICAL

1 CENTER IN WASHINGTON, D.C. THEN I STARTED PRACTICING
2 IN 1979 HERE IN SPARTANBURG AND HAVE BEEN IN PRACTICE
3 EVER SINCE. AND I BECAME BOARD CERTIFIED IN
4 NEUROLOGICAL SURGERY IN 1991.

5 Q. ARE YOU PUBLISHED ANYWHERE, DOCTOR?

6 A. NO, SIR.

7 MR. SMITH:

8 I WOULD OFFER DR. MCCORKLE AS AN EXPERT IN
9 NEUROSURGERY.

10 MR. DUNBAR:

11 NO OBJECTION.

12 EXAMINATION RESUMED BY MR. SMITH:

13 Q. DOCTOR, HAVE YOU HAD THE OCCASION TO SEE ONE PATRICIA
14 JOHNSON?

15 A. YES, I HAVE.

16 Q. AND, IF SO, WOULD YOU TELL US WHEN?

17 A. YES, SIR. I FIRST SAW MS. JOHNSON ON JANUARY 31, 2005.

18 Q. WHAT WAS THE NATURE OF THAT VISIT, DOCTOR?

19 A. SHE WAS REFERRED TO ME BY DR. RICHARD BANNON, HER
20 FAMILY PHYSICIAN, AND SHE WAS SENT BECAUSE SHE HAD BEEN
21 EXPERIENCING PAIN IN HER LEG PRIMARILY, BUT THEN IT
22 WOULD GO INTO HER FOOT AND TOES, AND ALSO SHE WOULD
23 HAVE LOW BACK PAIN, AND SHE JUST WAS NOT MAKING ANY
24 PROGRESS. SHE HAD SOME PHYSICAL THERAPY, BUT THAT MADE
25 HER PAIN WORSE. SHE STILL WAS TRYING TO WORK. SHE GOT

1 SOME RELIEF BY BEING OFF OF HER FEET AND LYING IN BED.

2 THE PAIN SORT OF CENTERED PRIMARILY IN HER LEFT CALF.

3 Q. DID YOU FOLLOW UP WITH ANY KIND OF PRESCRIBED
4 MEDICATION OR---

5 A. WELL, AT THAT TIME I REVIEWED HER M.R.I. SCAN FIRST,
6 AND I LOOKED AT IT. HER X-RAYS SHOWED THAT HER L4-5
7 SPACE HAD SOME DEGENERATIVE CHANGES AND SOME SPURRING.
8 THE LUMBAR M.R.I. SCAN SHOWED NARROWING OF THE 4-5 DISC
9 SPACE WITH DEGENERATIVE CHANGES, AND SHE HAD THICKENED
10 -- THICKENING OF THE FACET AND HYPERTROPHY OF THE
11 LIGAMENTUM FLAVUM AT THAT LEVEL; THEREFORE GIVING SOME
12 EVIDENCE OF STENOSIS. AND I DISCUSSED THAT WITH HER,
13 AND I SCHEDULED HER FOR A LUMBAR EPIDURAL BLOCK, WHICH
14 INJECTS CORTISONE INTO THE EPIDURAL SPACE AT L4-5. SHE
15 WAS GIVEN BACK EXERCISES AND MUSCLE RELAXANT, PAIN
16 MEDICINE, AND NEURONTIN, WHICH CUTS DOWN ON THE PAIN IN
17 THE LEG.

18 Q. YOUR PHYSICAL EXAMINATION SUPPORTED THE FINDINGS FROM
19 THE M.R.I.?

20 A. SHE DID HAVE -- YES, SIR THEY DID.

21 Q. AND YOU SAY THAT SHE WAS STILL TRYING TO WORK. DID YOU
22 KNOW AT THAT TIME WHAT KIND OF WORK SHE WAS DOING?

23 A. SHE INDICATED TO ME HER JOB WAS AT B.M.W. AND SHE WAS
24 PUTTING DOOR PANELS ON AND ALSO ATTACHING AIRBAGS.

25 Q. DID SHE INDICATE AT THAT TIME WHETHER OR NOT THESE WORK

1 REQUIREMENTS AGGRAVATED AND/OR CAUSED ANY OF HER
2 CONDITIONS THAT YOU SAW HER FOR ON JANUARY 31, 2005?

3 A. IT'S NOT LISTED THAT IT CAUSED IT. AS I INDICATED IN
4 MY RECORD, SHE DENIES AN INJURY. WHETHER IT WAS
5 AGGRAVATING HER PAIN OR NOT, IT MOST PROBABLY DID
6 BECAUSE OF THE TYPE OF POSITIONING SHE HAD TO BE IN,
7 BUT IT'S NOT RECORDED IN MY RECORD.

8 Q. ARE YOU FAMILIAR WITH ANY OF THE WORK REQUIREMENTS AT
9 B.M.W. AT ALL, DOCTOR, AS IT RELATES TO BEING A LINE
10 EMPLOYEE?

11 A. I KNOW -- EACH EMPLOYEE ON THE LINE HAS DIFFERENT
12 RESPONSIBILITIES, BUT I KNOW IT'S A REPETITIVE JOB ON
13 THE LINE. THEY DO THE SAME THING TIME AFTER TIME AFTER
14 TIME AFTER TIME. AT LEAST THIS IS WHAT PATIENTS HAVE
15 TOLD ME.

16 Q. AND WHEN IS THE NEXT TIME YOU SAW HER, DOCTOR?

17 A. ON APRIL 5, 2005.

18 Q. WHAT WAS THE NATURE OF THAT VISIT?

19 A. SHE WAS FOLLOWING UP FROM HER EPIDURAL BLOCK, AND SHE
20 HAD ALSO HAD A SECOND AND THIRD BLOCK, BUT THEY DIDN'T
21 SEEM TO HELP. SHE WAS COMPLAINING PRIMARILY OF THE
22 LEFT LEG AND BURNING, AND AT NIGHT WHEN SHE WOULD TURN
23 OVER IT INCREASED HER PAIN. WHEN SHE WAS WORKING IT
24 WAS PAINFUL. IT WAS REALLY HER LEG THAT WAS BOTHERING
25 HER, NOT SO MUCH HER BACK. I LOOKED AT HER X-RAYS AND

1 SCAN AGAIN AND INDICATED I FELT THAT IT WOULD BE
2 REASONABLE TO CONSIDER SURGERY FOR A DECOMPRESSION FOR
3 HER STENOSIS, AND EXAMINATION CONTINUED WITH PAIN -- TO
4 CAUSE PAIN.

5 Q. DID YOU FOLLOW UP WITH A SURGICAL PROCEDURE?

6 A. WELL, I SUBSEQUENTLY DID, YES, SIR. I SAW HER ON MAY
7 17TH. SHE WAS NO BETTER, AND AT THAT SHE DECIDED SHE
8 WAS READY TO PROCEED WITH SURGERY. AND WE TOOK HER TO
9 THE OPERATING ROOM ON MAY 20TH OF 2005 AND UNDERWENT A
10 LEFT L4-5 AND L5-S1 DECOMPRESSIVE HEMILAMINECTOMY FOR
11 STENOSIS.

12 Q. AND WAS THAT CONSISTENT WITH YOUR FINDINGS ON THE
13 M.R.I. AND, OF COURSE, YOUR EXAM?

14 A. YES, SIR.

15 Q. INITIAL EXAM?

16 A. YES, SIR.

17 Q. DID YOU SEE HER AFTER THAT?

18 A. YES, SIR, I DID.

19 Q. WHEN WAS THE NEXT TIME YOU SAW HER?

20 A. I SAW HER ON JUNE 9, 2005. SHE CONTINUED TO HAVE LEFT
21 LEG PAIN AND FOOT PAIN FOLLOWING HER SURGERY BUT HAD NO
22 LOW BACK PAIN. HER NECK WAS BOTHERING HER DURING THE
23 DAY AND AT NIGHT. THE SURGERY HAD JUST BEEN ON MAY
24 20TH. I EXAMINED HER, AND HER INCISION LOOKED GOOD. I
25 FELT THERE WAS A DEFINITE WEAKNESS OF DORSIFLEXION OF

1 HER LEFT FOOT WHEN SHE WAS TRYING TO WALK ON HER HEELS.
2 SHE FELT THAT SHE WAS LIMPING MORE BECAUSE OF THE PAIN
3 IN HER LEG. AND I JUST FELT THAT, BECAUSE OF THIS PAIN
4 IN HER LEG AND THE WEAKNESS, THAT WE NEEDED TO
5 REEVALUATE HER TO BE SURE THAT THE DISC HAD NOT
6 RUPTURED OUT EVEN THOUGH I HAD NOT TAKEN THE DISC OUT.
7 AND SO I ORDERED A LUMBAR M.R.I. SCAN TO EVALUATE THE
8 INTEGRITY OF HER DISC.

9 Q. DID YOU HAVE THAT DONE?

10 A. YES, SIR, I DID.

11 Q. WHEN DID YOU MAKE A NOTE THAT YOU HAD REVIEWED THE
12 LUMBAR M.R.I. SCAN?

13 A. ON JUNE 13, 2005 I REVIEWED THE SCAN, AND I REALLY DID
14 NOT SEE ANY PRESSURE, ANY PRESSURE TO EXPLAIN THE
15 SIGNIFICANT LEG PAIN AND FOOT WEAKNESS. AT THAT TIME I
16 PLACED HER ON SOME MEDICATIONS AND SENT HER TO PHYSICAL
17 THERAPY FOR STRENGTHENING OF HER LEFT FOOT.

18 Q. DID YOU SEE HER AFTER THAT?

19 A. YES, SIR, I SAW HER ON JUNE 23, 2005.

20 Q. WHAT WAS THE NATURE OF THAT VISIT?

21 A. AT THAT TIME SHE WAS JUST SEEN IN FOLLOW-UP. SHE WAS
22 COMPLAINING OF PAIN IN HER FOOT, BUT IT WAS FELT THAT
23 IT WAS COMING FROM HER BACK. SHE HAD A THROBBING PAIN
24 IN HER FOOT ALONG THE DORSAL ASPECT TOWARDS HER BIG
25 TOE. SHE JUST WASN'T ANY BETTER. SHE WAS STAYING IN

1 BED A LOT. JUST TRYING TO WALK MADE HER WORSE. I
2 REVIEWED HER M.R.I. SCAN ONCE AGAIN. I REVIEWED MY
3 OPERATIVE NOTES. THERE WAS BULGING ON THE M.R.I. SCAN.
4 THERE WAS A POSSIBLE LATERAL DISC, AND I FELT BECAUSE
5 OF THE PERSISTENT PAIN AND ACTUALLY WORSENING OF HER
6 PAIN AND THE WEAKNESS THAT POSSIBLY RE-EXPLORATION AND
7 DISC REMOVAL SHOULD BE CONSIDERED. AND I DISCUSSED
8 SUCH WITH HER, AND SHE WISHED TO PROCEED WITH THAT AS
9 APPARENTLY SHE WAS NOT MAKING ANY PROGRESS.

10 Q. WAS SHE WORKING AT THE TIME, OR DO YOU KNOW, DOCTOR?

11 A. I'M SURE SHE WAS STILL OFF OF WORK.

12 Q. AND SO WHEN WAS THE NEXT TIME YOU SAW HER?

13 A. WELL, WE OPERATED UPON ON HER JUNE 24, 2005. AT THAT
14 TIME I PERFORMED A LEFT L5-S1 REMOVAL OF A LATERAL
15 RUPTURED DISC, EXPLORED THE LEVEL OF L4-5 AND 5-1 ON
16 THE LEFT WHERE SHE HAD HAD PREVIOUS SURGERY.

17 Q. DID SHE DO WELL AFTER THAT SURGERY?

18 A. I SAW HER FOLLOWING SURGERY. THE OFFICE VISIT ON JULY
19 18TH SAID SHE WAS STILL HAVING PAIN. IT WAS STILL
20 BOTHERING HER LYING DOWN AND SOMETIMES WALKING, BUT SHE
21 WAS BETTER THAN BEFORE SURGERY. SO SHE WAS MAKING
22 PROGRESS. SHE STILL HAD SOME WEAKNESS OF HER FOOT. I
23 RECOMMENDED THAT SHE RESTART KEPPRA, WHICH WAS TO CUT
24 DOWN ON THE PAIN SYNDROME, AND I ALSO SENT HER FOR A
25 DOPPLER STUDY OF HER LEG TO BE SURE THERE WAS NO

1 EVIDENCE OF PHLEBITIS. I DIDN'T THINK THERE WAS, BUT
2 SHE WAS COMPLAINING OF THROBBING, BURNING PAIN. AND
3 THEN WE SAW HER IN FOLLOW-UP ON AUGUST 3, 2005. SHE
4 JUST HAD PROGRESSIVE PAIN IN HER LEFT LEG DESPITE THE
5 MEDICATIONS. SHE COMPLAINED OF DISCOMFORT IN HER LEFT
6 LEG AND FOOT. WE HAD A REPEAT M.R.I. SCAN DONE WHICH
7 SHOWED POSTOPERATIVE CHANGES BUT NO EVIDENCE OF A
8 RECURRENT DISC AT THAT TIME.

9 Q. WHAT DOES IT MEAN WHEN IT SAYS THERE'S SOME EVIDENCE OF
10 FLUID COLLECTIONS ABOUT THE LAMINOTOMY?

11 A. THAT WOULD BE POSTOPERATIVE CHANGES. THAT WOULD BE
12 CONSISTENT WITH NORMAL FINDINGS.

13 Q. ALL RIGHT.

14 A. SHE WAS HAVING THESE CONTINUED PAINS. WE DIDN'T SEE
15 ANY EVIDENCE OF COMPRESSION; THEREFORE, WE RECOMMENDED
16 SENDING HER TO DR. LATOURETTE, A PHYSICIAN AT PAIN
17 MANAGEMENT, FOR HIS OPINION AND POSSIBLE
18 RECOMMENDATIONS FOR HER -- THIS INTENSE PAIN SYNDROME
19 THAT SHE WAS HAVING. AND THEN I SAW HER ON AUGUST THE
20 30TH. SHE WAS SEEING DR. LATOURETTE FOR THE PAIN
21 SYNDROME. SHE WAS BETTER WITH THE MEDICATIONS BUT
22 STILL HAD PAIN AND BURNING ON THE TOP OF HER LEFT FOOT
23 AROUND THE BIG TOE. SHE WAS ON THE MEDICINE. SHE
24 STILL HAD WEAKNESS OF HER LEFT FOOT. SHE WAS TRYING TO
25 DO HER EXERCISES. AND SHE HAD DEVELOPED SOME BLADDER

1 SYMPTOMS. WE THOUGHT ABOUT MAYBE HAVING TO SEND HER TO
2 A UROLOGIST FOR THAT. AND THEN I SAW HER ONCE AGAIN ON
3 OCTOBER THE 5TH. WITH HER MEDICATION SHE DID
4 SATISFACTORILY. WITHOUT IT SHE HAD PAIN IN THE FOOT
5 AND ANKLE AND SOME IN HER LOWER SHIN. SHE HAD NO LOW
6 BACK PAIN. SHE EXPRESSED THAT SHE NEEDED TO AND WAS
7 ANXIOUS TO GET BACK TO WORK AT B.M.W. ON THE ASSEMBLY
8 LINE, BUT SHE JUST WASN'T ABLE TO STAND AND WALK LONG;
9 THEREFORE, WE KEPT HER OUT OF WORK UNTIL PHYSICAL
10 THERAPY AND PAIN MANAGEMENT SAID SHE WAS ABLE TO. AND
11 THEN I SAW HER ON NOVEMBER 2, 2005. SHE WAS SOMEWHAT
12 BETTER. SHE HAD FINISHED PHYSICAL THERAPY. SHE
13 STARTED BACK TO WORK AT B.M.W. THE WEEK BEFORE. SHE
14 WAS PUTTING ON PANELING ON THE DOORS. SHE HAD
15 MEDICATION. SHE JUST FELT THAT SHE WAS IMPROVED. SHE
16 WANTED TO WORK. SHE WAS POSITIVE IN THAT ATTITUDE, BUT
17 SHE STILL HAD WEAKNESS OF HER LEFT FOOT. AND I JUST
18 HAD A DISCUSSION WITH HER. I GAVE HER A NOTE FOR
19 PHYSICAL THERAPY TO BE DONE AT B.M.W., GAVE HER SOME
20 MEDICATIONS AND SOME INSTRUCTIONS AND A PRESCRIPTION
21 FOR A BACK SUPPORT. THEN I SAW HER---

22 Q. LET'S DEAL WITH THAT NOTE ON NOVEMBER 2ND. SHE WAS
23 BACK AT WORK AT THAT TIME. IS THAT CORRECT?

24 A. YES, SIR.

25 Q. AND I BELIEVE SHE REVEALED SOMETHING TO YOU AT THE VERY

1 END OF THAT NOTE ABOUT HER JOB REQUIREMENTS?

2 A. YES, SIR. THE JOB WAS 10 HOURS A DAY, FOUR DAYS A
3 WEEK. AND THAT IS A LOT FOR PEOPLE TO STAND OR TO DO A
4 REPETITIVE POSITION STANDING ON CONCRETE ALL DAY, AND
5 TO ME THAT WOULD BOTHER HER BACK OR PUT STRESS ON HER
6 BACK AND BOTHER HER LEG, BUT THAT'S WHAT HER JOB WAS.
7 SHE HAD TO WORK. SHE WANTED TO WORK. SHE NEEDED TO
8 WORK.

9 Q. WHEN WAS THE NEXT TIME YOU SAW HER, DOCTOR?

10 A. DECEMBER 13, 2005. SHE HAD BEEN BACK AT WORK. NOW THE
11 PLANT WAS CLOSED DOWN FOR RECONFIGURATION. SHE WAS
12 HAVING A HARD TIME GETTING UP AND DOWN BECAUSE OF PAIN
13 AT THE BASE OF HER BACK. SHE STILL HAD NUMBNESS OF HER
14 LEG AND SOME PAIN IN HER FOOT. SHE WAS STILL ON SOME
15 MEDICATION BECAUSE OF THE BURNING, AND SHE WAS HAVING
16 SOME DIFFICULTY GETTING UP FROM A SQUATTING POSITION.
17 AND I JUST FELT THAT SHE SHOULD CONTINUE WITH THE SAME
18 REGIMEN, AND I FELT WITH TIME HER SYMPTOMS WOULD
19 IMPROVE. AND SHE WAS THEN TO FOLLOW UP WITH DR.
20 LATOURETTE FOR PAIN MANAGEMENT.

21 Q. DOCTOR, I SHOW YOU A NOTE FROM -- DO YOU HAVE ANY OTHER
22 NOTES OF ANY OTHER VISITS SHE'S MADE TO YOUR OFFICE?

23 A. NO, SIR, I DON'T.

24 Q. I SHOW YOU A NOTE FROM THE OFFICE OF DR. RICHARD
25 BANNON. IT'S DATED 8/14 OF '08, AND I ASK YOU TO LOOK

1 AT THAT ONE, AND ALSO THE ONE FOR 8/27 OF '08.

2 A. LET'S SEE. THIS IS 8/14 OF '08. YES, SIR, I SEE THOSE
3 TWO VISITS.

4 Q. IS THAT THE SAME KIND OF COMPLAINT -- IS SHE
5 COMPLAINING ABOUT HER BACK OR CHRONIC PAIN AT THAT
6 TIME, DOCTOR?

7 A. WELL, ON THE 14TH OF AUGUST OF '08 SHE INDICATED THAT
8 SHE WAS HAVING CHRONIC BACK PAIN, AT LEAST THAT'S WHAT
9 HE INDICATED UNDER HIS PARAGRAPH, AND INDICATED SHE WAS
10 GOING TO THE CHRONIC PAIN CLINIC AND SHE WAS ON THESE
11 MEDICATIONS. SHE APPARENTLY HAD AN M.R.I. SCAN THAT HE
12 SAID WAS DEFINITELY ABNORMAL. HE WENT OVER THE RESULTS
13 WITH HER, BUT I DON'T HAVE THAT REPORT AND I HAVEN'T
14 SEEN HER SINCE. THEN THE OFFICE VISIT OF AUGUST 27TH,
15 '08, APPARENTLY HE DISCUSSED THE REPORT WITH HER, BUT
16 HE SAID THE C.T. SCAN, AND HE INDICATED SHE HURT HER
17 BACK AT WORK WHEN SHE WAS BENDING OVER AND WORKMAN'S
18 COMP WAS AWARE OF THIS AND THEY WERE ARRANGING HER
19 TREATMENT AT THAT TIME.

20 Q. I'LL ASK YOU THEN TO LOOK AT THE EXHIBITS FROM THE
21 CLAIMANT'S A.P.A.'S FROM THE MARY BLACK DIAGNOSTIC
22 CENTER CONSISTING OF PAGES 10 THROUGH 16 AND ASK IF
23 YOU'VE SEEN THOSE BEFORE TODAY.

24 A. NO, SIR, I HAVE NOT.

25 Q. WOULD YOU LOOK AT THOSE, DOCTOR, AND SEE WHAT'S GOING

1 ON WITH HER ACCORDING TO THOSE -- WELL, WHAT ARE YOU
2 LOOKING AT?

3 A. I'M LOOKING AT A M.R.I. SCAN DATED AUGUST 7, 2008. IT
4 WAS ORDERED BY DR. RICHARD BANNON. THE IMPRESSION --
5 AND I'LL JUST READ THE IMPRESSION BY THE RADIOLOGIST.
6 "THERE'S POSTOPERATIVE CHANGES AT L4-5. THERE IS AN
7 ENLARGEMENT AND REMODELING OF THE LEFT FORAMEN AT L5-
8 S1. THIS MAY BE MERELY AN ECTATIC NERVE ROOT BUT HAS AN
9 UNUSUAL APPEARANCE." AND HE RECOMMENDED A C.T.
10 MYELOGRAM FOR FURTHER EVALUATION. OH, THAT WAS DR.
11 GALBRAITH. SHE RECOMMENDED IT. AND THAT'S WHAT WAS
12 STATED. THEN SHE DID HAVE A LUMBAR C.T. SCAN PERFORMED
13 ON SEPTEMBER 19, 2008. I'M READING THE IMPRESSION.
14 IT'S A C.T. SCAN FOLLOWING THE MYELOGRAM. IT WAS POST
15 LAMINECTOMY AT L4-5. THERE WAS DISC CHANGES,
16 DEGENERATIVE CHANGES. THAT MOST PROBABLY MEANT -- THEY
17 PROBABLY MEANT 5-1 EVEN THOUGH IT SAID 4-5 THE SECOND
18 TIME. LET ME READ DOWN FURTHER. LET ME JUST READ
19 HERE. I'M READING AT 4-5 ON THE SECOND PAGE. IT SAYS,
20 "DISCOGENIC DEGENERATIVE CHANGES, VACUUM DISC
21 PHENOMENA, LIGAMENTUM FLAVUM HYPERTROPHY, NO
22 SIGNIFICANT STENOSIS." AT L5-S1 THERE WAS FACET
23 HYPERTROPHY, THE VACUUM DISC IDENTIFIED. THERE WAS
24 ENLARGEMENT OF THE LEFT FORAMEN WITH REMODELING OF THE
25 ADJACENT VERTEBRAL BODY. ESSENTIALLY NOTHING -- THAT'S

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1 ALL THEY SORT OF SAY, THAT IT'S REMODELING AND IT WAS
2 THERE ACTUALLY A LITTLE BIT PREOPERATIVELY, BUT THERE
3 IS NO DEFINITE FINDING OF A PROBLEM ON THAT. THEN THE
4 OTHER DOCUMENT IS JUST THE MYELOGRAM WHERE THEY
5 INJECTED THE DYE.

6 Q. DOCTOR, IS THERE ANY DIFFERENCE IN THOSE REPORTS AS TO
7 WHAT YOU SAW IN 2005?

8 A. THE SCANS THAT WE SAW IN 2005 HAD SHOWED PRESSURE, AND
9 WE THOUGHT IT WAS CAUSING JUST PRESSURE ON THE NERVE
10 ROOT, AND THAT'S WHY WE OPERATED THE FIRST TIME FOR
11 LIGAMENTUM HYPERTROPHY AND BONE HYPERTROPHY, AND I
12 THOUGHT THAT WOULD BE THE TREATMENT OF CHOICE FOR HER
13 STENOSIS. BUT WHEN SHE CONTINUED WITH THE PAIN AND I
14 HAD REVIEWED THE PICTURES WITH MY ASSOCIATE WE THOUGHT
15 THAT THE L5-S1 DISC PROBABLY WAS RUPTURED Laterally,
16 AND THAT'S WHY WE RECOMMENDED TAKING THAT DISC OUT
17 Laterally AT THAT LEVEL. UNFORTUNATELY SHE CONTINUED
18 WITH THE PAIN SYNDROME. BUT THIS NEW M.R.I. SCAN,
19 BASED UPON WHAT THE REPORT SAYS, I DO NOT FIND ANYTHING
20 THAT WOULD BE DEFINITE CAUSING HER PAIN SYNDROME.

21 Q. IS THE BACK ABOUT THE SAME, OR IS IT---

22 A. WELL, IT SHOWS DEGENERATIVE CHANGES. DEGENERATIVE DISC
23 CHANGES IS WHAT IT SHOWS, AND THAT WOULD BE EXPECTED
24 BECAUSE THAT'S WHAT WOULD HAVE CAUSED SOME OF THE
25 STENOSIS THAT SHE HAD BEFORE.

1 Q. IF SHE COMPLAINED OF HURTING HER BACK IN 2008, WOULD
2 THAT BACK HAVE BEEN SUSCEPTIBLE TO BEING HURT WITH THE
3 JOB REQUIREMENTS THAT SHE HAD, THE BENDING, STOOPING,
4 PULLING?

5 MR. DUNBAR:

6 OBJECT TO THE FORM OF THE QUESTION.

7 EXAMINATION RESUMED BY MR. SMITH:

8 A. WELL, I DON'T KNOW WHAT TYPE OF JOB SHE WAS DOING IN
9 2008.

10 Q. ABOUT THE SAME AS WHAT SHE WAS DOING IN 2005.

11 A. WAS IT THE SAME JOB?

12 Q. MM-HMM, SAME JOB.

13 A. DOING THE SAME THING?

14 Q. MM-HMM.

15 MR. DUNBAR:

16 OBJECT TO THE FORM OF THE QUESTION.

17 EXAMINATION RESUMED BY MR. SMITH:

18 A. SINCE I DON'T KNOW EXACTLY THE MECHANICS INVOLVED, I DO
19 KNOW SHE WAS PUTTING ON THE DOORS AND THEN PUTTING THE
20 AIRBAGS ON. I DON'T KNOW THE BODY MECHANICS INVOLVED
21 WITH DOING THAT.

22 Q. WOULD THE BACK, IN YOUR OPINION, BE REQUIRED TO BE USED
23 AS PART OF THAT REQUIREMENT FOR THE JOB, FOR WHAT YOU
24 DO KNOW OF THAT JOB?

25 A. YES, SIR.

1 Q. AND THE MOVEMENT FOR A 10-HOUR DAY AS NOTED IN YOUR
2 RECORDS, IF THAT WAS UNCHANGED AND SHE WAS STILL BEING
3 REQUIRED TO WORK 10-HOUR DAYS, DO YOU HAVE AN OPINION
4 AS TO WHETHER OR NOT THAT KIND OF JOB REQUIREMENT IN
5 2008 COULD HAVE AGGRAVATED A PRE-EXISTING CONDITION
6 THAT SHE HAD IN 2005?

7 A. MOST PROBABLY, YES, SIR.

8 Q. AND, DOCTOR, THERE IS NO DOUBT, I BELIEVE, THAT SHE'S
9 GOT A BAD BACK. IS THAT CORRECT?

10 A. THAT'S CORRECT, YES, SIR.

11 Q. AND YOU'VE MADE NOTE OF HER DESIRE TO RETURN TO WORK.
12 WOULD YOU HAVE RECOMMENDED THAT SHE RETURN TO WORK? I
13 KNOW YOU APPROVED OF IT, BUT DID YOU EVER RECOMMEND
14 THAT SHE RETURN TO WORK WITH THE KIND OF BACK THAT SHE
15 HAD?

16 A. WELL, I THINK BY THE WAY I WORDED IT IN MY STATEMENT IT
17 WAS OKAY, SORT OF OKAY. IT WAS OKAY WITH ME AS LONG AS
18 IT WAS OKAY WITH THE PAIN MANAGEMENT AND PHYSICAL
19 THERAPIST. SO I WAS READY WHEN THEY WERE READY FOR HER
20 TO GO BACK.

21 Q. THE TYPE OF BACK THAT YOU SAW IN 2005 AND THE M.R.I.
22 REPORTS OF 2008 AND SCAN REPORTS, DO YOU THINK THAT SHE
23 WOULD HAVE BEEN A CANDIDATE TO BE PLACED IN A JOB THAT
24 REQUIRED 10-HOUR WORKDAYS ON YOUR FEET ON CONCRETE,
25 TWISTING, BENDING, AND DOING WHATEVER YOU NEED TO DO TO

1 CARS RUNNING DOWN A LINE?

2 MR. DUNBAR:

3 OBJECT TO THE FORM OF THE QUESTION.

4 EXAMINATION RESUMED BY MR. SMITH:

5 A. I'M ALWAYS CONCERNED ABOUT PATIENTS THAT HAVE TO GO
6 BACK TO THOSE KIND OF JOBS, BUT PEOPLE HAVE TO DO A
7 JOB. PEOPLE NEED A JOB. PEOPLE WANT TO WORK. THEY
8 HAVE TO WORK. AND SOMETIMES THAT'S THE ONLY JOB
9 AVAILABLE FOR THEM, AND IF THEY DON'T HAVE THAT THEY'RE
10 OUT ON THE STREET. AND I ENCOUNTER THIS EVERY WEEK,
11 AND I JUST HAVE TO TELL PEOPLE TO USE THE PROPER BODY
12 MECHANICS AND DO THEIR EXERCISES AND BE CAREFUL,
13 BECAUSE I THINK IT'S REASONABLE THAT THEY COULD DO THE
14 JOB. THEY'RE JUST MORE PRONE TO HAVING AGGRAVATION OF
15 THEIR PAIN SYNDROME.

16 Q. IF SHE HAD CONTINUED AGGRAVATION OF HER PAIN SYNDROME,
17 DO YOU HAVE A REASONABLE DEGREE OF MEDICAL CERTAINTY
18 OPINION AS TO WHETHER OR NOT THIS JOB SETTING WOULD
19 HAVE CONTRIBUTED TO IT OR AGGRAVATED IT?

20 A. IT WOULD HAVE AGGRAVATED IT AT LEAST, YES, SIR.

21 Q. THANK YOU, SIR. THAT'S ALL WE HAVE. I'M SORRY. ONE
22 OTHER THING. DR. MCCORKLE, I SHOW YOU WHAT'S
23 CLAIMANT'S EXHIBIT NUMBER 33, A.P.A. NUMBER 33. DID
24 YOU WRITE THAT LETTER AT MY REQUEST?

25 A. YES, I DID.

1 Q. AND AFTER REVIEWING THE FILE AND SOME NOTES FROM DR.
2 BANNON AND FROM THE MARY BLACK DIAGNOSTIC CENTER, ARE
3 YOU STILL OF THAT OPINION?

4 A. YES, SIR.

5 Q. THANK YOU, SIR. THAT'S ALL I HAVE.

6 EXAMINATION BY MR. DUNBAR:

7 Q. DR. MCCORKLE, MY NAME IS VERNON DUNBAR, AND I REPRESENT
8 B.M.W. I'M GOING TO ASK YOU SOME FOLLOW-UP QUESTIONS
9 IN RESPONSE TO MR. SMITH'S QUESTIONS. I AM LOOKING AT
10 A LETTER THAT MR. SMITH WROTE YOU ON OCTOBER 10, 2008.
11 DO YOU HAVE THAT IN YOUR FILE?

12 A. YES, SIR, I DO.

13 Q. BEFORE THIS LETTER DATED OCTOBER 10, 2008 HAD YOU SEEN
14 MS. JOHNSON AFTER YOU LAST SAW HER ON DECEMBER 13,
15 2005?

16 A. NO, SIR, I HAD NOT.

17 Q. AS WE SIT HERE TODAY, HAVE YOU SEEN HER SINCE YOU LAST
18 SAW HER ON DECEMBER 13, 2005?

19 A. NO, SIR.

20 Q. SO IS IT FAIR TO SAY THAT SINCE YOU HAVE NOT SEEN HER
21 SINCE DECEMBER 2005 YOU HAVE NOT SPOKEN WITH HER ABOUT
22 HER PRESENT JOB DUTIES, HAVE YOU?

23 A. THAT'S CORRECT.

24 Q. YOU HAVE NOT SEEN ANY VIDEOTAPE OR SPOKEN WITH ANY
25 B.M.W. OFFICIAL OR REPRESENTATIVE ABOUT HER --

1 A. NO, SIR.

2 Q. -- JOB DUTIES?

3 A. NO, SIR.

4 Q. I THINK YOU INDICATED EARLIER THAT YOU WERE UNAWARE OF
5 THE SPECIFIC BODY MECHANICS THAT'S REQUIRED FOR HER TO
6 PERFORM HER JOB?

7 A. THAT'S CORRECT.

8 Q. SO YOU DON'T KNOW WHETHER SHE BENDS, SQUATS, TWISTS, OR
9 ANYTHING OF THAT NATURE?

10 A. I DON'T.

11 Q. AND WITH RESPECT TO HER JOB DUTIES, YOU DON'T KNOW THE
12 FREQUENCY BY WHICH SHE MAY HAVE TO BEND, STOOP, LIFT,
13 OR ANYTHING OF THAT NATURE, DO YOU?

14 A. NO, SIR.

15 Q. YOU DON'T KNOW THE INTENSITY IN WHICH SHE HAS TO
16 PERFORM CERTAIN JOB DUTIES?

17 A. NO, SIR.

18 Q. YOU DON'T KNOW HOW MANY BREAKS SHE HAS DURING THE
19 COURSE OF A 10-HOUR OR 8-HOUR WORK SHIFT?

20 A. NO, SIR.

21 Q. AND IT'S MY UNDERSTANDING SINCE YOU HAVE NOT SEEN HER
22 SINCE DECEMBER 2005 YOU'RE UNAWARE OF HOW MANY VACATION
23 DAYS SHE MAY HAVE TAKEN, HOW MANY SICK DAYS SHE MAY
24 HAVE TAKEN, OR HOW MANY DAYS SHE MAY HAVE TAKEN BECAUSE
25 OF F.M.L.A.?

1 A. THAT'S CORRECT.

2 Q. SO YOU DON'T KNOW WHETHER SHE WORKED A THIRD OF THE
3 YEAR, A QUARTER OF THE YEAR, ALL OF THE YEAR, OVERTIME,
4 OR ANYTHING OF THAT NATURE. IS THAT FAIR TO SAY?

5 A. THAT'S CORRECT. YES, SIR

6 Q. AND YOU DON'T KNOW THE AMOUNT OF WEIGHT SHE'S REQUIRED
7 TO LIFT OR THE TYPE OF TOOLS THAT SHE USES TO PERFORM
8 HER JOB?

9 A. THAT'S CORRECT.

10 Q. AND ARE YOU AWARE OF THE NUMBER OF BREAKS THAT SHE MAY
11 BE GIVEN DURING THE COURSE OF A WORK SHIFT?

12 A. NO, SIR.

13 Q. DO YOU KNOW WHETHER SHE'S BEEN GIVEN ANY ACCOMMODATIONS
14 OR MODIFICATIONS WITH HER JOB THAT PERMITS HER TO SIT,
15 WALK, TAKE BREAKS WHENEVER SHE WANTS?

16 A. NO, SIR.

17 Q. NOW, GIVEN THAT, HAS ANYONE PROVIDED YOU A PRESENT JOB
18 DESCRIPTION OF MS. JOHNSON'S DUTIES THAT SHE PERFORMED
19 IN 2005, 2006, 2007, OR 2008?

20 A. NO, SIR.

21 Q. SO YOU HAVE NOT SEEN THOSE, EITHER?

22 A. NO.

23 Q. AND YOU HAVE NOT VISITED B.M.W. TO TAKE A LOOK AT THE
24 LINE IN WHICH MS. JOHNSON WAS EMPLOYED?

25 A. I HAVE NOT SEEN THAT, NO, SIR.

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1 Q. SO THE ONLY INFORMATION THAT YOU'VE GOTTEN WITH RESPECT
2 TO THE JOB THAT SHE'S DONE FROM DECEMBER 2005 TO THE
3 PRESENT HAS COME FROM MR. SMITH'S LETTER DATED OCTOBER
4 10, 2008?

5 A. THAT'S CORRECT.

6 Q. BECAUSE YOU HAVE NOT SPOKEN WITH MS. JOHNSON SINCE
7 DECEMBER 2005?

8 A. THAT'S CORRECT.

9 Q. ALL RIGHT. NOW, WHEN SHE LAST SAW YOU, YOU INDICATED
10 THAT SHE HAD SOME DEGENERATIVE CHANGES OF HER BACK?

11 A. YES, SIR.

12 Q. AND YOU REFERRED HER TO DR. LATOURETTE FOR MEDICATIONS?

13 A. YES, SIR.

14 Q. ARE YOU AWARE OF THE MEDICATIONS SHE'S PRESENTLY TAKING
15 WITH RESPECT TO THE TREATMENT PROVIDED BY DR.
16 LATOURETTE?

17 A. I DON'T KNOW WHAT SHE'S ON TODAY. I NOTICED IN ONE OF
18 THOSE OFFICE VISITS FROM DR. BANNON THAT MR. SMITH
19 SHOWED ME THAT SHE WAS ON SOME RATHER STRONG
20 MEDICATIONS, BUT THAT WAS BACK IN AUGUST. SO I DON'T
21 KNOW WHAT SHE'S TAKING TODAY.

22 Q. SO IT'S FAIR TO SAY YOU HAVE NOT SEEN DR. LATOURETTE'S
23 REPORTS SINCE YOU LAST SAW HER IN 2005?

24 A. THAT'S CORRECT.

25 Q. AND YOU HAVE NOT SEEN DR. BANNON'S REPORTS UNTIL THE

1 DEPOSITION HERE TODAY?

2 A. THAT'S CORRECT.

3 Q. AND IS IT FAIR TO SAY WITH RESPECT TO NOT HAVING SEEN
4 DR. BANNON'S OR DR. LATOURETTE'S MEDICAL REPORTS, YOU
5 HAVE NOT SEEN ANY MEDICAL REPORTS FROM DR. JOHN MILLON
6 OF THE HAND SURGERY CENTER, HAVE YOU?

7 A. THAT'S CORRECT, I HAVE NOT.

8 Q. AND YOU WERE AWARE BY VIRTUE OF MR. SMITH'S LETTER THAT
9 SHE WAS ALSO COMPLAINING OF PROBLEMS WITH HER NECK,
10 SHOULDER, RING FINGER, AND HEADACHES?

11 A. THAT'S CORRECT.

12 Q. BUT WHEN YOU SAW HER IN 2005 HER COMPLAINT WAS TO THE
13 LOW BACK?

14 A. THAT'S CORRECT.

15 Q. AND AS I UNDERSTAND IT, AND CORRECT ME IF I'M WRONG,
16 YOUR NOTES DO NOT INDICATE ANY SPECIFIC WORK-RELATED
17 ACCIDENT?

18 A. THAT'S CORRECT, BECAUSE MY FIRST VISIT, AS I RECALL, I
19 SAID THAT SHE DENIES PREVIOUS HISTORY OF SUCH TROUBLE,
20 SHE DENIES ANY INJURY. SO THAT'S---

21 Q. AND AS A CONSEQUENCE OF HER DENYING A WORK-RELATED
22 INJURY, ALL OF HER CHARGES -- OR I ASSUME YOUR CHARGES
23 WERE BILLED TO HER GROUP HEALTH INSURANCE CARRIER AS
24 OPPOSED TO A WORKERS' COMPENSATION CARRIER?

25 A. WELL, MOST PROBABLY. I WOULD HAVE TO CHECK WITH MR.

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1 SMITH OR CHECK WITH MY OFFICE, BUT I BELIEVE WE FILED
2 IT ALL UNDER HER CIGNA INSURANCE POLICY AT THE TIME.

3 Q. NOW, SINCE YOU HAVE NOT SEEN HER SINCE DECEMBER 13,
4 2005 YOU HAVEN'T HAD THE OPPORTUNITY TO QUESTION HER
5 ABOUT HER NON-OCCUPATIONAL ACTIVITIES, HAVE YOU?

6 A. THAT'S CORRECT.

7 Q. AND WHEN YOU LAST SAW HER YOU DIAGNOSED HER AS HAVING
8 DEGENERATIVE DISC DISEASE OR A DEGENERATIVE CONDITION
9 OF HER SPINE?

10 A. YES, SIR.

11 Q. AND AS I UNDERSTAND DEGENERATIVE CHANGES IN THE SPINE
12 OR ANYWHERE ELSE, DO THEY TEND TO GET BETTER OR WORSE
13 WITH AGE?

14 A. THEY CAN GET WORSE WITH AGE. THEY CAN STAY THE SAME.
15 THEY CAN BE MADE WORSE WITH ACTIVITY.

16 Q. CERTAINLY. AND THAT ACTIVITY IS NOT NECESSARILY
17 CONFINED TO OCCUPATIONAL DUTIES. IT COULD BE
18 EXACERBATED BY NON-OCCUPATIONAL ACTIVITIES. CORRECT?

19 A. YES, SIR.

20 Q. SO IN THIS INSTANCE YOU DID NOT ASK HER WHAT HER
21 HOBBIES WERE?

22 A. THAT'S CORRECT.

23 Q. SO YOU DON'T KNOW WHETHER SHE BOWLS ROUTINELY, PLAYS
24 TENNIS, OR PLAYS GOLF?

25 A. THAT'S CORRECT.

1 Q. YOU DON'T KNOW WHETHER SHE JOGS OR WALKS OR CLIMBS
2 STAIRS AT HOME?

3 A. THAT'S CORRECT.

4 Q. YOU DON'T KNOW WHETHER SHE HIKEs EVERY WEEKEND OR
5 ANYTHING OF THAT DEGREE, CANDIDLY. IS THAT CORRECT?

6 A. THAT'S CORRECT.

7 Q. YOU DON'T KNOW HOW OFTEN SHE WASHES CLOTHES, BENDS OVER
8 TO PUT DISHES IN THE DISHWASHER AND TAKE THEM OUT,
9 LIFTS LAUNDRY, DO YOU?

10 A. THAT'S CORRECT.

11 Q. AND IS IT TRUE THAT THOSE TYPE OF ACTIVITIES, THOSE
12 NON-OCCUPATIONAL ACTIVITIES COULD ALSO CAUSE AN
13 EXACERBATION OF PAIN, PARTICULARLY IF THERE ARE
14 DEGENERATIVE CHANGES IN THE BACK?

15 A. YES, SIR, THEY CAN.

16 Q. NOW, NOT HAVING SEEN HER SINCE 2005, NOT KNOWING HER
17 PRESENT JOB DUTIES, AND ALSO NOT BEING AWARE OF HER
18 NON-OCCUPATIONAL DUTIES, DOESN'T IT REQUIRE SOME DEGREE
19 OF SPECULATION AND CONJECTURE TO OPINE THAT HER WORK
20 ACTIVITIES CAUSED ANY EXACERBATION OF HER BACK PAIN?

21 A. I GUESS TAKING IT ALL INTO CONSIDERATION IT WOULD BE
22 REASONABLE TO THINK THAT IF SHE HAS A JOB THAT'S
23 REPETITIVE, THAT BENDING, LIFTING, STOOPING, TWISTING
24 10 HOURS A DAY WOULD AGGRAVATE A PRE-EXISTING PROBLEM,
25 BUT ALSO PHYSICAL ACTIVITIES AT HOME, NON-OCCUPATIONAL

1 COULD AGGRAVATE A PRE-EXISTING PROBLEM, ALSO.

2 Q. AND, DOCTOR, YOU SAID IT WOULD EXACERBATE. WOULDN'T
3 THAT EXACERBATION OF ANY PAIN SOMETIMES BE TEMPORARY AS
4 OPPOSED TO PERMANENT?

5 A. UNLESS IT WAS A REPETITIVE CHRONIC FLARE-UP OR
6 IRRITATION.

7 Q. LET ME SHOW YOU A DOCUMENT HERE. IT'S PREVIOUSLY BEEN
8 MARKED. THIS IS A B.M.W. I.H.S. REPORT. I SHOW YOU A
9 DOCUMENT THAT WAS INTRODUCED IN DR. BANNON'S
10 DEPOSITION. IT'S THE SEPTEMBER 4, 2008 ENTRY, AND I
11 HAVE IT HIGHLIGHTED THERE, AND I'LL LET YOU READ THAT
12 IN ITS ENTIRETY.

13 A. SO JUST---

14 Q. THIS PART.

15 A. JUST READ THE WHOLE THING OR JUST READ WHAT YOU HAVE
16 HIGHLIGHTED?

17 Q. YOU CAN JUST READ IT TO YOURSELF, AND I'M GOING TO ASK
18 YOU A QUESTION ABOUT IT.

19 A. (WITNESS REVIEWS DOCUMENT). OKAY, YES, SIR.

20 Q. YOU SEE WHERE IT'S HIGHLIGHTED WHERE SHE INDICATES THAT
21 SHE'S FINE AND READY TO RETURN TO WORK?

22 A. YES, SIR.

23 Q. WOULD THAT BE ILLUSTRATIVE OF THE FACT THAT THE
24 EXACERBATION WAS ONLY TEMPORARY AND NOT PERMANENT SINCE
25 SHE INDICATED THAT SHE WAS ABLE TO RETURN TO WORK, THAT

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1 SHE WAS FINE?

2 A. PUTTING ALL THIS TOGETHER I'M NOT SURE SHE WAS FINE.

3 Q. I UNDERSTAND.

4 A. I THINK SHE WAS TELLING THE PEOPLE SHE WAS FINE SO SHE
5 COULD GET TO WORK BECAUSE SHE NEEDED TO WORK AND SHE
6 WANTED TO WORK. AND HOW FINE SHE WAS IS HARD TO SAY.

7 Q. CERTAINLY. BUT IN THAT NOTE THERE IT DOES INDICATE
8 THAT SHE WAS READY OR ABLE TO GO BACK TO WORK.

9 A. SHE FELT THAT SHE COULD DO HER JOB.

10 Q. AND WE KNOW THAT SHE'S BEEN SUFFERING FROM CHRONIC PAIN
11 FROM 2005 TO 2008?

12 A. YES, SIR.

13 Q. AND TO THE PRESENT.

14 A. MM-HMM.

15 Q. YOU DON'T HAVE ANY INDICATION WHETHER THE AMOUNT OF
16 MEDICATIONS HAVE BEEN LOWERED OR THAT HER CONDITION HAD
17 GOTTEN BETTER ANYWHERE BETWEEN 2005 AND 2008, DO YOU?

18 A. NO, SIR.

19 Q. NOW, WITH RESPECT TO PAIN AS TO WHETHER IT CAME FROM
20 HER WORK OR NON-OCCUPATIONAL FACTORS, BECAUSE SHE HAD
21 SOME STENOSIS HER PAIN COULD BE JUST IDIOPATHIC. IS
22 THAT NOT A FAIR ASSUMPTION?

23 A. IT CAN BE. IT'S JUST THE SIGNIFICANCE OF PAIN IS
24 REALLY BOTHERSOME. THE CHRONICITY AND SEVERITY OF IT
25 IS VERY BOTHERSOME JUST TO HAVE HAD SOME STENOSIS, SOME

1 DEGENERATIVE CHANGE, TO GIVE HER SUCH DISABLING PAIN
2 THAT REQUIRES SUCH STRONG MEDICATION.

3 Q. BUT IF SHE HAD BEEN ON THAT STRONG MEDICATION PRIOR TO
4 THIS PURPORTED WORK-RELATED ACCIDENT AND STILL TAKING
5 THE SAME AMOUNT OF MEDICATIONS, WOULD THAT ALSO GIVE
6 MORE CREDENCE TO THE FACT THAT THE PAIN COULD HAVE BEEN
7 JUST IDIOPATHIC AS OPPOSED TO OCCUPATIONAL?

8 A. I WOULD HAVE TO SAY IT HAS TO BE MORE OCCUPATIONAL THAN
9 IDIOPATHIC, BECAUSE IDIOPATHIC TO ME WOULD MEAN IT JUST
10 CAME, AND MOST PEOPLE THAT ARE WALKING AROUND AND COME
11 INTO THE OFFICE THAT DON'T WORK DON'T HAVE SUCH INTENSE
12 DISABLING PAIN.

13 Q. LET ME ASK IT FROM THIS PERSPECTIVE. IN TERMS OF THE
14 AGGRAVATION OF THE PRE-EXISTING CHRONIC PAIN CONDITION,
15 THERE IS NO DOUBT THAT SHE HAD STENOSIS. CORRECT?

16 A. INITIALLY YES, SIR, THAT'S CORRECT.

17 Q. AND THAT STENOSIS TENDS TO BECOME MORE SEVERE AS ONE
18 AGES?

19 A. IT CAN, YES, SIR.

20 Q. IT CAN. AND YOU DON'T HAVE ANY EVIDENCE TO SUGGEST
21 THAT THE STENOSIS STOPPED PROGRESSING OR ACTUALLY GOT
22 BETTER FROM THE TIME THAT YOU LAST SAW HER UP TO THE
23 PRESENT?

24 A. WELL, AFTER SURGERY WE HAD HOPED THAT WE HAD RELIEVED
25 THE STENOSIS. THAT WAS THE PURPOSE OF THE SURGERY, WAS

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1 TO DECOMPRESS, TAKE THE THICK LIGAMENT AND BONE AWAY,
2 BUT THAT'S TAKEN AWAY THE PRESSURE, NOT NECESSARILY
3 TAKEN AWAY THE ARTHRITIC CHANGES SURROUNDING IT. IT'S
4 ALSO ASSOCIATED WITH DEGENERATIVE CHANGE, AND THAT --
5 THAT'S THE WHOLE PROBLEM IN THIS. IT'S A DEGENERATIVE
6 PROCESS THAT CAUSES STENOSIS, AND WHEN YOU TAKE THAT
7 PRESSURE AWAY THERE'S STILL STUFF SURROUNDING THE BODY
8 DOING THAT.

9 Q. AND BECAUSE THAT STUFF OR THAT ARTHRITIC CHANGE IS
10 STILL SURROUNDING THE BODY, STILL AFFLICTING THE BODY,
11 COULD THAT IN AND OF ITSELF, ABSENT ANY WORK, BE IT AT
12 HOME OR AT YOUR PLACE OF EMPLOYMENT, STILL CAUSE
13 PROBLEMS --

14 A. IT COULD.

15 Q. -- WITH YOUR BACK?

16 A. IT CAN.

17 Q. AND IS THIS WHY SHE WAS REFERRED TO DR. LATOURETTE AND
18 SHE'S STILL UNDER DR. LATOURETTE'S TREATMENT, IS TO
19 CONTROL THAT PAIN?

20 A. YES, SIR. SHE WAS REFERRED THERE FOR PAIN CONTROL AS
21 IT APPEARED IT WAS GOING TO BE LONG-TERM, AND THAT'S
22 WHY SHE'S PROBABLY STILL THERE.

23 Q. SO BECAUSE SHE HAD CHRONIC PAIN THERE WAS AN
24 EXPECTATION THAT IT WOULD BE LONG-TERM AND SHE WOULD
25 NEED TREATMENT WELL INTO THE FUTURE?

1 A. YES, SIR.

2 Q. SO WAS THERE EVER ANY THOUGHT THAT THE CHRONIC PAIN
3 WOULD JUST SIMPLY DISSIPATE AS SHE GOT OLDER?

4 A. IT'S MY OPINION THAT WITH TIME IT SHOULD. YOU KNOW, WE
5 HAD DONE STUDIES. WE'D OPERATED UPON HER. WE HAD DONE
6 STUDIES AFTER SURGERY. WE DIDN'T REALLY SEE A CAUSE
7 FOR SUCH SEVERE CHRONIC PAIN, AND, THEREFORE, WITH TIME
8 USUALLY HOPEFULLY PATIENTS IMPROVE WITH THERAPY AND
9 MEDICATION. BUT, THERE AGAIN, THERE ARE A LOT OF
10 PATIENTS THAT HAVE NEVER HAD SURGERY THAT ARE TREATED
11 FOR CHRONIC PAIN. THEY HAVE DISABLING CHRONIC PAIN AND
12 THEY'VE NEVER HAD SURGERY, AND YOU CAN'T FIND A SOURCE
13 FOR THAT PAIN, EITHER. IT BECOMES VERY PERPLEXING AND
14 COMPLICATED, YOU KNOW, TREATING CHRONIC PAIN.

15 Q. CERTAINLY. AND BECAUSE IT'S COMPLEX DOESN'T IT REQUIRE
16 SOME DEGREE OF SPECULATION TO SOMETIMES IDENTIFY THE
17 SOURCE OF THE PAIN?

18 A. IT CAN. YES, SIR, IT CAN.

19 Q. AND ISN'T IT IMPORTANT TO NOTE THAT BECAUSE SHE HAS NOT
20 WORKED SINCE AUGUST 2008, SHE'S NOT BEEN ENGAGING IN
21 ANY OCCUPATIONAL ACTIVITIES SINCE AUGUST 2008, BUT IF
22 SHE'S STILL HAVING CHRONIC PAIN IN 2009 CAN ONE SAY
23 WITHOUT SPECULATING THAT IT COMES FROM HER OCCUPATIONAL
24 DUTIES ALONE ABSENT THE AGING FACTOR OR THE PROGRESSIVE
25 DEGENERATIVE DISC DISEASE OR NON-OCCUPATIONAL FACTORS?

1 A. WELL, THE CONTINUED PAIN, I WOULD HAVE HOPED THAT SHE
2 WOULD HAVE GOTTEN BETTER BY BEING OFF WORK SINCE WE
3 DON'T THINK SHE NEEDS MORE SURGERY. IF YOU DON'T NEED
4 MORE SURGERY THEN YOU DO THERAPY AND MEDICINE AND TIME,
5 AND THAT USUALLY HELPS. BUT IF SHE'S NO BETTER AND SHE
6 HAS THE CHRONIC PAIN SYNDROME THAT'S JUST PART OF HER
7 BODY AND PART OF HER DEGENERATIVE CHANGES BROUGHT ON
8 MOST PROBABLY OR AGGRAVATED BY, THOUGH, THE CONTINUED
9 REPETITIVE JOB SHE HAD, EVEN THOUGH SHE'S NOT DOING IT
10 NOW IT SORT OF SET UP THE PAIN SYNDROME, THE
11 PERSISTENT.

12 Q. BUT WHAT IF SHE HAD THE SAME PAIN SYNDROME IN TERMS OF
13 IT BEING ON THE SAME SCALE FROM THE TIME THAT YOU
14 RELEASED HER UP UNTIL AUGUST 2008, WOULDN'T THAT SORT
15 OF DISSIPATE THE INVOLVEMENT OF THE OCCUPATIONAL
16 FACTORS?

17 A. YOU WOULD HAVE THOUGHT SHE WOULD HAVE. I MEAN, THAT'S
18 A LONG PERIOD OF TIME TO GO FROM '05 TO '08 WITHOUT ANY
19 -- I THINK IT DEPENDS ON THE DOCUMENTATION OF HER PAIN
20 AND TREATMENT FROM '05 TO '08.

21 Q. AND YOU HAVE NOT SEEN THOSE REPORTS?

22 A. I HAVE NOT SEEN THOSE REPORTS. AND IF SHE WAS
23 ROUTINELY BEING TREATED BY SOMEBODY WHILE SHE WAS
24 WORKING, THEN SHE TRULY HAD CHRONIC PAIN, BUT IF SHE
25 GOT BETTER AND THEN HAD A RECURRENCE OF HER CHRONIC

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1 PAIN, THEN WE'D HAVE TO SAY IT'S RELATED TO HER JOB.

2 Q. DOCTOR, IN TERMS OF THE BODY MECHANICS YOU INDICATE YOU
3 DIDN'T KNOW THE BODY MECHANICS THAT SHE PERFORMED WHILE
4 PERFORMING HER WORK-RELATED ACTIVITIES. WHY IS THAT
5 SUCH AN IMPORTANT FACTOR IN YOUR ASSESSMENT AND
6 RENDERING YOUR OPINION?

7 A. WELL, IF THEY'RE BENDING ALL DAY LONG, IF THEY'RE
8 LEANING OVER AT AN AWKWARD ANGLE ALL DAY LONG, IF THEIR
9 BODY, CAR AFTER CAR AFTER CAR THEY'RE IN A STRESSED
10 MECHANICALLY -- BODY MECHANICALLY STRESSED POSITION
11 THAT WOULD CONTINUE TO AGGRAVATE THE PAIN -- BECAUSE
12 I'VE SEEN PATIENTS, TO USE AN EXAMPLE, THAT HAVE TO
13 LEAN UNDER THE DASHBOARD OF EVERY SINGLE CAR THAT COMES
14 DOWN THE LINE. SAME POSITION, SAME EVERYTHING, ALL DAY
15 LONG, DAY AFTER DAY. AND I SEE THEM FOR NECK AND
16 SHOULDER PAIN, EVEN RUPTURED DISCS BECAUSE OF THAT
17 REPETITIVE AWKWARD POSITION THAT THEY ARE IN DAY AFTER
18 DAY. SO IF SHE WAS IN AN AWKWARD POSITION OF HAVING TO
19 LIFT THE DOOR OR HAVE TO GET IN A PHYSICALLY AWKWARD
20 POSITION, IT COULD AGGRAVATE A PAIN SYNDROME OR CAUSE
21 CHRONIC MUSCLE STRAIN.

22 Q. THAT'S ALL I HAVE, SIR. THANK YOU.

23 RE-EXAMINATION BY MR. SMITH:

24 Q. JUST A FEW MORE, DOCTOR. IF YOU'D LOOK AT THE DOCUMENT
25 THAT MR. DUNBAR GAVE YOU, AND IF YOU WOULD READ INTO

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1 THE RECORD FROM THE 9/5/2008 NOTE THERE FROM KEN
2 HUMMEL.

3 A. YES, SIR.

4 Q. IT STARTS OUT ABOUT THE THIRD LINE DOWN TO THE RIGHT,
5 "THIS ASSOCIATE."

6 A. YES, SIR. I'LL PICK UP THERE. THE THIRD LINE AT THE
7 VERY END. "THIS ASSOCIATE WORKS ON A LINE ASSEMBLY
8 PRODUCTION JOB, RECENTLY REPORTED THAT HER BACK STARTED
9 HURTING MORE AT WORK FROM BENDING FORWARD TO INSTALL
10 BOLTS, AND FILED A WORK COMP CLAIM."

11 Q. AND WOULD YOU LOOK AT THE 9/4/2008 REPORT?

12 A. YES, SIR.

13 Q. AND WOULD YOU LOOK AT THE THIRD LINE STARTING WITH
14 "FURTHER"?

15 A. "FURTHER STATES THAT SHE DOES NOT UNDERSTAND THIS
16 BECAUSE SHE FEELS THAT HER BACK PAIN WAS RELATED TO
17 INSTALLING THE SCREWS IN THE DOOR."

18 Q. AND, DOCTOR, IF YOU COME DOWN TO THE 8/25/2008, AND
19 WOULD YOU READ JUST THE BEGINNING OF THAT WHOLE REPORT?

20 A. OKAY. "P.C. TO ASSOCIATE TO ADVISE THAT SHE NEEDED TO
21 SUBMIT ALL PERSONNEL RECORDS PERTAINING TO HER BACK."

22 Q. I'M TALKING ABOUT AT 8/25/2008.

23 A. YES, SIR.

24 Q. "56-YEAR-OLD BLACK FEMALE ASSEMBLY."

25 A. OH, THERE'S TWO 8/25. OKAY, I'M SORRY. THIS IS THE --

1 Q. THE LAST ONE.

2 A. -- ONE DATED -- I MEAN THE TIME IS 6:23 A.M.

3 Q. YES, SIR.

4 A. "56-YEAR-OLD BLACK FEMALE ASSEMBLY ASSOCIATE WHO
5 REPORTS THAT SHE INJURED HER LOWER BACK FOR A SECOND
6 TIME APPROXIMATELY TWO WEEKS AGO. SHE REPORTS THAT HER
7 BACK INITIALLY STARTED HURTING ON THE JOB ONE MONTH
8 AGO. SHE REPORTS SHE WAS BENT FORWARD INSTALLING
9 SCREWS ON A DOOR PANEL WHEN SHE NOTED THE BACK PAIN.
10 SHE REPORTS THE PAIN BECAME WORSE AND SHE WENT TO HER
11 FAMILY DOCTOR TO EVALUATE HER PAIN."

12 Q. THAT'S GOOD ENOUGH. AND I SHOW YOU NOW 7/23/08 REPORT
13 FROM THE CAROLINA CENTER FOR THE ADVANCED MANAGEMENT OF
14 PAIN, AND I HAVE CIRCLED WHERE IT SAYS, "PATIENT
15 REPORTS." WOULD YOU READ THAT INTO THE RECORD, PLEASE?

16 A. "PATIENT REPORTS BENDING AT WORK WILL AGGRAVATE HER
17 PAIN."

18 Q. NOW, DOCTOR, ALL THAT YOU KNOW ABOUT HER BACK AND NOW
19 THAT YOU KNOW SOMETHING ABOUT HER WORK ACTIVITY, DO YOU
20 STILL ABIDE BY YOUR NOTE THAT YOU WROTE TO ME AND GAVE
21 YOUR OPINION ABOUT THE AGGRAVATION OF A PRE-EXISTING
22 CONDITION?

23 A. YES, SIR.

24 Q. THANK YOU, SIR.

25 RE-EXAMINATION BY MR. DUNBAR:

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1 Q. DOCTOR, I'M GOING TO HAND YOU NOTES FROM INDUSTRIAL
2 HEALTH SERVICES. IT IS DATED OCTOBER 25, 2008. I PUT
3 A LITTLE CHECKMARK AND HIGHLIGHTED THAT, WELL,
4 UNDERLINED THAT. COULD YOU READ THAT INTO THE RECORD?

5 A. IT STATES, "ASSOCIATE ADVISED THAT SHE HAS ALWAYS RAN
6 THE RECORDED JOBS THAT SHE IS CURRENTLY WORKING."

7 Q. SO ASSUMING, TAKING FROM THAT STATEMENT, THAT FROM 2005
8 TO 2008 SHE'S RAN THE SAME JOB WITHOUT ANY PROBLEMS
9 THOUGH DESPITE SHE'S IN CHRONIC PAIN.

10 A. AND DO WE REALLY KNOW THAT FOR THREE -- THAT
11 ENCOMPASSED THREE YEARS, THAT STATEMENT?

12 Q. WELL, BASED UPON MR. SMITH'S ASSERTION, HE SAID HER JOB
13 HADN'T CHANGED FROM THE TIME THAT YOU OPERATED ON HER.

14 MR. SMITH:

15 WELL, WE'RE GOING TO CORRECT THAT. I'VE GOT HER
16 DEPOSITION HERE.

17 RE-EXAMINATION RESUMED BY MR. DUNBAR:

18 Q. BUT LET'S ASSUME JUST PUTTING IN THE SCREWS IS
19 SOMETHING THAT SHE HAD DONE.

20 A. HAD ALWAYS DONE, YEAH.

21 Q. THAT SHE'S ALWAYS --

22 A. THAT SHE'S ALWAYS RAN THE---

23 Q. -- DONE THAT.

24 A. YEAH, BUT THAT ENCOMPASSES GOING BACK FROM '08 TO '05
25 AND PUTTING IN THE SCREWS IN THE BOTTOM DOOR. SEE,

1 THAT'S NOT WHAT I WAS TOLD SHE DID AS HER JOB
2 DESCRIPTION WHEN SHE TOLD ME WHEN I FIRST SAW HER.

3 Q. RIGHT.

4 A. SHE PUT ON THE DOORS AND PUT ON THE AIRBAGS, BUT SHE
5 DIDN'T TELL ME SHE WAS BENDING PUTTING THE SCREWS IN
6 THE DOORS.

7 Q. ALL RIGHT, SIR. LET'S ASSUME SHE'S BEEN DOING THAT
8 PARTICULAR COMPONENT OF THIS JOB, PUTTING IN THE
9 SCREWS, BECAUSE, AS YOU'VE SEEN EARLIER, SHE SAYS
10 BENDING AND PUTTING IN THE SCREWS CAUSED HER PAIN, THAT
11 SHE'S BEEN DOING THIS SINCE 2005. MY QUESTION IS, IF
12 SHE WAS DOING THAT WITHOUT ANY PROBLEMS DESPITE CHRONIC
13 PAIN NOT SPIKING AT ALL, WOULD THIS BE MORE INDICATIVE
14 OF THE EVOLUTION OF THE PROGRESSION OF THE DEGENERATIVE
15 DISC PROBLEM?

16 A. AND THE WEAR AND TEAR, THE REPETITIVE WEAR AND TEAR
17 OVER TIME, YES, SIR, IT CAN BE.

18 Q. ALL RIGHT, SIR. THAT'S ALL I HAVE.

19 MR. SMITH:

20 THAT'S ALL.

21 (THERE BEING NO FURTHER QUESTIONS AT THIS TIME, THE
22 DEPOSITION WAS CONCLUDED AT 2:14 P.M.)
23
24
25

CERTIFICATE OF REPORTER

I, ROSALIND P. WALTERS, A NOTARY PUBLIC IN AND FOR THE
STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE
FOREGOING 37 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT
OF THE DEPOSITION OF CAVERT K. MCCORKLE, M.D., WHICH WAS
TAKEN BY ME ON THE 23RD DAY OF MARCH, 2009.

THAT THE WITNESS WAS FIRST DULY SWORN TO TELL THE
TRUTH, THE WHOLE TRUTH AND NOTHING BUT THE TRUTH OF HIS OWN
KNOWLEDGE CONCERNING THIS MATTER.

THAT I AM NOT RELATED TO NOR THE EMPLOYEE OF ANY OF THE
PARTIES HERETO, NOR RELATED TO OR EMPLOYED BY ANY ATTORNEY
OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN
THE OUTCOME OF THIS ACTION.



ROSALIND POOLE WALTERS, CVR

NOTARY PUBLIC FOR S.C.

COMMISSION EXPIRES: 12-18-2016

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STATE OF SOUTH CAROLINA

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 0813280

PATRICIA DIANNE JOHNSON, EMPLOYEE,
CLAIMANT,

-VS-

COPY

BMW MANUFACTURING CORP. EMPLOYER,
and ITT SPECIALTY RISK SERVICES, CARRIER,
DEFENDANTS.

DEPOSITION
OF
RICHARD B. BANNON, M.D.

PURSUANT TO NOTICE OF DEPOSITION AND/OR AGREEMENTS IN
THE ABOVE-ENTITLED CASE, THE DEPOSITION OF RICHARD B.
BANNON, M.D., WAS TAKEN BY THE BELOW-NAMED NOTARY PUBLIC
FOR SOUTH CAROLINA AND CERTIFIED VERBATIM REPORTER AT THE
OFFICES OF FOOTHILLS FAMILY MEDICINE, 391 GLENN SPRINGS
ROAD, PACOLET, SOUTH CAROLINA, ON THE 19th DAY OF MARCH,
2009, COMMENCING AT 11:38 a.m.

DEPOSITION REPORTED BY: REGINA A. TAGUE, CVR

REGINA A. TAGUE, CVR
NATIONALLY CERTIFIED COURT REPORTER
POST OFFICE BOX 2412
SPARTANBURG, S.C. 29304
(864) 587-6159 CELL 764-0244

APPEARANCES:

ALBERT V. SMITH, ESQUIRE
 ATTORNEY AT LAW
 410 MAGNOLIA STREET
 SPARTANBURG, SOUTH CAROLINA 29303

.....ON BEHALF OF THE EMPLOYEE,

VERNON F. DUNBAR, ESQUIRE
 TURNER PADGET GRAHAM & LANEY, P.A.
 POST OFFICE BOX 1509
 GREENVILLE, SOUTH CAROLINA 29602

.....ON BEHALF OF THE EMPLOYER/CARRIER.

STIPULATIONS:

THE WITHIN DEPOSITION TAKEN PURSUANT TO THE SOUTH
 CAROLINA RULES OF CIVIL PROCEDURE.

WAIVER:

READING AND SIGNING OF THE DEPOSITION BY THE WITNESS
 ARE EXPRESSLY WAIVED.

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1 RICHARD B. BANNON, M.D., BEING FIRST DULY SWORN TO
2 TELL THE TRUTH, TESTIFIED ON HIS OATH AS FOLLOWS:

3 EXAMINATION BY MR. SMITH:

4 Q. DR. BANNON, MY NAME IS ALBERT SMITH AND I'M A
5 LAWYER OUT OF SPARTANBURG. I REPRESENT MS.
6 PATRICIA DIANNE JOHNSON IN THE MATTER OF WHAT
7 WE'RE ALLEGING TO BE A WORK RELATED INJURY OR
8 AGGRAVATION OF A PREEXISTING INJURY BY WORK
9 ACTIVITY AT BMW MANUFACTURING CORPORATION. AND
10 IF I ASK YOU ANYTHING THAT YOU DON'T
11 UNDERSTAND, PLEASE LET ME KNOW AND I'LL TRY TO
12 REPHRASE IT.

13 A. OKAY.

14 Q. AND DON'T BE TOO SURPRISED AT MY IGNORANCE IF I
15 ASK YOU TO REPEAT SOMETHING THAT I DON'T
16 UNDERSTAND THAT YOU SAY, BECAUSE --

17 A. OKAY.

18 Q. -- OF YOUR MEDICAL TRAINING AND MY LACK
19 THEREOF. WOULD YOU STATE YOUR FULL NAME FOR
20 THE RECORD, PLEASE, SIR.

21 A. RICHARD BRUCE BANNON, M.D.

22 Q. WHERE DO YOU LIVE, DOCTOR?

23 A. IN SPARTANBURG, SOUTH CAROLINA.

24 Q. WHERE DID YOU GO TO SCHOOL? COLLEGE, I MEAN.

25 A. COLLEGE AT THE UNIVERSITY OF LOUISVILLE.

1 MEDICAL SCHOOL, UNIVERSITY OF KENTUCKY.

2 Q. AND WHERE DID YOU DO YOUR RESIDENCY?

3 A. AT SPARTANBURG REGIONAL HOSPITAL. I FINISHED
4 UP THERE -- I WENT FROM '73 TO '76.

5 Q. AND THAT WAS A RESIDENCY IN --

6 A. YES.

7 Q. -- FAMILY PRACTICE?

8 A. FAMILY PRACTICE.

9 Q. OKAY. FROM '73, WHERE DID YOU GO THEN, WHEN
10 YOU WENT IN TO PRACTICE?

11 A. YOU MEAN '76?

12 Q. '76. I'M SORRY.

13 A. YES. I CAME OUT HERE IN PACOLET AND I'VE BEEN
14 HERE EVER SINCE.

15 Q. AND THE NATURE OF YOUR PRACTICE IS WHAT?

16 A. FAMILY PRACTICE.

17 Q. AND AS A FAMILY PRACTITIONER, WHAT KIND OF
18 AILMENTS DO YOU TREAT OR ARE YOU CONFRONTED
19 WITH?

20 A. REALLY, JUST ABOUT EVERYTHING. WE'RE THE WHERE
21 PEOPLE START OFF A LOT OF TIMES WITH THEIR
22 ILLNESSES, AND WE FOLLOW A LOT OF CHRONIC
23 DISEASES, BUT I TREAT CHILDREN AND ADULTS.
24 ALMOST ANY DISEASE YOU CAN THINK OF, AND WHEN
25 IT'S OUT OF OUR REALM, WE REFER.

1 Q. ARE YOU PUBLISHED ANYWHERE, DOCTOR?

2 A. NO.

3 Q. ANY ARTICLES OR BOOKS?

4 A. NO, I'M NOT.

5 Q. ARE YOU BOARD CERTIFIED?

6 A. YES.

7 Q. AND HOW LONG HAVE YOU BEEN BOARD CERTIFIED?

8 A. SINCE '76.

9 Q. OKAY.

10 BY MR. SMITH:

11 I OFFER HIM AS AN EXPERT IN THE AREA OF FAMILY
12 PRACTICE.

13 BY MR. DUNBAR:

14 JUST A COUPLE OF FOLLOW-UP QUESTIONS.

15 EXAMINATION BY MR. DUNBAR:

16 Q. DOCTOR, HOW MANY YEARS HAVE YOU BEEN IN
17 PRACTICE?

18 A. THIRTY-THREE.

19 Q. THIRTY-THREE YEARS.

20 A. SINCE '76 TILL NOW. ACTUALLY, FROM '73 YOU'RE
21 A DOCTOR, BUT I WAS ACTUALLY ONLY IN PRACTICE
22 AFTER '76, BECAUSE I DID A THREE-YEAR
23 RESIDENCY.

24 Q. AND YOU'RE BOARD CERTIFIED?

25 A. YEAH.

1 Q. IN FAMILY PRACTICE MEDICINE?

2 A. UH-HUH (affirmative).

3 Q. AND YOU HAVEN'T BEEN DISCIPLINED BY THE MEDICAL
4 ASSOCIATION?

5 A. NO.

6 Q. AND YOU HAVE HOSPITAL PRIVILEGES HERE AT WHICH
7 HOSPITALS?

8 A. MARY BLACK, ALTHOUGH WE DO NOT ADMIT ANYMORE,
9 ALTHOUGH WE HAVE HOSPITAL PRIVILEGES.

10 BY MR. DUNBAR:

11 NO OBJECTION.

12 EXAMINATION RESUMED BY MR. SMITH:

13 Q. DR. BANNON, IN YOUR PRACTICE, HAVE YOU HAD THE
14 OCCASION TO SEE ONE MS. PATRICIA DIANNE
15 JOHNSON?

16 A. I HAVE.

17 Q. AND WHEN DID YOU FIRST START SEEING HER?

18 A. FIRST TIME I SAW HER, IT LOOKS LIKE FEBRUARY OF
19 '81.

20 Q. AND WHAT WAS THE NATURE OF THAT COMPLAINT, SIR?

21 A. THAT WAS FOR PYELONEPHRITIS, WHICH IS A KIDNEY
22 PROBLEM, AND I ADMITTED HER TO THE HOSPITAL AT
23 THAT TIME.

24 Q. AND AFTER THAT, WHEN WAS THE NEXT TIME YOU SAW
25 HER?

1 A. SEVERAL, SEVERAL TIMES IN '81. AGAIN, FOR
2 FOLLOW-UP OF THE PYELONEPHRITIS AFTER THE
3 HOSPITAL. AND I SAW HER IN '84 AND --

4 Q. WHAT WAS THE NATURE OF THE '84 VISIT?

5 A. FOR URINARY TRACT INFECTION AND VAGINITIS.

6 Q. WOULD THAT HAVE BEEN 1-18 OF -- I'M SORRY.
7 WHAT DATE WAS THAT IN '84?

8 A. 3-12-84, AND IT WAS ACTUALLY MY PARTNER THAT
9 SAW HER AT THAT POINT, THAT VISIT.

10 Q. AND THE NEXT TIME YOU SAW HER, THEN?

11 A. NEXT TIME I PERSONALLY SAW HER WAS 8-1-89.

12 Q. 8-1-89?

13 A. YES.

14 Q. AND WHAT WAS THE NATURE OF HER COMPLAINT THEN?

15 A. THAT WAS FOR ANXIETY, DEPRESSION. HAD TO DO
16 WITH HER SON HAD DIED IN A MOTOR VEHICLE
17 ACCIDENT.

18 Q. AND THE NEXT TIME -- YOU TREATED HER FOR THAT?

19 A. YES.

20 Q. OKAY. AND THE NEXT TIME YOU SAW HER?

21 A. SHE WAS SEEN ON 3-26, AGAIN BY ONE OF MY
22 PARTNERS.

23 Q. THAT WOULD HAVE BEEN IN 1989?

24 A. NO. 3-26-93.

25 Q. OKAY. AND THE NATURE OF THAT VISIT?

1 A. JUST HEALTH MAINTENANCE.

2 Q. AND THE NEXT TIME?

3 A. 9-25-00, WHEN I SAW HER FOR CONSTIPATION.

4 Q. AND AFTER THAT?

5 A. 11-18-04, FOR WHICH I SAW HER FOR SCIATICA,
6 BACK PAIN.

7 Q. DO YOU KNOW WHERE SHE WAS WORKING IN '04?

8 A. NO, I DON'T.

9 Q. DID YOU TREAT HER FOR THE SCIATICA?

10 A. I DID.

11 Q. DID YOU MAKE A REFERRAL?

12 A. NOT AT THAT TIME. WE SAW HER BACK ON 1-10.

13 Q. OF 2005?

14 A. YES. ACTUALLY, MY PARTNER SAW HER BACK AT THAT
15 TIME AND ORDERED A MRI.

16 Q. IS THE RESULT OF THAT MRI IN YOUR RECORDS?

17 A. YES.

18 Q. WHAT WAS DATE OF THAT MRI?

19 A. IT WAS DONE ON 1-12-05. SHOWED SEVERE
20 DEGENERATIVE DISC CHANGES AT L4-L5, AND
21 MODERATE FACET HYPERTROPHY IN THE LOWER LUMBAR
22 SPINE.

23 Q. DID YOU KNOW WHERE SHE WORKED AT THAT TIME, THE
24 NATURE OF HER WORK?

25 A. NO.

1 Q. AND WAS THERE A FOLLOW-UP IN YOUR OFFICE AS A
2 RESULT OF THAT MRI?

3 A. AT THAT TIME WE DID MAKE A REFERRAL TO DR.
4 McCORKLE, WHO'S A NEUROSURGEON.

5 Q. OKAY.

6 A. AND WE SENT -- FAXED HIM OUR NOTES.

7 Q. AND WHEN IS THE NEXT TIME YOU SAW HER AGAIN, OR
8 YOUR OFFICE SAW HER?

9 A. 5-19-05.

10 Q. AND WHAT WAS THE NATURE OF THAT VISIT?

11 A. SHE WAS HAVING -- SHE WAS GETTING READY TO HAVE
12 BACK SURGERY, AND SHE WAS ALSO HAVING NECK
13 PAIN.

14 Q. DID SHE RELATE TO YOU ANY HISTORY OF HOW THIS
15 OCCURRED OR THE NATURE OF HER JOB?

16 A. NO, WE DIDN'T DISCUSS IT.

17 Q. DID SHE RELATE TO YOU WHETHER OR NOT SHE'D HAD
18 AN ACCIDENTAL INJURY AT THAT TIME ANYWHERE?

19 A. NOT AT THAT TIME, NO.

20 Q. WHEN IS THE NEXT TIME YOU SAW HER THEN, DOCTOR,
21 OR YOUR OFFICE SAW HER?

22 A. 8-14-08.

23 Q. AND WHAT WAS THE NATURE OF THAT VISIT?

24 A. THAT WAS FOR BLOOD PRESSURE AND THE CHRONIC
25 BACK PAIN AND CHRONIC HEADACHES.

1 Q. HAD SHE HAD BACK SURGERY AT THAT TIME?

2 A. SHE SHOULD HAVE HAD IT. I DIDN'T MENTION THAT
3 SHE HAD HAD. I THINK IN THE NOTES SHE HAD.

4 Q. DID YOU KNOW THE NATURE -- WAS SHE EMPLOYED AT
5 THAT TIME OR BACK AT WORK, ACCORDING TO YOUR
6 RECORDS?

7 A. ACCORDING TO MY RECORDS SHE AT THAT TIME WAS
8 GOING TO THE CHRONIC PAIN CLINIC.

9 Q. DO YOU INDICATE WHETHER OR NOT SHE WAS WORKING
10 OR NOT?

11 A. NO.

12 Q. AND THE NEXT TIME YOU SAW HER? WHAT WAS YOUR
13 RECORD -- WHAT DID YOU PRESCRIBE FOR HER AT
14 THAT TIME, DOCTOR?

15 A. I PUT HER ON NAPROSYN, WHICH IS AN ANTI-
16 INFLAMMATORY, TWICE A DAY. THE CHRONIC PAIN
17 CLINIC ALREADY HAD HER ON VERY POTENT PAIN
18 MEDICINES. THEY HAD HER ON AVINZA AND
19 OXYCODONE FOUR AND FIVE TIMES A DAY, SO THAT'S
20 REALLY ABOUT AS HIGH A DOSE NARCOTICS AS YOU
21 CAN GO.

22 Q. AND WHEN IS THE NEXT TIME YOU SAW HER?

23 A. 8-27-08.

24 Q. AND WHAT WAS THE NATURE OF THAT VISIT?

25 A. I WENT OVER THE C-T RESULTS WITH HER.

1 Q. IS THAT THE NEXT TIME YOUR OFFICE SAW HER?

2 A. YES.

3 Q. 8-27-08? OKAY. WHAT WAS THE NATURE OF THAT
4 VISIT?

5 A. I WENT OVER THE C-T RESULTS ON HER CHRONIC BACK
6 AND NECK PAIN. AT THAT TIME SHE SAID SHE'D
7 HURT HER BACK AT WORK WHEN SHE WAS BENDING
8 OVER, AND THAT THEY HAD BEEN FOLLOWING THIS AT
9 HER WORK. AND SHE HAD MENTIONED THAT THEY WERE
10 UPSET BECAUSE IT WAS WORKERS' COMPENSATION AND
11 SHE SAID -- THIS IS WHAT SHE TOLD ME, "AND THAT
12 SHE SHOULDN'T BE COMING HERE."

13 Q. DID YOU TREAT HER FOR THAT AT THAT TIME,
14 DOCTOR?

15 A. I JUST TALKED TO HER ABOUT THE REPORT AND TOLD
16 HER TO FOLLOW UP WITH THE COMPENSATION DOCTOR
17 THAT WAS EVIDENTLY HANDLING THE CASE.

18 Q. DO YOU KNOW WHETHER OR NOT SHE EVER FOLLOWED UP
19 WITH THE WORKERS' COMPENSATION DOCTOR?

20 A. NO. I'M NOT SURE, BUT MY NEXT NOTE THREE
21 MONTHS LATER STATED SHE'D BEEN OUT OF WORK AND
22 SHE'D HAD DISC SURGERY BY DR. MCCORKLE. SO
23 OBVIOUSLY SHE DID FOLLOW UP WITH HIM.

24 Q. WHAT KIND OF TREATMENT DID YOUR OFFICE GIVE HER
25 ON 8-27-08, IF ANY?

1 A. I DON'T BELIEVE I GAVE HER ANYTHING.

2 Q. OKAY.

3 A. WE WERE ALSO SEEING HER FOR HER BLOOD PRESSURE
4 PROBLEMS, BUT THE BLOOD PRESSURE WAS FINE.

5 Q. HAS YOUR OFFICE SEEN HER SINCE 8-27-08?

6 A. WE SAW HER ON 11-10-08, BECAUSE ON A C-T SCAN
7 OF THE LUMBAR SPINE, IT PICKED UP AN
8 ABNORMALITY IN THE KIDNEY, AND DIDN'T KNOW WHAT
9 THAT ABNORMALITY WAS AND FELT THAT AN
10 ULTRASOUND WAS NEEDED TO EVALUATE THAT. AND WE
11 SET UP THE ULTRASOUND AND THEN SAW HER BACK ON
12 THE NEXT DAY, I GUESS.

13 Q. WHAT WAS THE RESULT OF THE ULTRASOUND?

14 A. (REVIEWS DOCUMENTS.) I CAN'T FIND THE REPORT
15 ON IT.

16 Q. DOES YOUR FILE SHOW THEN THAT THAT KIDNEY
17 PROBLEM WAS RELATED TO HER BACK PAIN AT ALL?

18 A. NO, I DON'T BELIEVE SO.

19 Q. DID YOU SEE HER AFTER THAT?

20 A. NO. THAT'S THE LAST TIME I SAW HER.

21 Q. OKAY.

22 A. IT WAS 11-10 OR 11 -- LET ME BACK UP SOME. I
23 DON'T SEE THE REPORT, BUT I TALKED TO THE
24 RADIOLOGIST ABOUT HER -- THE RENAL MASS, AND HE
25 SAID THERE WAS A COMPLEX CYST AND IT SHOULD BE

1 CONSIDERED MYOTONIC UNTIL PROVEN OTHERWISE.
2 AND AT THAT TIME WE MADE HER AN APPOINTMENT TO
3 SEE THE UROLOGIST. NOW, THAT'S THE DAY AFTER
4 THE -- THAT WAS ON 11-10 THAT I SAW HER, AND
5 I'M NOT SURE THAT I ACTUALLY SAW HER ON 11-11.
6 I THINK THAT'S JUST A NOTE THAT I TALKED TO THE
7 RADIOLOGIST. SO THE LAST DAY I SAW HER WAS 11-
8 10.

9 Q. WAS THERE ANY INDICATION, THEN, THAT THAT
10 PROBLEM WAS CREATING ANY BACK PROBLEMS?

11 A. NO.

12 Q. WERE YOU EVER MADE AWARE OF THE KIND OF WORK
13 THAT SHE DID AT BMW?

14 A. I'M SURE THAT SHE AND I TALKED ABOUT IT. I
15 TALK ABOUT THAT TO ALL MY PATIENTS, BUT I DON'T
16 ALWAYS DICTATE IT, SO I CAN'T DEFINITELY SAY
17 ONE WAY OR THE OTHER.

18 Q. IF I TOLD YOU THAT SHE WAS WORKING A JOB THAT
19 REQUIRED HER TO CONSTANTLY BEND, CONSTANTLY USE
20 HER UPPER EXTREMITIES IN THAT BENDING POSITION,
21 STOOP, AND SERVE A LINE THAT'S MOVING AT SOME
22 PACE AND DO THAT ON A CONSTANT BASIS FOR EIGHT
23 TO TEN HOURS A DAY, AND HAS DONE THAT OVER A
24 PERIOD OF TIME EVEN BEFORE THE FIRST SURGERY
25 WAS DONE, WOULD YOU HAVE AN OPINION, DOCTOR, AS

1 TO WHETHER OR NOT, BASED UPON YOUR MEDICAL
2 HISTORY THAT YOU'VE TAKEN FROM HER, AND HAVING
3 HER DO THAT KIND OF WORK, IF THAT KIND OF WORK
4 WOULD AGGRAVATE AND/OR CAUSE THE KIND OF BACK
5 CONDITIONS THAT YOU SAW IN HER EVEN BACK IN
6 2005 AND OF COURSE BACK ON 8-27-08?

7 BY MR. DUNBAR:

8 OBJECT TO THE FORM OF THE QUESTION.

9 EXAMINATION RESUMED BY MR. SMITH:

10 Q. YOU CAN ANSWER, DOCTOR.

11 A. I DON'T HAVE ANY DOUBT THAT PHYSICAL ACTIVITY
12 LIKE THAT WOULD AGGRAVATE AN ONGOING PROBLEM
13 AND WOULD CONTINUE TO MAKE IT WORSE.

14 Q. IS THAT YOUR MEDICAL OPINION WITH A REASONABLE
15 DEGREE OF MEDICAL CERTAINTY IN THIS --

16 A. YES. YES, IT IS.

17 Q. AND DID YOU AT MY REQUEST PROVIDE US WITH A
18 NOTE DATED NOVEMBER 10th, 2008? AND I'LL SHOW
19 YOU A COPY OF IT IF YOU DON'T HAVE IT.

20 A. (REVIEWS DOCUMENT.) YES, I STILL AGREE WITH
21 THAT.

22 Q. THAT'S STILL YOUR OPINION TODAY --

23 A. YES.

24 Q. -- WITH A REASONABLE DEGREE OF MEDICAL
25 CERTAINTY?

1 A. YES.

2 BY MR. SMITH:

3 AND THAT'S GOING TO BE CLAIMANT'S APA NUMBER 6.

4 (Court Reporter marks Claimant's exhibit 1, APA
5 Number 6, attached hereto.)

6 BY MR. SMITH:

7 THAT'S ALL WE HAVE, DOCTOR.

8 RE-EXAMINATION BY MR. DUNBAR:

9 Q. DR. BANNON, MY NAME IS VERNON DUNBAR, AND I
10 REPRESENT BMW, AND I'M GOING TO ASK YOU SOME
11 FOLLOW-UP QUESTIONS WITH --

12 A. SURE.

13 Q. -- RESPECT TO YOUR TREATMENT OF MS. JOHNSON.
14 WHEN YOU SAW HER ON I BELIEVE JULY 17th, 2008,
15 THAT WAS THE FIRST TIME YOU HAD SEEN HER SINCE
16 SOME TIME IN 2005; WOULD THAT BE CORRECT?

17 A. I SAW HER IN JANUARY -- OR IN 2005. ACTUALLY,
18 I GUESS I PERSONALLY SAW HER NOVEMBER OF '04,
19 AND MY PARTNER SAW HER IN JANUARY '05, THEN
20 WASN'T SEEN AGAIN TILL 8-17-08.

21 Q. OKAY. SO IT WAS APPROXIMATELY THREE AND A
22 HALF, FOUR YEARS LATER AFTER --

23 A. WAIT A MINUTE. WELL, I MISSPOKE. SAW HER ON
24 5-19-05.

25 Q. AND THEN SHE RETURNED AND SAW YOU IN JULY 2008?

1 A. CORRECT.

2 Q. AND WHEN YOU SAW HER IN JULY 2008, AND I WANT
3 TO MAKE CERTAIN I HAD THIS CORRECT, YOU SAID
4 THAT SHE WAS ALREADY ON PAIN MEDICATIONS,
5 HIGHEST DEGREE OF NARCOTIC MEDICATIONS?

6 A. VERY -- VERY HIGH LEVELS, OKAY?

7 Q. VERY HIGH. AND THOSE NARCOTIC MEDICATIONS WERE
8 TO TREAT HER FOR HER CHRONIC PAIN WITH RESPECT
9 TO HER BACK; IS THAT CORRECT?

10 A. SHE WAS GETTING THEM FROM THE CHRONIC PAIN
11 CLINIC, WHICH I BELIEVE WAS TREATING HER
12 CHRONIC BACK PAIN.

13 Q. OKAY. AND THAT CHRONIC BACK PAIN HAD BEEN AS A
14 RESULT OF A BACK PROBLEM THAT YOU FIRST TREATED
15 HER FOR BACK IN 2005; CORRECT?

16 A. I PRESUME, ALTHOUGH I DON'T HAVE ALL THE
17 RECORDS FROM THE CHRONIC PAIN CLINIC.

18 Q. SO SHE'S BEEN ON MEDICATIONS FOR TREATMENT OF
19 BACK PAIN FROM 2005 TO THE PRESENT?

20 A. YES.

21 Q. AND AS I UNDERSTAND CHRONIC PAIN, IT'S
22 SOMETHING THAT IS CONSTANT, UNRELENTING, AND
23 THAT'S WHY IT'S CHRONIC PAIN; IS THAT A FAIR
24 ASSUMPTION?

25 A. FAIR ASSUMPTION.

1 Q. AND WITH CHRONIC PAIN, DOES IT SOMETIMES AND
2 WAX AND WANE?

3 A. YES, IT DOES.

4 Q. AND IN CHRONIC PAIN SITUATIONS IT'S ALWAYS
5 PRESENT, THAT'S WHY IT'S CALLED CHRONIC PAIN?

6 A. NO. YOU MAY HAVE TIMES WHEN YOU DON'T HAVE THE
7 PAIN, BUT IT'S ALMOST -- YOU KNOW, YOU HAVE A
8 FEW DAYS WITHOUT IT, AND THEN IT'S BACK, AND SO
9 IT -- EVEN THOUGH IT'S CHRONIC IT MAY NOT BE
10 PRESENT ALL THE TIME BUT THE POTENTIAL IS
11 ALWAYS THERE.

12 Q. CERTAINLY. AND THOSE MEDICATIONS WHEN SHE CAME
13 IN TO SEE YOU AND SHE WAS ON OXYCONTIN -- OR
14 OXYCODONE AND I BELIEVE AVINZA?

15 A. RIGHT.

16 Q. IS SHE STILL ON THOSE MEDICATIONS?

17 A. I DON'T KNOW IF SHE STILL IS NOW SINCE WE
18 HAVEN'T SEEN HER FOR A WHILE. BUT, YOU KNOW,
19 IF SHE IS ON THOSE, SHE GETS THEM FROM THE
20 CHRONIC PAIN CENTER.

21 Q. AND SHE WAS ON THOSE MEDICATIONS I BELIEVE
22 DURING THE TIME THAT YOU FIRST SAW HER IN JULY
23 2008 UP UNTIL YOU LAST SAW HER IN NOVEMBER
24 2008?

25 A. ON 8-14-08, I DID MENTION THAT SHE IS STILL ON

1 THE AVINZA AND OXYCODONE.

2 Q. DID SHE GIVE YOU ANY INDICATION AS TO WHETHER
3 SHE WAS TAKING THOSE MEDICATIONS ON A DAILY
4 BASIS?

5 A. NO, BUT I GUESS I WOULD ASSUME THAT SHE WAS
6 TAKING THEM ON A REGULAR BASIS, BUT SHE -- SHE
7 DID STATE THAT SHE DIDN'T -- SHE DIDN'T THINK
8 THEY WERE VERY EFFECTIVE ANYMORE.

9 Q. AND ARE YOU LOOKING AT YOUR NOTE DATED AUGUST
10 14th, 2008 --

11 A. YES.

12 Q. -- WHERE IT SAYS SHE'S TAKING AVINZA AND
13 OXYCODONE FOUR TO FIVE TIMES PER DAY?

14 A. YES.

15 Q. AND YOU HAD STARTED HER ON NAPROSYN 500
16 MILLIGRAMS, BUT THAT DISCONTINUED, OR DID SHE
17 CONTINUE TO TAKE THAT AS WELL?

18 A. WELL, I USUALLY TELL THEM TO TAKE IT UNTIL THEY
19 EITHER KNOW IT'S DONE WHAT IT CAN DO, OR THEY
20 KNOW IT ISN'T HELPING ANYTHING OR IT'S CAUSING
21 MORE PROBLEMS THAN IT -- IT'S NOT A NARCOTIC.
22 IT'S AN ANTI-INFLAMMATORY. SO IT'S TREATING
23 THINGS THAT OXYCODONE AND AVINZA WOULDN'T.

24 Q. NOW, IN YOUR FIRST NOTE IN 2008, OF 7-17-08,
25 YOU NOTED THAT SHE HAD DEGENERATIVE DISC

- 1 DISEASE WITH STENOSIS AND OSTEOPHYTE FORMATION.
- 2 A. YES.
- 3 Q. AND THAT'S IN YOUR OBSERVATION PORTION. THEN
- 4 YOU SAID THIS HAS PROBABLY WORSENER. WITH
- 5 DEGENERATIVE DISC DISEASE, DOES IT TYPICALLY
- 6 PROGRESS AND WORSEN AS TIME TRANSPIRES?
- 7 A. WHICH -- WHICH DATE ARE YOU TALKING ABOUT?
- 8 Q. I WAS LOOKING AT THE JULY 17th, 2008, ENTRY.
- 9 A. OKAY. WHAT'S THE QUESTION AGAIN, NOW?
- 10 Q. WHEN YOU SAW HER -- I'M LOOKING AT YOUR
- 11 OBSERVATIONS. YOU NOTED THAT SHE HAD
- 12 DEGENERATIVE DISC DISEASE AND OSTEOPHYTE
- 13 FORMATION.
- 14 A. YES.
- 15 Q. DID SHE HAVE THAT IN HER LOWER BACK AS WELL?
- 16 A. AS I REMEMBER, YES, SHE DID.
- 17 Q. AND WITH DEGENERATIVE DISC DISEASE, DOES IT
- 18 CONTINUE TO PROGRESS AS ONE AGES?
- 19 A. YES.
- 20 Q. AND IS THAT THE SOURCE OF HER CHRONIC PAIN?
- 21 A. IT PLAYS A PART IN HER CHRONIC PAIN, YES.
- 22 Q. SO DEGENERATIVE DISC DISEASE PLAYS A PART, AND
- 23 WOULD THE SURGICAL TREATMENT SHE HAD PLAY THE
- 24 OTHER PART IN HER CHRONIC PAIN?
- 25 A. IF THE SURGERY DOESN'T GIVE THE RESULTS IT

1 WANTS, IT DOES PLAY A PART IN IT, YES.

2 Q. AND WITH CHRONIC PAIN THERE IS AN EXPECTATION
3 THAT YOU'RE GOING TO NEED MEDICATIONS TO TREAT
4 THE PAIN?

5 A. CORRECT.

6 Q. NOW, WHEN SHE CAME TO SEE YOU IN AUGUST, LATTER
7 PART OF AUGUST, SHE WAS COMPLAINING OF BACK
8 PAIN. DID SHE DESCRIBE A SPECIFIC ACCIDENT OR
9 DID SHE SAY HER WORK OVER A PERIOD OF TIME
10 CAUSED HER BACK PAIN?

11 A. SHE JUST MENTIONED THAT SHE HAD HURT HER BACK
12 AT WORK WHEN SHE WAS BENDING OVER. THAT'S ALL
13 I DICTATED, SO THAT'S ALL I CAN REALLY ATTEST
14 TO.

15 Q. OKAY. SO IN THE LETTER THAT MR. SMITH SHOWED
16 YOU IN TERMS OF BENDING, STOOPING, YOUR
17 DICTATED NOTES DON'T SHOW OR REFLECT WHAT SHE
18 DID ON A DAILY BASIS; IS THAT CORRECT?

19 A. CORRECT. I PRETTY WELL KNOW WHAT PEOPLE DO AT
20 BMW, THOUGH.

21 Q. NOW, HAVE YOU BEEN TO THE FACILITY OR TO THE
22 SITE TO EXAMINE ANY OF THE JOBS ANY TIME IN THE
23 PAST THREE YEARS?

24 A. NO.

25 Q. SO YOU'VE NEVER BEEN TO THE FACILITY?

1 A. (NO VERBAL RESPONSE.)

2 Q. TO SEE PEOPLE AT WORK?

3 A. NO, NO.

4 Q. HAVE YOU EVER SEEN A VIDEO TAPE SHOWING THE
5 TYPE OF JOB THAT SHE WAS DOING?

6 A. NOT THAT I CAN RECALL, NO.

7 Q. DID SHE DESCRIBE THE TOOLS, THE SIZE OF THE
8 BOLTS THAT SHE WAS USING WHEN SHE HURT HER
9 BACK?

10 A. I'VE HAD PEOPLE WHO WORKED AT BMW DESCRIBE
11 THEIR JOB TO ME. NOW, WHETHER OR NOT IT WAS
12 HER OR SOMEBODY ELSE, I DON'T KNOW. I JUST
13 HAVE SOME ROUGH IDEAS.

14 Q. NOW, THERE ARE OVER 480 JOBS OUT THERE, SO
15 THAT'S WHY I'M ASKING THESE QUESTIONS.

16 A. OKAY.

17 Q. SO YOU HAVEN'T SEEN ANY VIDEOS --

18 A. NO.

19 Q. -- AND YOU DON'T RECALL ANY DESCRIPTION OF ANY
20 TOOLS SHE WAS USING OR INSTRUMENTS SHE WAS
21 USING WHEN SHE HURT HER BACK?

22 A. NO.

23 Q. LET ME SHOW YOU THIS INCIDENT REPORT AND SEE
24 WHETHER IT'S CONSISTENT WITH WHETHER SHE
25 DESCRIBED THE SPECIFIC ACCIDENT IN TERMS OF

1 CAUSING HER BACK PAIN, OR WHETHER -- AND I'VE
2 HIGHLIGHTED THAT FOR YOU -- OR WHETHER IT CAME
3 FROM THE JOB IN GENERAL.

4 A. (REVIEWS DOCUMENT.)

5 Q. AND DR. BANNON --

6 A. NOW, IS THIS --

7 Q. THIS IS AN INCIDENT REPORT THAT'S REQUIRED --

8 A. WHERE IT JUST SAYS "BENDING TOO LOW AND PUTTING
9 SCREWS IN"?

10 Q. THAT'S CORRECT.

11 A. OKAY.

12 Q. DO YOU RECALL THAT DESCRIPTION EVER BEING GIVEN
13 TO YOU IN TERMS OF HOW MS. JOHNSON CONTENTS
14 THAT SHE HURT HERSELF?

15 A. SHE SAID SHE HURT HER BACK BENDING OVER.

16 Q. OKAY.

17 A. THAT'S ALL I DICTATED, WHICH GOES ALONG WITH
18 THIS INCIDENT REPORT SAYS "BENDING TOO LOW."

19 Q. CERTAINLY. WHERE I HAVE HIGHLIGHTED THERE, IT
20 SAID "DID THE INJURY OR ILLNESS DEVELOP
21 GRADUALLY OVER TIME," AND HER RESPONSE -- AND
22 SHE COMPLETED THIS -- WAS "NO." DO YOU SEE
23 THAT?

24 A. UH-HUH (affirmative).

25 Q. SO, IN YOUR OPINION DID SHE HAVE A SPECIFIC

1 ACCIDENT? DID SHE HURT HERSELF ON THAT
2 PARTICULAR DAY, OR DID HER BACK PROBLEMS
3 DEVELOP OVER TIME BY BENDING AT BMW, IS MY
4 QUESTION.

5 A. PEOPLE WITH DEGENERATIVE PROBLEMS OR BACK
6 PROBLEMS PER SE, IT'S A CHRONIC PROBLEM AND A
7 INDIVIDUAL EPISODE CAN FLARE IT UP. IT'S LIKE
8 -- IT MAY BE -- THEY HAVE A CHRONIC PROBLEM,
9 THEY'RE DOING ALL RIGHT, AND THEN THEY DO
10 SOMETHING, IT CAN EVEN BE MINOR, AND IT FLARES
11 UP ON THEM.

12 Q. NOW, IN LOOKING AT THE LETTER THAT YOU NO
13 LONGER HAVE THAT MR. SMITH ASKED YOU WAS IT
14 STILL YOUR OPINION, THAT LETTER DOESN'T
15 NECESSARILY MENTION A SPECIFIC EPISODE PER SE,
16 BUT ALSO REFERENCES REPETITIVE ACTIVITIES AT
17 BMW. IN YOUR OPINION, BASED UPON THE DOCUMENT
18 THAT I'VE JUST SHOWN YOU, IS IT MORE CONSISTENT
19 WITH RESPECT TO MS. JOHNSON'S COMPLAINTS OF
20 PAIN THAT SHE HURT IT BE ENGAGING IN REPETITIVE
21 ACTIVITIES OVER A PERIOD OF TIME, OR BY THE
22 SPECIFIC INCIDENT THAT'S BEEN REFLECTED IN THE
23 INCIDENT REPORT I'VE JUST SHOWN YOU?

24 A. PROBABLY BEEN HURT MORE OVER A PERIOD OF TIME.

25 Q. A PERIOD OF TIME?

1 A. ALTHOUGH THAT'S PRETTY LATE IN HER DISEASE
2 THERE, THAT INCIDENT.

3 BY MR. DUNBAR:

4 I'D LIKE TO HAVE THIS MARKED AS DEFENDANT
5 EXHIBIT 1.

6 (Court Reporter marks Defendant's exhibit 1,
7 attached hereto.)

8 EXAMINATION RESUMED BY MR. DUNBAR:

9 Q. DR. BANNON, LET ME HAND YOU SOME DOCUMENTS
10 HERE, AND I'M GOING TO QUESTION YOU ABOUT THE
11 REPETITIVE ACTIVITY OVER TIME. THESE ARE NOTES
12 FROM DR. LaTOURETTE, CAROLINAS CENTER FOR PAIN.

13 A. UH-HUH (affirmative).

14 Q. AND I'LL GIVE YOU A CHANCE TO TAKE A LOOK AT
15 THAT.

16 A. (REVIEWS DOCUMENT.) OKAY.

17 Q. DOCTOR, WHEN YOU LOOKED, SHE FIRST WENT TO SEE
18 DR. LaTOURETTE ON 9-12-07, OR AT LEAST THESE
19 ARE THE DOCUMENTS I'VE GIVEN YOU HERE. SHE WAS
20 COMPLAINING OF BACK AND LEG PAIN. SHE TALKED
21 ABOUT HER ACTIVITY, IT BEING THE SAME, BUT YET
22 SHE WAS STILL HAVING BACK AND LEG PAIN; IS THAT
23 A FAIR SUMMARY?

24 A. YES.

25 Q. AND WOULD THAT BE EVIDENCE OF THE CHRONIC PAIN

1 THAT WAS CAUSED BY THE DEGENERATIVE DISC
2 DISEASE AS WELL AS BY THE SURGERY?

3 A. YES, BUT SHE WAS STILL TAKING PRETTY POTENT
4 MEDICINES AT THAT TIME.

5 Q. CERTAINLY. SO BACK IN 2007 SHE WAS TAKING
6 POTENT MEDICATIONS, MAKING THE SAME COMPLAINTS
7 OF BACK PAIN AND LEG PAIN; CORRECT?

8 A. YEAH, EXCEPT SHE DID STATE SHE WAS DOING FAIRLY
9 WELL THEN.

10 Q. SURE. BUT SHE ALSO INDICATED, OR AT LEAST HAS
11 INDICATED THAT HER ACTIVITY WAS ABOUT THE SAME?

12 A. YEAH.

13 Q. SHE WAS STILL HAVING THESE PROBLEMS. NOW, IF
14 YOU LOOK TO THE NEXT DATE OF VISIT, ABOUT TWO
15 MONTHS LATER ON NOVEMBER 14th, 2007, SHE AGAIN
16 MAKES THE SAME COMPLAINTS OF BACK PAIN, LEFT
17 LEG PAIN; CORRECT?

18 A. YEAH.

19 Q. SHE'S STILL ON THE SAME POTENT MEDICATIONS?

20 A. RIGHT.

21 Q. AND WHEN YOU LOOK AT HER ACTIVITY IT'S THE
22 SAME, NO INCREASE IN ACTIVITIES, NO COMPLAINTS
23 OF EXTRA WORK OR ANYTHING?

24 A. RIGHT. THE ONLY DIFFERENCE I SEE, ONE TIME
25 THEY RATED THE PAIN FOUR, NEXT TIME FIVE.

1 Q. CORRECT. AND WHEN ONE WORKS AND YOU HAVE A
2 CHRONIC PAIN SITUATION, ACTIVITY WILL
3 EXACERBATE IT; IS THAT CORRECT?

4 A. YES.

5 Q. NOT ONLY ACTIVITY AT WORK, BUT ALSO ACTIVITY
6 OUTSIDE OF WORK CAN AGGRAVATE A CHRONIC PAIN
7 SITUATION?

8 A. CORRECT.

9 Q. LET'S TAKE A LOOK AT THE NEXT VISIT, WHICH IS
10 JANUARY 10, 2008. PRETTY MUCH THE SAME
11 COMPLAINTS OF CHRONIC PAIN IN THE BACK AND
12 LEGS.

13 A. UH-HUH (affirmative).

14 Q. BUT SHE'S STILL TAKING PRETTY MUCH THE SAME
15 MEDICATIONS?

16 A. YES.

17 Q. BUT HER ACTIVITY IS THE SAME, YET SHE'S STILL
18 HAVING PROBLEMS WITH BACK AND LEG PAIN?

19 A. CORRECT.

20 Q. AND IF WE GO TO MAY 19th, 2008, ONCE AGAIN,
21 CHRONIC PAIN IN THE BACK RADIATING INTO THE LEG
22 AND FOOT, PAIN SCALE HAS BEEN RANGING BETWEEN
23 FOUR AND SIX. IT'S FIVE HERE. ACTIVITY'S
24 ABOUT THE SAME?

25 A. CORRECT.

1 Q. AND THEN SHE GOES BACK TO DR. LaTOURETTE TWO
2 MONTHS LATER OR 7-23-2008, PRETTY MUCH WITH THE
3 SAME COMPLAINTS; CORRECT?

4 A. YES.

5 Q. AND THIS IS ABOUT ONE MONTH BEFORE SHE -- WELL,
6 JUST A FEW WEEKS BEFORE SHE CAME TO SEE YOU;
7 CORRECT?

8 A. SHE DID NOTICE -- THAT'S THE FIRST TIME I SAID
9 ACTIVITY WAS DECREASED.

10 Q. CORRECT.

11 A. 7-23-08.

12 Q. NOW, WE DON'T KNOW WHETHER SHE IS DOING LESS IN
13 TERMS OF ACTIVITY OR WHETHER SHE'S INCAPABLE OF
14 DOING LESS ACTIVITY BY LOOKING AT THIS REPORT;
15 CORRECT?

16 A. RIGHT.

17 Q. WHEN SHE SAW YOU SHE HAD THE SAME COMPLAINTS;
18 CORRECT?

19 A. ON 8-27 YOU'RE TALKING --

20 Q. YES, SIR.

21 A. YES.

22 Q. SO IT'S BEEN CONSISTENT FROM SEPTEMBER 2007,
23 ALL THE WAY UP THROUGH THE LAST TIME YOU SAW
24 HER IN NOVEMBER 2008; CORRECT?

25 A. AS FAR AS I CAN TELL FROM THE REPORTS.

1 Q. AND YOU SEE NO CHANGE IN ACTIVITY FROM A WORK
2 VIEWPOINT OR OCCUPATIONAL VIEWPOINT, AT LEAST
3 AS SHE REPORTED TO DR. LaTOURETTE?

4 A. UNTIL 7-23-08.

5 Q. AND THAT'S WHERE IT SAYS "ACTIVITY DECREASED"?

6 A. RIGHT.

7 Q. DID YOU EVER ASK HER WHETHER SHE -- WHAT TYPE
8 OF THINGS SHE DOES AT HOME, WHAT HER HOBBIES
9 ARE, ASCERTAIN WHETHER SHE COULD HAVE
10 EXPERIENCED AN AGGRAVATION IN HER BACK PAIN,
11 NOT FROM OCCUPATIONAL BUT FROM NON-OCCUPATIONAL
12 REASONS?

13 A. TO BE HONEST, PROBABLY ON 8-27, BECAUSE THERE
14 WAS A WORKMEN'S COMP AND SHE WAS GETTING INTO
15 TROUBLE, WE PROBABLY AVOIDED A LOT OF THAT.

16 Q. IN HINDSIGHT, DO YOU THINK IT WOULD BE HELPFUL
17 TO DISTINGUISH WHETHER WASHING YOUR CAR AT HOME
18 OR TAKING CARE OF YOUR GRANDKIDS, LIFTING A 30-
19 POUND BABY, OR WORKING --

20 A. ALL THOSE THINGS ARE HELPFUL, YES.

21 Q. ARE HELPFUL. AND HAVING THE FULL PICTURE HELPS
22 YOU AS A PHYSICIAN FROM ENGAGING ANY
23 SPECULATION, CONJECTURE WITH RESPECT TO WHAT'S
24 THE CAUSE OF HER PROBLEMS OR WHAT CAUSES HER
25 BACK PAIN?