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IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM WORKERS' COMPENSATION COMMISSION

Case No. 2014-002572

Johnathon Ashley Richardson, Employee, Appellant,

v.

Beal Lumber Company, Inc., Employer, and Palmetto
Timber S.I. Fund c/o Walker, Hunter Associates, Inc.,
Carrier/Respondents.

Trial Court Case No. 1122307

RECORD ON APPEAL

Samuel M. Price, Jr.
1413 Main Street, P. O. Drawer 836
Newberry, South Carolina 29108
ATTORNEY FOR EMPLOYEE, APPELLANT

Elizabeth F. Render, Esquire
1320 Main Street, 10th Floor
Columbia, South Carolina 29201

Helen Faith Hiser, Esquire
735 Johnnie Dodds Boulevard, Suite 200
Mount Pleasant, South Carolina 29464
ATTORNEYS FOR CARRIER, RESPONDENTS

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1122307

JOHNATHON ASHLEY RICHARDSON,

Employee,

Claimant,

vs.

BEAL LUMBER COMPANY, INC.,

Employer,

AND

PALMETTO TIMBER S.I. FUND c/o
WALKER, HUNTER & ASSOCIATES,
INC.,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Laurens, S.C. on March 24, 2014.

APPEARANCES:

Claimant appeared and represented by Samuel M. Price, Jr.,
Esquire of Newberry, South Carolina.

Defendants represented by Elizabeth F. Render, Esquire of
McAngus Goudelock & Courie, L.L.C. of Columbia, South
Carolina.

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

COMMISSIONER:

Commissioner Avery B. Wilkerson, Jr.

FILED:

April 28, 2014

STATEMENT OF THE CASE

The Claimant alleges that he sustained a compensable work-related injury to his back on or about February 8, 2011 due to repetitive trauma. The Claimant continued to work for the Defendant Employer up until his termination on May 23, 2012. Claimant contends that he gave his employer notice of his injury due to repetitive trauma; in particular he indicates he told his supervisor, Kenneth Hill, on a number of occasions.

Defendants denied this claim in its entirety and contend that the Claimant never gave notice to the employer of his alleged injury pursuant to S.C. Code Ann. Section 42-15-20. Further, Defendants contend that the Claimant has failed to prove that he suffered from an injury due to repetitive trauma pursuant to S.C. Code Ann. Section 42-1-172. Claimant filed a Form 50 Request for a Hearing in which he requests the South Carolina Workers' Compensation Commission find that he suffered from a compensable injury due to repetitive trauma. Further, he requests payment of temporary total disability benefits from his last date of work and continuing, as well as payment of causally-related medical treatment. Defendants filed a Form 51 denying that the Claimant is entitled to any and all benefits as this claim is not compensable. This hearing was scheduled to address these issues.

STIPULATIONS

1. The parties stipulated that, at the time of the alleged work injury, the Claimant earned average weekly wages of \$263.04 and the applicable compensation rate is \$175.37.
2. The South Carolina Workers' Compensation Commission has appropriate jurisdiction to adjudicate these issues and venue is appropriate in Laurens County.

3. The file of the South Carolina Workers' Compensation Commission is made a part of the record, with the exception of any self-serving declarations or unstipulated medical records.

APA SUBMISSIONS

The Claimant submitted medical evidence pursuant to the Administrative Procedures Act to include a medical questionnaire from Dr. McLoughlin. Defendants objected to the submission of Dr. McLoughlin's medical questionnaire as the parties previously deposed Dr. McLoughlin. As such, Defendants took the position that this medical questionnaire was inappropriate as Claimant's attorney unilaterally contacted Dr. McLoughlin in an attempt to have him change his sworn testimony from the deposition. Further, Defendants argued that the medical questionnaire was leading as the questions suggested the answers. Commissioner Wilkerson allowed the medical questionnaire to come in over Defendants' objection.

The parties submitted the following medical records and other documents into evidence pursuant to the South Carolina Administrative Procedures Act:

Claimant's APA submissions:

1. Records of Dr. Michael J. Bernardo, Family Healthcare of Newberry.
2. Records of Midlands Orthopaedics, P.A.
3. Records of Dr. Gregory M. McLoughlin, Carolina Neurosurgery & Spine Center.
4. Records of Newberry County Memorial Hospital Emergency Room.
5. Records of Lexington Medical Center Emergency Room.
6. Employer's employment records of Claimant's attendance.
7. Deposition of Claimant.
8. Deposition of Dr. McLoughlin.

Defendants' APA submissions:

1. Records of Newberry County Memorial Hospital, dated 2/8/11 through 11/13/11, consisting of 22 pages.
2. Records of Michael Bernardo, M.D., Self Medical Group, dated 1/26/12 through 4/2/12, consisting of 6 pages.
3. Records of Ivan LaMotta, M.D., Midlands Orthopaedics, dated 4/27/12 through 5/24/12, consisting of 19 pages.
4. Records of Gregory S. McLoughlin, M.D., Carolina Neurosurgery & Spine Center, dated 6/18/12 through 7/17/12, consisting of 11 pages.
5. Records of Lexington Medical Center, dated 8/28/12 through 9/6/12, consisting of 24 pages.
6. Records of Pinner Medical Clinic, dated 9/17/12 through 12/7/12, consisting of 12 pages.
7. Records of William M. Rambo, Jr., M.D., Columbia Neurosurgical Associates, dated 9/20/12, consisting of 2 pages.
8. Deposition of Gregory McLoughlin, M.D., dated 3/26/13, consisting of 10 pages.
9. SCDMV 10-year driving record, consisting of 2 pages.
10. SLED report, dated 1/25/13, consisting of 2 pages.
11. Claimant's personnel file, consisting of 11 pages.
12. Video of Claimant's job.

EVIDENCE OF THE CASE

The Claimant testified that he was born on February 20, 1988. He testified that he finished the eleventh grade and is working on obtaining his GED. The Claimant testified he currently lives with his father in Newberry, South Carolina. Throughout his testimony, the Claimant testified that he was first hired by Beal Lumber Company sometime in 2010 or 2011, then later that he was hired in September 2009. When asked to describe his job, the Claimant said that he worked on the green chain. He would stand there and pull wood off the chain and

place it on wood packs located behind him. He testified that he was scheduled to work the first shift from 6:00 or 6:30 to 4:00 or 4:30 depending on how backed up the wood was. As a part of his job, he was allowed two fifteen-minute breaks and one thirty-minute lunch break.

The Claimant said after about six to eight months into the job he started to notice that his back was tighter and tighter as the days went on. He testified that he would get some relief on the weekends, but he would start to feel sharp pains down his leg and his back was hurting again when he returned to work. The Claimant said that he went to various medical providers, but did not know what was wrong with his back until he had an MRI done. He claims he described the problems to his supervisor, Kenny Hill, as a big rubber band stretching in his back. The Claimant said that he told two supervisors that worked on the green chain line, Rick and Josh Riser, that he needed to have someone watch his spot on several occasions so he could go talk to the supervisor Mr. Hill. The Claimant indicates that he was clear that he had never had any pain before he started the job. On cross-examination, the Claimant testified that he told Mr. Hill his back was hurting because he hurt it on the job. He also said that he asked Mr. Hill to take him to the company doctor.

The Claimant also testified that sometime in April 2012 he went to Midlands Orthopedics and was released to return to work on light duty. He said that he brought the work excuse to Mr. Hill and that he was given light duty work. He was required to go under the mill and shovel saw dust onto the chipper belt. He also recalls picking up bark from the de-barker.

When asked by the Commissioner when he first gave the Employer notice, the Claimant testified that he was not sure of the date, but he knew it was about eight months into the job. He said that the last time he told them about his injury was when he gave them the light duty work restrictions.

Testimony of Kenneth Ray Hill

Mr. Hill testified on behalf of the Defendants. He testified that he is employed with Beal Lumber and works as the Mill Manager. Mr. Hill indicates that he has worked there for fifteen years. Mr. Hill is familiar with the Claimant because he is his supervisor. Mr. Hill testified that Mr. Richardson never reported to him that he injured his back on the job. He said that the Claimant told him he hurt himself helping his father put logs into the dumpster and that it did not happen on the job. He said that the Claimant missed work on occasion and was not considered a good employee. He would show up for work late once or twice a week.

Mr. Hill said that the Claimant brought in a work excuse indicating the need to be on light duty work; however, the Claimant did not state that it was due to an injury that occurred at work. On cross-examination, Mr. Hill confirmed that the Claimant never mentioned that he hurt his back on the job. He said that he would not have let him continue to work if he had hurt himself on the job.

Testimony of Frank Skipper Beal

Mr. Beal testified on behalf of the Defendants. He testified that he is part owner of Beal Lumber. Mr. Beal oversees the day-to-day operations of the company, but he is familiar with the Claimant. He testified that Mr. Richardson never reported that he was injured on the job. Mr. Beal recalls the Claimant coming to him with a work excuse; however, he cannot recall the exact date. Mr. Beal testified that he was told that the injury occurred off the job.

Deposition testimony of Gregory S. McLoughlin, M.D.

Dr. McLoughlin testified that he examined the Claimant one time on June 18, 2012. (Depo. p. 5, l. 15). Dr. McLoughlin diagnosed the Claimant with neurogenic claudication which

is a clinical syndrome that manifests as back pain and leg pain and is due to an underlying condition called spinal stenosis. (Depo. p. 6, ll. 5-9).

Dr. McLoughlin testified that he was not aware that the Claimant was involved in a prior motor vehicle accident in which he was thrown from the car. (Depo. p. 8, ll. 16 -25; p. 9, ll. 1-13). Further, Dr. McLoughlin notes that if the Claimant reported on April 27, 2012 to Dr. LaMotta that he was suffering from pain for two years ago that it would have been since April 2010. (Depo. p. 11, ll. 3-16). Dr. McLoughlin then notes that, based on the report in the emergency room dated June 20, 2012, the Claimant reports back pain onset about two weeks ago. (Depo. p. 11, ll. 17-25). Dr. McLoughlin states that these dates are inconsistent. (Depo. p. 12, ll. 1-5). He then testified that the Claimant reported to him that he had had pain for the past year-and-a-half. (Depo. p. 14, ll. 14-20).

Dr. McLoughlin said that standing and walking cause symptoms like the ones the Claimant was experiencing (Depo. p. 20, ll. 14-20), but lifting does not typically cause these symptoms. (Depo. p. 19, ll. 20-25; p. 20, ll. 1-3). Dr. McLoughlin was able to view a video description of the Claimant's job and was then asked whether in his opinion the speed of the job description could cause or aggravate the Claimant's condition. Dr. McLoughlin said it would not. (Depo. p. 27, ll. 4-20).

Dr. McLoughlin went on to testify that there is no way to know what exactly aggravated the Claimant's condition. (Depo. p. 34, ll. 23-25; p. 35, ll. 1-5).

A review of the medical records and other documents submitted pursuant to the Administrative Procedures Act reflect that the Claimant reported to the Newberry County Hospital on February 8, 2011 complaining of similar symptoms from a motor vehicle accident two years ago. He returned to the Newberry County Hospital again on March 28, 2011

complaining of back pain with an onset three months ago. He also reports that he was involved in a motor vehicle accident two years ago and that his back hurt for approximately three weeks. Additional medical records indicate that he went back there on November 13, 2011 with complaints of left knee pain and a history of chronic back pain. He returned on June 20, 2012 complaining of back pain for two weeks. The Claimant also went to see Dr. LaMotta on April 27, 2012 and reports back pain for two years. The Claimant reported to Lexington Medical Center on March 28, 2012 with back pain for one week, then again on August 28, 2012 complaining of back pain for one week.

FINDINGS OF FACT

Based upon the evidentiary submissions and testimony in the record, I find the following:

1. The Claimant did not suffer from a compensable repetitive trauma injury on February 8, 2011 or April 27, 2012.
2. At the time of his work injury, the Claimant earned average weekly wages of \$263.04 with a corresponding compensation rate of \$175.37.
3. The Claimant did not give notice to the Employer of an injury by accident due to repetitive trauma on February 8, 2011 or April 27, 2012.
4. The Claimant's testimony was difficult to follow and he did not answer questions with clarity. The Claimant's testimony was inconsistent and never described an injury by accident or a repetitive trauma incident.
5. The Claimant was not credible in his testimony.
6. The Claimant exaggerated his symptoms.
7. The Claimant's job duties are not repetitive.

8. The Claimant's supervisor, Kenneth Hill, testified that the Claimant did not provide notice of an injury at work.

9. The Claimant's supervisor, Kenneth Hill, testified that the Claimant reported he injured his back off the job while moving logs with his dad.

10. The owner of Beal Lumber, Frank Skipper Beal, testified that the Claimant was not injured on the job.

11. Dr. McLoughlin treated the Claimant on one occasion.

12. Dr. McLoughlin's deposition testimony indicates that the Claimant gave inconsistent dates regarding when his back pain started.

13. Dr. McLoughlin could not state within a reasonable degree of medical certainty that the Claimant's medical condition was caused by his work-related activities.

14. Based on the entire record, testimony of the Claimant, medical reports, video description of the job, and Dr. McLoughlin's deposition testimony, this is not a compensable repetitive trauma claim.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. Section 42-1-172 the Claimant did not suffer from a repetitive trauma injury.

2. Pursuant to S.C. Code Ann. Section 42-15-20, the Claimant did not provide notice to the Employer of a repetitive trauma injury.

3. Pursuant to S.C. Code Ann. Section 42-15-60 and other applicable law, the Claimant is not entitled to medical treatment.

4. Pursuant to S.C. Code Ann. Sections 42-1-120 and 42-9-10, Claimant is not entitled to temporary total disability benefits.

ORDER

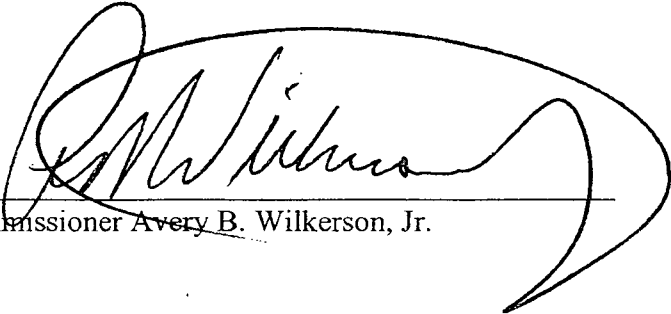
IT IS HEREBY ORDERED that the Claimant's claim for an injury due to repetitive trauma is hereby denied in its entirety.

IT IS FURTHER ORDERED that the Claimant is not entitled to causally-related medical treatment.

IT IS FURTHER ORDERED that the Claimant is not entitled to temporary total disability benefits.

IT IS SO ORDERED.

S.C. WORKERS COMPENSATION COMMISSION



Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

This is to certify the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
April 28, 2014

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

Jonathon Richardson,	)	
	)	ADMINISTRATIVE ORDER
Claimant	)	
	)	
v.	)	
	)	
Beal Lumber Co., Inc.,	)	
	)	WCC FILE NO.: 1122307
Employer, and	)	
	)	
Palmetto Timber Fund,	)	
	)	
Carrier, Defendants.	)	

STATEMENT OF THE CASE

This matter was set to be heard before the Workers' Compensation Commission Appellate Panel on August 12th, 2014. Claimant submitted his Appellant's Brief on July 11th, 2014. On July 24th, 2014, Defendant/ Respondents submitted a Motion to Dismiss Appellant's Brief. Defendant/ Respondents alleged in their motion that Appellant's Brief contains references to evidence which was not submitted at the original Hearing before the single Commissioner and had attached an affidavit from a witness not in attendance at the Hearing before the single Commissioner.

More than ten days have passed since the filing of Defendant/ Respondents' Motion and Appellant has not offered a response.

In light of Defendant/ Respondents' Motion, the Commission has withheld review of both parties' briefs, and makes the following findings:

FINDINGS OF FACT AND RULINGS OF LAW

1. Review Hearings conducted by the Full Commission Appellate Panel are limited to review of the evidence properly before the single Commissioner. *See Pack v. State Dept. of Transp.*, 381 S.C. 526, 673 S.E.2d 461 (2009) ("Pursuant to statute governing review by the Workers' Compensation Commission [§ 42-17-50], the Commission shall weigh the evidence as presented at the initial hearing . . .").
2. If, as Defendant/ Respondents have alleged, Claimant/ Appellant's Brief contains reference to matters not before the single Commissioner, it would not be proper for the Commission to consider those portions of the brief as part of the consideration of this appeal.

3. In light of the Defendant/ Respondent's Motion, in an effort to exposing the Commission to information not properly before it which may be prejudicial, the members of the Appellate Panel have not reviewed either party's briefs as submitted.

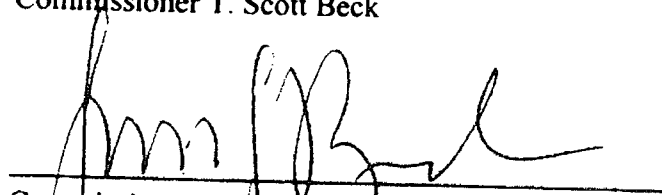
ORDER

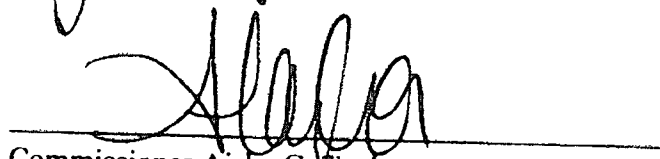
IT IS THEREFORE ORDERED that oral arguments shall be continued until the next Full Commission term of review beginning on September 15th, 2014, notice of the exact time and date of the arguments to be forthcoming.

IT IS FURTHERMORE ORDERED that Claimant/ Appellant shall have ten (10) days from the date of this Order to submit an amended Brief of Appellant edited to remove all references to any evidence not before the single Commissioner at the time his Order was issued on or about April 28th, 2014. Defendants/ Respondents will then be afforded an opportunity to submit a brief in response. Should either party desire for the Commission to consider additional or newly discovered evidence, it must offer such evidence in accordance with 25A S.C. Code Regs. 67-707 (2013 Supp.).

AND SO IT IS ORDERED!


Commissioner T. Scott Beck


Commissioner Susan S. Barden


Commissioner Aisha G. Taylor

August 11, 2014
DATE

Columbia, South Carolina

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on August 11, 2014

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

W.C.C. FILE NO: 1122307

Johnathon Ashley Richardson

EMPLOYEE,
CLAIMANT/RESPONDENT

vs.

Beal Lumber Company, Inc.

EMPLOYER,

and

Palmetto Timber S.I. Fund c/o Walker, Hunter
& Associates, Inc.

CARRIER,
DEFENDANTS/APPELLANTS,

Appellate Panel Review held in Columbia, South
Carolina, on September 16, 2014 per notices timely
and properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

November 3rd, 2014

APPEARANCES: Claimant/Appellant represented by Samuel M. Price, Jr., Esquire

Defendants/Respondents represented by Elizabeth F. Render, Esquire

STATEMENT OF THE CASE

The Claimant alleges that he sustained a compensable work-related injury to his back on or about February 8, 2011 due to repetitive trauma. However, he later amended his Form 50 to indicate that the date of the injury may have been on April 27, 2012. The Claimant indicates that he was injured due to repetitive lifting, twisting, and pushing lumber. The Claimant alleges he gave notice to the Employer of an injury due to repetitive trauma. Defendants denied this claim in its entirety and contend that the Claimant failed to provide notice and, further, that the Claimant injured his back off the job.

A hearing was held before the Single Commissioner pursuant to the Claimant's Form 50 and Defendants' Form 51. The Single Commissioner issued an Order dated April 28, 2014 in which it was found that the Claimant failed to meet his burden of proof to show that he suffered from a compensable repetitive trauma injury. Further, the Single Commissioner found that the Claimant failed to provide sufficient notice of an alleged repetitive trauma injury.

Within the statutory period, Claimant filed a Form 30 Application for Review setting forth exceptions to the Single Commissioner's ruling. On appeal, Claimant cites the following exceptions:

1. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding that Claimant's injury was not related to his work?
2. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding the injury was not a repetitive trauma incident?
3. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding that no notice was given to the employer?
4. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding that claimant's testimony was not credible?

In the appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. 42-17-50, review the award, weigh the evidence that was 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.

On September 16, 2014, oral arguments were presented before the Appellate Panel. Based upon oral arguments, review of the hearing transcript, submitted documentary evidence of record, the Commission's file and the Respondent's Brief *only*¹, the Appellate Panel, by and through its statutory and inherent power, enter into this decision pursuant to S.C. Code Ann. Section 42-17-50. Based upon review of the foregoing, we hereby **AFFIRM WITH AMENDMENTS** the Decision and Order of the Single Commissioner. Accordingly, the Appellate Panel has stated that the following Findings of Fact and Conclusions of Law shall become the law of the case and, therefore, the Decision and Order of the Hearing Commissioner is **AFFIRMED WITH AMENDMENTS**.

FINDINGS OF FACTS AND RULINGS OF LAW

1. The Claimant did not suffer from a compensable repetitive trauma injury on February 8, 2011 or April 27, 2012.
2. At the time of his work injury, the Claimant earned average weekly wages of \$263.04 with a corresponding compensation rate of \$175.37.
3. The Claimant did not give notice to the Employer of an injury by accident due to repetitive trauma on February 8, 2011 or April 27, 2012.

¹ Claimant/Appellant's brief is dismissed and not considered as he failed to comply with a prior Administrative Order dated August 22, 2014 in which the Commission requested he remove any and all references to information which was not in evidence before the Single Commissioner. Claimant's counsel admitted upon oral arguments that he did not comply with the Order.

4. The Claimant's testimony was difficult to follow and he did not answer questions with clarity. The Claimant's testimony was inconsistent and never described an injury by accident or a repetitive trauma incident.

5. The Claimant was not credible in his testimony.

6. The Claimant exaggerated his symptoms.

7. The Claimant's job duties are not repetitive.

8. The Claimant's supervisor, Kenneth Hill, testified that the Claimant did not provide notice of an injury at work.

9. The Claimant's supervisor, Kenneth Hill, testified that the Claimant reported he injured his back off the job while moving logs with his dad.

10. The owner of Beal Lumber, Frank Skipper Beal, testified that the Claimant was not injured on the job.

11. Dr. McLoughlin treated the Claimant on one occasion.

12. Dr. McLoughlin's deposition testimony indicates that the Claimant gave inconsistent dates regarding when his back pain started.

13. Dr. McLoughlin could not state within a reasonable degree of medical certainty that the Claimant's medical condition was caused by his work-related activities.

14. Based on the entire record, testimony of the Claimant, medical reports, video description of the job, and Dr. McLoughlin's deposition testimony, this is not a compensable repetitive trauma claim.

15. Further, Claimant's counsel admitted to disregarding an Administrative Order from the South Carolina Worker's Compensation Commission dated August 11, 2014 in which he was asked to delete any and all references to information which was not in evidence before the

Single Commissioner. Therefore, Claimant's counsel's brief is dismissed and was not considered.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. Section 42-1-172, the Claimant did not suffer from a repetitive trauma injury.
2. Pursuant to S.C. Code Ann. Section 42-15-20, the Claimant did not provide notice to the Employer of a repetitive trauma injury.
3. Pursuant to S.C. Code Ann. Section 42-15-60 and other applicable law, the Claimant is not entitled to medical treatment.
4. Pursuant to S.C. Code Ann. Sections 42-1-120 and 42-9-10, Claimant is not entitled to temporary total disability benefits.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Claimant's claim for an injury due to repetitive trauma is hereby denied in its entirety.

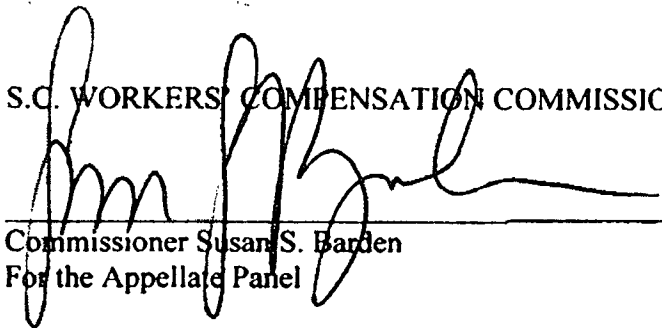
IT IS FURTHER ORDERED that the Claimant is not entitled to causally-related medical treatment.

IT IS FURTHER ORDERED that the Claimant is not entitled to temporary total disability benefits.

IT IS FURTHER ORDERED that Claimant/Appellant's Brief was dismissed and not considered as Claimant's counsel admitted that he failed to remove references to information that was in evidence before the Single Commissioner.

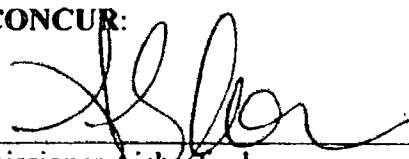
IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

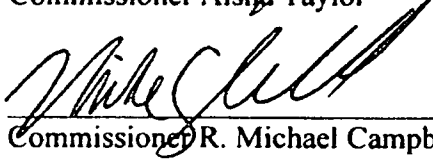


Commissioner Susan S. Barden
For the Appellate Panel

WE CONCUR:



Commissioner Aisha Taylor



Commissioner R. Michael Campbell, II

CERTIFICATE OF SERVICE

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

By Kim Falls on November 3, 2014

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Johnathon Ashley Richardson SSN: _____ Employer's Name: Beal Lumber Company, Inc.
Address: _____ Address: P. O. Box 409
City: Newberry State: SC Zip: 29108 City: Little Mountain State: SC Zip: 2907
Home Phone: _____ Work Phone: () - _____ Insurance Carrier: _____
Preparer's Name: Samuel M. Price, Jr. Law Firm: Samuel M. Price, Jr. Preparer's Phone #: (803) 276 - 0796

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: February 8, 2011

☐ Injury ☐ Illness ☒ Repetitive Trauma

- 1a. The claimant sustained an injury to back and neck (Part(s) of Body Injured) on 02/08/2011 (Month/Day/Year) in Newberry county, state of South Carolina.
- 1b. Body part(s) affected are: back and neck
Briefly describe how the accident occurred. While lifting lumber, then twisting and placing lumber in rack, then pushing racks.
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 repeatedly (Month/Day/Year) in the following manner:
Claimant discussed with his supervisor (Kenny Hill) that his back was hurt and was getting progressively worse.
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: back pain, protruding and bulging disk (L1-2) (L3-4), and neck pain
7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: approximately 6 to 7 months to date
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 \$ 358.00, 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:
Midlands Orthopedics, P.A., 1910 Blanding Street, Columbia, SC 29201; Dr. Gregory McLoughlin, Carolina Neurosurgery & Spine Center, 115 Academy Street, Greenwood, SC 29646
- 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 at Law: rshealy517@hotmail.com November 2, 2012
Title: _____ 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.

WCC Form # 50
Revised 9/07



Employee's Notice of Claim and/or

Addendum to Form 50

Johnathon Ashley Richardson

Date of Injury: Claimant is not certain as to an exact date or a specific date the injury occurred. His job was on the line. His crew, approximately 5 to 6 people, would grab hardwood boards 3 inches thick, 12 foot, 14 foot, 16 foot long, and in widths of 12 inches to 30 inches wide. Claimant would grab the lumber, twist at the waist, and place the lumber in a rack. When the rack was full, claimant would push the rack to the assigned location. He had numerous visits to the emergency room related to his back. Claimant brought this to the attention of his supervisor on numerous occasions. When advised by Midlands Orthopedics that claimant should not lift over 10 pounds, claimant was told by his supervisor to come back when he was fully released from his doctor.

SC Workers' Compensation Commission

333 Main Street, suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

803)737-5723



WCC File #: 1122307

Carrier File #: 251-75-7243

Carrier Code #:

Employer FEIN #: 57-0704875

Johnathon Ashley
Richardson

Claimant's Name

SSN

Newberry, South Carolina 29108

Address City State Zip

Home Phone #

W. Hugh McAngus

Preparer's Name

Work Phone #

McAngus Goudelock & Courie

Law Firm

Beal Lumber Company, Inc.

Employee's Name

Post Office Box 409

Little Mountain, South Carolina 29075

Address City State Zip

Palmetto Timber S.I. Fund c/o Walker, Hunter & Associates,
Inc.

Insurance Carrier

(803) 227-2221

Phone Number

Date of Accident: 2/8/11

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: Defendants deny that Claimant sustained an injury by accident arising out of and in the course of his employment. Defendants reserve the right to amend the Form 51 pending further investigation.
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: See Number 1 above.
3. It is **admitted** that the relationship of employer and employee existed at the time in question. The reasons for denial are: See Number 1 above.
4. It is **denied** that at the time in question the employee was performing service growing out of and incidental to his employment. The reasons for denial are: See Number 1 above.
5. It is **denied** that notice of injury was given to the employer. The reasons for denial are: See Number 1 above.
6. It is **denied** that the employee needs/is entitled to additional medical care as a result of the injury. The reasons for denial are: Claimant's current condition, if any, is not by reason of a compensable work injury. See Number 1 above.
7. It is **denied** that the employee is entitled to temporary total disability for the period(s) of: See Number 1 above. Claimant is not incapable because of a compensable work injury from earning the same or similar wages.
8. It is **denied** that the employee is permanently disabled. The reasons for denial are: See Numbers 1, 6 and 7 above.
9. It is **denied** that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of **\$Form 20 to be submitted** applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: S.C. Code Ann. Sections 42-1-160, 42-1-172, 42-15-60 and other applicable statutes and regulations. Defendants reserve the right to amend the Form 51 pending further investigation.
12. Estimated time needed for hearing: 45 minutes.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to:

Samuel M. Price, Jr., Esquire
Post Office Drawer 836
Newberry, South Carolina 29108

on the 2nd day of January, 2013 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.

W. Hugh McAngus
Preparer's Signature

Attorney for Employer/Carrier
Title

hmcangus@mqdaw.com
Email

January 2, 2013
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.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov



WCC File #: 1122307
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Johnathon Ashley Richardson SSN: _____ Employer's Name: Beal Lumber Company, Inc.
Address: _____ Address: P. O. Box 409
City: Newberry State: SC Zip: 29108 City: Little Mountain State: SC Zip: 2907
Home Phone: _____ Work Phone: () - Insurance Carrier: Palmetto Timber S.I. Fund C/o Walker Hunter
Preparer's Name: Samuel M. Price, Jr. Law Firm: Law Office of Samuel M. Price, Jr. Preparer's Phone #: (803) 276-0796

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 2/8/11 to 4/27/12
(m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

1. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding that Claimant's injury was not related to his work?
2. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding the injury was not a repetitive trauma incident?
3. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding that no notice was given to the employer?
4. Did the Honorable Commissioner Avery B. Wilkerson, Jr. err in his finding that claimant's testimony was not credible?

Please see attached copy of Brief of Claimant Appellant.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to W. Hugh McAnus, P. O. Box 12519, Columbia, South Carolina 29211 on the 12th day of May 20 14 by: ☒ first class postage ☐ certified mail ☐ personal service.

[Signature]
Preparer's Signature

Attorney for Claimant
Title

rshealy517@hotmail.com
Email

May 12, 2014
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 6205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1122307

JOHNATHON ASH LEY RICHARDSON,

Employee,

Claimant/Appellant,

vs.

BEAL LUMBER COMPANY, INC.,

Employer,

AND

PALMETTO TIMBER S.I. FUND C/O
WALKER, HUNTER & ASSOCIATES,
INC.

Carrier,

Defendants/Respondents.

**MOTION TO DISMISS
APPELLANT'S BRIEF**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND SAMUEL
M. PRICE, JR., ESQUIRE:

The Defendants (herein after referred to as Respondents), Beal Lumber Company, Inc. and Palmetto Timber S.I. Fund c/o Walker, Hunter & Associates, Inc., by and through its undersigned counsel, pursuant to Regulation 67-215 of the South Carolina Workers' Compensation Act, hereby moves for an Order Dismissing the Appellant's Brief based on the following grounds:

1. By Order dated April 28, 2014 the Single Commissioner found that the Claimant's alleged injury due to repetitive trauma is denied in its entirety. The Single Commissioner further ordered that the Claimant is not entitled to causally-related medical

treatment nor is he entitled to temporary total disability benefits.

2. The Claimant filed a Form 30 Request for Full Commission Review on May 12, 2014.

3. Thereafter, the South Carolina Workers' Compensation Commission requested a brief from both the Appellant and Respondents.

4. On July 14, 2014 Respondents received a copy of the Appellant's Brief to the South Carolina Workers' Compensation Commission. The Brief contains references to evidence which was not submitted at the original hearing before the Single Commissioner. Further, attached to the Brief is an Affidavit from a witness who was not listed in the Claimant's Pre-Hearing Brief nor was the witness in attendance at the hearing before the Single Commissioner.

5. Pursuant to S.C. Code Ann. Section 42-17-50, South Carolina Workers' Compensation Regulation 67-707, and supporting case law, the Appellant must make a Motion to introduce new evidence. Respondents contend that the Appellant willfully failed to comply with the rules and regulations and as such the Appellant's Brief and his Form 30 should be dismissed.

6. Further, Appellant has not shown the Commission, pursuant to Regulation 67-707, that the evidence is material and that there was good reason for the failure to present the evidence at the original proceeding.

7. Respondents contend that the submission of an affidavit is a self-serving declaration and not a sworn statement subject to cross-examination; therefore, it should be excluded from Appellant's Brief. In addition, Appellant makes references to the contents of the Affidavit in his Brief; therefore, the entire Brief should be dismissed.

8. Appellant has failed to comply with the requirement of Regulation 67-707 and as such this evidence should be excluded. Further, because the Appellant makes reference to the evidence in his Brief, Respondents contend his entire Brief should be dismissed.

Respectfully submitted,

Elizabeth F. Render

ELIZABETH F. RENDER
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Defendants/Respondents

Columbia, South Carolina
July 23, 2014

STATE OF SOUTH CAROLINA)
)
COUNTY OF NEWBERRY)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Johnathon Ashley Richardson,)
Employee,)

vs.)

Beal Lumber Company, Inc.,)
Employer.)

And)

Palmetto Timber SI Fund Carol Walker)
Hunter Associates, Inc.)

Carrier.)
Defendants.)

File No. 1122307

AMENDED
BRIEF OF CLAIMANT APPELLANT

That Claimant Johnathon Ashley Richardson does hereby appeal the Decision and Order of the Honorable Commissioner Avery B. Wilkerson, Jr. dated and filed on April 28, 2014.

That claimant does appeal the following findings of fact and conclusions of law:

Commissioner Wilkerson erred in the following findings of fact:

1. The Claimant did not suffer from a compensable repetitive trauma injury on February 8, 2011 or April 27, 2012.

3. The Claimant did not give notice to the Employer of an injury by accident due to repetitive trauma on February 8, 2011 or April 27, 2012.

4. The Claimant's testimony was difficult to follow and he did not answer questions with clarity. The Claimant's testimony was inconsistent and never described an injury by accident or a repetitive trauma incident.

No. 1
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5. The Claimant was not credible in his testimony.
6. The Claimant exaggerated his symptoms.
7. The Claimant's job duties are not repetitive.
8. The Claimant's supervisor, Kenneth Hill, testified that the Claimant did not provide notice of an injury at work.
10. The owner of Beal Lumber, Frank Skipper Beal, testified that the Claimant was not injured on the job.
12. Dr. McLoughlin's (sic) deposition testimony indicates that the Claimant gave inconsistent dates regarding when his back pain started.
13. Dr. McLoughlin could not state within a reasonable degree of medical certainty that the Claimant's medical condition was caused by his work-related activities.
14. Based on the entire record, testimony of the Claimant, medical reports, video description of the job, and Dr. McLoughlin's deposition testimony, this is not a compensable repetitive trauma claim.

Commissioner Wilkerson erred in the following conclusions of law:

1. Pursuant to S.C. Code Ann. Section 42-1-172 the Claimant did not suffer from a repetitive trauma injury.
2. Pursuant to S.C. Code Ann. Section 42-15-20, the Claimant did not provide notice to the Employer of a repetitive trauma injury.
3. Pursuant to S.C. Code Ann. Section 42-15-60 and other applicable law, the Claimant is not entitled to medical treatment.
4. Pursuant to S.C. Code Ann. Sections 42-1-120 and 42-9-10, Claimant is not entitled to

W.O. 2
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temporary total disability benefits.

ARGUMENT

Claimant did aggravate an unknown pre-existing injury. Claimant did give proper notice. The accident was the result of a repetitive trauma injury. Claimant is entitled to medical benefits, temporary total benefits, and a final determination as to permanent impairment, if any, should be decided after medical treatment has been provided.

The case was heard on March 24, 2014, pursuant to a Form 21. The hearing commissioner rendered a Decision and Order denying appellant's claim. The Decision and Order found that proper notice of the injury was not given to the Employer. That there was no evidence of a repetitive trauma incident. That claimant's testimony was not credible.

Claimant/appellant hereby respectfully requests that the Full Commission reverse the Hearing Commissioner with respects to the following findings of fact:

- (1) Claimant's injury was not related to his work;
- (2) The injury was not a repetitive trauma incident;
- (3) That no notice was given to the employer; and
- (4) That claimant's testimony was not credible.

Section 42-1-172 of the South Carolina Code of Laws, as amended, defines repetitive trauma injury.

(A) "Repetitive trauma injury" means an injury which is gradual in onset and caused by the cumulative effects of repetitive traumatic events. Compensability of a repetitive trauma injury must be determined only under the provisions of this statute.

(B) An injury is not considered a compensable repetitive trauma injury unless a commissioner makes a specific finding of fact by a preponderance of the evidence of a causal connection that is established by medical evidence between

No. 3
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the repetitive activities that occurred while the employee was engaged in the regular duties of his employment and the injury.

(C) As used in the section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed and qualified medical physician.

(D) A "repetitive trauma injury" is considered to arise out of employment only if it is established by medical evidence that there is a direct causal relationship between the condition under which the work is performed and the injury.

Claimant worked on what was called the "Green Line". On the green line, the sawed lumber/boards would come down on a conveyor system and this system was with chains. The green line was where the board or planks came to the location they were put into stacks based upon the size of the board. Kenny Hill testified "Well, ninety-five percent of the lumber we cut is probably four quarter, which is one and one-eighth inches thick by four inches wide to, probably twenty-five inches wide, in that area, in all different lengths". (Tr. P 39 L 5-9) When asked what would be the widest board, Mr. Hill responded, "Twenty-eight inches, maybe twenty-nine inches". (Tr. P 39, L 12) This is green hardwood. It would be extremely heavy. There were approximately 3 or 4 people on each side of this line and each person was assigned the duty of pulling certain sized boards and putting them on a stack of lumber. This was certainly repetitive work. Sometimes the Employee may simply pull the board off the chains and pass it on to a stack of lumber or he may grab the lumber, lift the lumber, twist his back and set the board on the stack. There has been a video submitted for the record, however, the video was at a much slower rate than was demanded by the job.

The Claimant alleges that he sustained a compensable work-related injury to his back on or about February 8, 2011 due to repetitive trauma. The Claimant continued to work for the Defendant Employer up until his termination on May 23, 2012. Claimant contends that he gave

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p. 4
end

his employer notice of his injury due to repetitive trauma; in particular he indicates he told his supervisor, Kenneth Hill, on a number of occasions. (Deposition of claimant P 16 L 2 to P 17 L 19 and Tr. P 17 L 11 to P 18 L 10, P 20 L 17 to P 21 L 11).

Defendants denied this claim in its entirety and contend that the Claimant never gave notice to the employer of his alleged injury pursuant to S.C. Code Ann. Section 42-15-20. Further, Defendants contend that the Claimant has failed to prove that he suffered from an injury due to repetitive trauma pursuant to S.C. Code Ann. Section 42-1-172.

Claimant filed a Form 50 Request for a Hearing in which he requests the South Carolina Workers' Compensation Commission find that he suffered from a compensable injury due to repetitive trauma. Further, he requests payment of temporary total disability benefits from his last date of work and continuing, as well as payment of causally-related medical treatment. Defendants filed a Form 51 denying that the Claimant is entitled to any and all benefits as this claim is not compensable. This hearing was scheduled to address these issues. In his testimony, Kenny Hill remembered an off the job injury sustained by claimant: "He said that he had got hurt helping his father put some logs in a dumpster and it didn't have anything to do with the business". (Tr. P 36 L 5-7). This event did occur causing an injury to claimant's side. Claimant fell onto the lip of the dumpster on his left side at his left arm pit. This fall caused no injury to his back. There is no indication that claimant sought medical treatment for "falling into or onto the dumpster". This is simply a diversion by the employer to pass responsibility to claimant.

Dr. McLoughlin's questionnaire where he says that it most likely could aggravate a genetic condition to a medical certainty (See Exhibit 3, page 1 of Claimant's Pre-Hearing Brief WCC Form 58. A copy is attached).

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A synopsis of the deposition testimony of Dr. Gregory S. McLoughlin would show the doctor was simply given copies of past medical records. After reading highlighted areas of the medical records, he was questioned about some other health care provider's medical records. It seems that one of the items that the single Commissioner had a problem with was that Claimant was a poor historian in terms of when his back injury first occurred according to the records of the health care providers.¹ On page 7 of the Decision and Order, it states that "the Claimant reported to the Newberry County Hospital on February 8, 2011 complaining of similar symptoms from a motor vehicle accident two years ago." This is a total mischaracterization of what he said to the emergency room personnel and what is in their notes. He was simply asked if he had ever been in an accident that might affect his back and he was perfectly honest with them that, yes, he had been.

The single Commissioner erred in the following findings of facts:

Notice of injury to back given to Employer. Pursuant to finding number 3, Commissioner found that "The Claimant did not give notice to the Employer of an injury by accident due to repetitive trauma on February 8, 2011 or April 27, 2012." It is obvious from Claimant's testimony at the hearing and also his deposition testimony that he did not mark the date he first gave notice and each time thereafter. However, in this case, this is clearly a case of "a swearing contest" and the fact that Claimant did have back difficulty, the fact that he did go to the

¹ The undersigned would bring to the attention of the Commission that when a patient goes to a doctor for treatment, he normally does not bring with him a calendar or diary so he can be precise as to when his back pain began. Nor is he told that it is critically important that he be absolutely correct in his recollection or it may impact his credibility in the future. Most of us mark time with such things as when we finish school, when we marry, when our children are born, and other life-changing events.

Newberry County Memorial Hospital emergency room on a number of occasions (See Exhibit 4 of Claimant's Pre-Hearing Brief WCC Form 58) and Midlands Orthopedics (See Exhibit 2 of Claimant's Pre-Hearing Brief WCC Form 58) in order to seek treatment and received a doctor's statement not to work, causes the question to be asked "If a person has a back injury and appears at work with a doctor's statement, is the Employer under a duty to ask, 'Did you hurt your back at work?'" The testimony is in conflict in that Claimant claims that he did notify Employer through telling his supervisor Kenneth Hill on a number of occasions and also telling the owner Frank Skipper a/k/a Skipper. It is admitted that claimant is a poor historian. Because claimant was unable to give precise dates as to his back injury/injuries, the Commissioner interpreted claimant's testimony as not credible. Employer admitted that because of a back injury, claimant was put on light duty. Common sense would lead one to believe the employer did in fact ask about the back injury. The employer knew that claimant's back pain was either caused by claimant's work or aggravated by claimant's work.

The South Carolina Courts have recognized that provisions related to notice should be liberally construed in favor of claimants. Etherededge vs. Monsanto, 562 S.E.2d 679. Although it was not developed in the testimony, at the time Claimant was seeing Midlands Orthopedics, he was covered by his mother's healthcare insurance. Because the injury was an alleged Workers' Compensation injury, her insurance would not cover any surgeries.

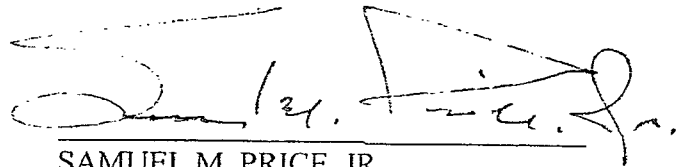
As to the findings of fact number 13 that Dr. McLoughlin could not state that his condition was caused by work related activities, he did find that Claimant's condition was genetic and it could be aggravated by the work conditions. In Teigue vs. Appleton Co., 68 S.E.2d 878 (1952), it was established that the Court is committed to a liberal construction of

No. 7
emp

Workers' Compensation Act but such liberality will not be indulged to such an extent as to do violence to the provisions of the Act in such a way as to change its meaning. Liberal construction should be given to notice requirement.

CONCLUSION

Claimant was injured on the job. It did not happen in one single accident. It occurred over months. His job required the movement of hardwood boards 4 inches, 10 inches, 12 inches and sometimes as large as 29 inches wide in lengths of up to 16 feet. Claimant is entitled to benefits under the South Carolina Workers' Compensation Act.



SAMUEL M. PRICE, JR.

Attorney for Claimant

1413 Main Street, P. O. Drawer 836

Newberry, South Carolina 29108

(803) 276-0796

Newberry, South Carolina
August 20, 2014

Johnathan Ashley Richardson
Date of Birth: February 20, 1988

YES NO

- ☒ 1. Johnathan A. Richardson was examined by me after having an MRI scan of his lumbar spine performed on April 30, 2012.
- ☒ 2. After reviewing the MRI and a physical examination of Johnathan A. Richardson, my findings were set forth in a letter dated July 17, 2012.
- ☒ 3. I found that Johnathan A. Richardson has a surprising high degree of central stenosis at L3-4 and to a lesser extent L2-3.
- ☒ 4. Johnathan A. Richardson has a preexisting/genetic condition that caused him to be predisposed to the spinal stenosis.
- ☒ 5. Johnathan A. Richardson's job, which consisted of repetitively handling heavy rough cut hardwood lumber, taking the individual boards off the chain line and stacking the lumber requiring standing, walking, lifting, twisting, and grabbing, CAUSED the central stenosis of L3-4 and to a lesser extent L2-3.
- ☒ 6. Johnathan A. Richardson's job, which consisted of repetitively handling heavy rough cut hardwood lumber, taking the individual boards off the chain line and stacking the lumber requiring standing, walking, lifting, twisting, and grabbing, AGGRAVATED the central stenosis of L3-4 and to a lesser extent L2-3.

CAROLINA NEUROSURGERY AND
SPINE CENTER, P.A.


GREGORY S. MCLOUGHLIN, M.D.

Date: 12-12-13

The above opinions are stated to a reasonable degree of medical certainty.

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

JOHNATHON RICHARDSON,

Employee

-VS-

BEAL LUMBER COMPANY, INC.,

Employer

and

PALMETTO TIMBER FUND,

Carrier

WCC FILE NO.
1122307

Pursuant to Notice of the Workers' Compensation Hearing taken on the 24th day of March 2014, heard before the Honorable Avery B. Wilkerson, Jr., and commencing at the hour of 12:18 p.m. in Lauren, South Carolina.

C. Tatum Court Reporting
P.O. Box 248
Edgefield, SC 29824
706.207.5483
ctatumcr@gmail.com

APPEARANCES

Samuel M. Price, Jr., Esq.
Law Office of Samuel M. Price, Jr.
1413 Main Street
Newberry, SC 29108
803.271.0166
REPRESENTING THE EMPLOYEE

Elizabeth F. Render, Esq.
McAngus Goudelock & Courie, LLC
PO Box 12519
Columbia, SC 29211
803.799.2300
fpotter@mgclaw.com
REPRESENTING THE EMPLOYER/CARRIER

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SKIPPER BEAL

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OBJECTIONS:

BY MS. RENDER	5,8,16,24,25,28
-------------------------	-----------------

EXHIBITS

<u>NUMBER</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
Defendant's Exhibit No. 1	Deposition Transcript Of Gregory McLoughlin, MD	47

LEGEND OF THE TRANSCRIPT

dashes [--]	intentional or purposeful interruption
[ph]	denotes phonetically written
[sic]	written as said

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P R O C E E D I N G S

1
2 **COMMISSIONER WILKERSON:** Today's date is March
3 the 24th, 2014. We're here in reference to
4 Workers' Comp File Number 1122307. The Claimant is
5 *Johnathon Richardson* and is represented by Samuel
6 M. Price. The Employer is *Beal Lumber Company,*
7 *Incorporated,* the Carrier is *Palmetto Timber Fund,*
8 and they're represented by Elizabeth Render. The
9 date of accident as we have it in our file at the
10 Commission is 2/8/2011. I do understand that there
11 may be another date of accident that will be
12 discussed by both parties, which is April 27, 2012.
13 The average weekly wage on today's case is 263.04,
14 the comp rate is 175.37. We're here to determine
15 the issues as set forth on the Form 50 and 51.
16 This case was originally set to be heard on
17 March 10, 2014 and we actually moved it to today
18 where any and all APAs and/or information that we
19 may to have the case heard would be so noted.
20 There was a couple of issues along the way, as far
21 as something was a day late and something may have
22 been six days late, don't remember exactly. So we
23 just moved it back to where we wouldn't have that
24 issue and have everybody come back in here today.
25 Are there any objections now to the APAs,

1 jurisdiction, venue, or any other items by the
2 moving party, Mr. Price?

3 **MR. PRICE:** We have no objections.

4 **COMMISSIONER WILKERSON:** By adverse party.

5 **MS. RENDER:** And we would object to the
6 submission to Dr. McLoughlin's medical
7 questionnaire submitted by the Claimant's attorney.

8 **COMMISSIONER WILKERSON:** Okay. And I
9 understand the reason for that in our pre-hearing
10 conference was that a deposition was taken of the
11 doctor sometime back and the questionnaire was
12 received after that deposition was taken. As I
13 understand it, the deposition was taken back
14 sometime March of 2013 -- excuse me -- the
15 deposition was taken -- maybe I said that -- March
16 and the questionnaire was not filled out until
17 December 2013. And I think I'd indicated,
18 initially, in our pre-hearing conference that I
19 would allow it in. Don't know what evidence --
20 excuse me -- I don't know what weight it will have
21 in reference to the case, but I'll allow the
22 evidence to come in, and I understand, over the
23 objection. Okay.

24 Anything else, from adverse party, as far as
25 objection?

1 **MS. RENDER:** No, sir.

2 **COMMISSIONER WILKERSON:** Okay. Thank you. So
3 other than that, and it's been ruled on, the
4 Commission's File will become a part of the record
5 with the exception of self-serving declarations and
6 un-stipulated medical reports.

7 At this time I'm going to have Mr. Price put
8 his client's position on the record. Then,
9 likewise, I'll have Ms. Render do the same, and
10 we'll proceed forward, so.

11 **MR. PRICE:** Yes, sir.

12 Johnathon Ashley Richardson, the Claimant
13 herein, was formerly employed by Beal Lumber
14 Company. And while employed there he sustained a
15 repetitive injury to his back and his neck. And
16 his date of last employment was in May of 2012.
17 And we are seeking medical treatment, we are
18 seeking temporary total. And I think after his
19 treatment is concluded we'll be in a better
20 position to evaluate what, if any, permanent
21 impairment there may be.

22 **COMMISSIONER WILKERSON:** Let me ask a
23 question. As far as TTD, are you requesting that
24 from his last day of employment up until the
25 current time or are there specific times that a

1 doctor's had him written out of work?

2 **MR. PRICE:** Well, sir, he has not been able to
3 work since that time. So at this point we would be
4 expecting a favorable ruling in terms of temporary
5 total for the whole time, unless the Commissioner
6 finds that there's some reason otherwise.

7 **COMMISSIONER WILKERSON:** Okay. Let me ask a
8 question, because I'll carry all this stuff back
9 and look at it --

10 **MR. PRICE:** Right, sir.

11 **COMMISSIONER WILKERSON:** -- whether it's
12 today, tomorrow, next week whatever. Is there a
13 doctor in the APAs that's going to be submitted
14 that's got him written out of work for a specified
15 period of time?

16 **MR. PRICE:** No, sir.

17 **COMMISSIONER WILKERSON:** Okay. I just need to
18 figure that out. Anything else? I'm sorry.

19 **MR. PRICE:** I believe not.

20 **COMMISSIONER WILKERSON:** Ms. Render, in
21 reference to your clients' position on today's
22 case.

23 **MS. RENDER:** Commissioner, my clients have
24 denied this claim in it's entirety. Their first
25 denial is based on the fact that the Claimant

1 failed to provide notice pursuant to 42-15-20.
 2 They know that Mr. Richardson -- you know, he
 3 submitted a doctor's excuse for work restrictions,
 4 but at the time he submitted those he did not
 5 indicate that it was due to work related injury.

6 And my clients have also denied that he has
 7 met his burden of proof that he suffered from a
 8 repetitive trauma accident under the statute.

9 **COMMISSIONER WILKERSON:** Anything else?

10 **MS. RENDER:** So they're denying all medical
 11 benefits and temporary total benefits.

12 **COMMISSIONER WILKERSON:** Anything else from
 13 either party before taking testimony from the
 14 Claimant?

15 **MR. PRICE:** Claimant has nothing.

16 **COMMISSIONER WILKERSON:** Okay. If I could get
 17 the APAs at this point in time.

18 **MS. RENDER:** And if we could just mark for the
 19 record our running objection to the submission of
 20 Dr. McLoughlin's medical questionnaire.

21 **COMMISSIONER WILKERSON:** Absolutely.

22 *****

23 Whereupon,

24 **JOHNATHON RICHARDSON,**

25 having been first duly sworn,

1 was examined and testified as follows:

2 *****

3 COMMISSIONER WILKERSON: Please, Mr. Price.

4 DIRECT EXAMINATION

5 BY MR. PRICE:

6 Q. Please state your full name and address.

7 A. Johnathon Ashley Richardson. My address is 370
8 Henderson Court, Newberry, South Carolina, 29108.

9 Q. And that is currently your father's home?

10 A. Yes, sir.

11 Q. Anyone live there other than you and your father?

12 A. No, sir.

13 Q. All right. Now, you are claiming to have a back
14 and neck injury as a result of your employment at
15 Beal Lumber Company. What I would like for you to
16 do is go back and tell me what your job was at Beal
17 Lumber Company, what your daily activities
18 involved.

19 A. From the time I get to work -- got to work I would
20 go straight to the green chain, that's what it's
21 called. It's where the wood comes down the line
22 and you stand on wood and you have three or four
23 packs of lumber behind you. You stand there and
24 pull the wood off the chain, turn it the way it's
25 -- put the wood on the pack. And there are

1 different widths, lengths, the thickness is never
2 the same so you flip them to make sure you have
3 your pack as straight on the sides as possible.
4 You, basically, stack that lumber in your spot all
5 day long and that's your job. You're not supposed
6 to leave from your spot, you stack the wood that
7 has the number on it that fits into your pack
8 behind you. You could have three packs, you could
9 have four packs, I've seen people have five packs
10 at one time, just depends on the size of the lumber
11 and who's pulling it.

12 Q. Okay. Johnathon, your job was outside, is that
13 correct?

14 A. Correct.

15 Q. Now, describe to me -- let me back up. This is a
16 hardwood sawmill, right?

17 A. Correct.

18 Q. All right. Describe to me the thickness of the
19 lumber and if it varied from the smallest to the
20 largest.

21 A. The smallest, I believe, was an inch thick. And
22 anything less than an inch would be considered an X
23 board and put off to the side. The largest I saw
24 was three inches thick, they call that twelve
25 quarter poplar, and that could be sixteen foot

1 long, three inches thick, up to twenty-seven,
2 twenty-nine inches long -- wide.

3 Q. And when you're talking about 27 inches wide, what
4 could be the narrowest board that y'all might
5 handle?

6 A. Maybe, and inch thick little ten foot -- eight
7 foot, ten foot board. They have eight foot packs,
8 they have ten foot packs, they also have sixteen
9 foot packs.

10 Q. Now --

11 A. Twelve and --

12 Q. -- most of us have seen a lumber yard that deals
13 with pine and they are very uniform in terms of
14 width but different length, but thickness, they're
15 uniform. Are most of these boards uniform in terms
16 of width?

17 A. Depending on the log itself. That depends on how
18 they cut it.

19 Q. Okay. Now, have you seen the video that was
20 prepared -- and I'm not sure who prepared it, we'll
21 just say by the other side -- as to the work on the
22 green chain, have you seen that video?

23 A. I saw a part of it.

24 Q. All right. Was that accurate and descriptive of
25 what you would do each day?

1 A. If you want to take the smallest packs of lumber
2 and put them out there and take a video of somebody
3 stacking it, yes. But there are bigger packs of
4 lumber and there are people that have to pull --
5 the wood comes a lot faster and a lot more steady
6 than was on taken on that video.

7 Q. All right.

8 A. That video was an example of what you do. But when
9 you have a guy trying to get production out and the
10 wood coming as fast as they can push it and you
11 pulling it as fast as you can pull it it looks
12 nothing like that video.

13 Q. All right. Would it be fair to say that was a
14 video in slow motion?

15 A. Yes, sir.

16 Q. All right. Now, tell me about when you began to
17 notice, not necessarily -- when I say when I'm not
18 talking about a date, specifically, but just what
19 you began to notice about your back.

20 A. After about six months into the -- I'm not a great
21 historian, I'm not good with dates, specifically,
22 but around six to eight months after I started I
23 noticed that my back just seemed to get tighter and
24 tighter as everyday went on. On the weekends I
25 would try to lay back and relax and get a little

1 relief. But then I'd get there Monday morning
2 feeling a little bit better and it's like thirty
3 minutes to an hour into the day it's like these
4 sharp pains shooting down my legs and my back was
5 just back to where it was Friday, hurting again.
6 And they just kept on, it never seemed to get any
7 better unless it wasn't inflamed as much, which I
8 had taken ibuprofen as an anti-inflammatory to try
9 to help that out.

10 But once I noticed it started getting tight I
11 started noticing numbness and sharp pains in my
12 legs -- going down the back of my legs, also into
13 my feet sometimes.

14 **COMMISSIONER WILKERSON:** So when did you first
15 go to work there?

16 **WITNESS:** I want to say it was in 2010, 2011.

17 **COMMISSIONER WILKERSON:** When?

18 **WITNESS:** Not exactly sure.

19 **COMMISSIONER WILKERSON:** When in 2010 or '11?

20 **WITNESS:** I want to --

21 **MR. PRICE:** May I refer to the records for
22 you, Mr. Commissioner?

23 **COMMISSIONER WILKERSON:** Well, I just want him
24 to tell me when he went to work there, because if
25 he doesn't know when he went to work there I don't

1 know where we're going.

2 **MR. PRICE:** Okay.

3 **WITNESS:** I believe it was February.

4 **COMMISSIONER WILKERSON:** Of 2010 or '11?

5 **WITNESS:** 2011.

6 **COMMISSIONER WILKERSON:** Okay. February 2011,
7 that's fine. Let me ask a couple of others. Give
8 me your date of birth.

9 **WITNESS:** 2/20/88.

10 **COMMISSIONER WILKERSON:** And give me your
11 education level.

12 **WITNESS:** Education level. I was attempting
13 to get my GED while I was working for this lumber
14 yard, but I had no help, as far as a place to live.
15 I needed a job so I went ahead and got into working
16 so I didn't finish my GED. But I am prepared to go
17 back and finalize my GED. I passed five out of the
18 six parts of it. I missed the sixth part by one
19 question.

20 **COMMISSIONER WILKERSON:** What's the highest
21 level of education you completed?

22 **WITNESS:** On my transcript it's 11th grade.

23 **COMMISSIONER WILKERSON:** That's fine. You
24 finished 11th, right?

25 **WITNESS:** Yes, sir.

1 **COMMISSIONER WILKERSON:** That's fine. I just
2 wanted to get that back here, because I'd forget to
3 ask that question. I'm sorry. Yes, sir, please.

4 **MR. PRICE:** Not a problem. Not a problem.

5 Q. All right. Now, if we look at your medical records
6 we see that starting February 8, 2011 that there's
7 a trip to the Newberry Memorial Hospital Emergency
8 Room with back complaints and we see that there's a
9 number of other doctor visits. Did you really know
10 what the problem was before you went to Midlands
11 Orthopedic and they got an MRI?

12 A. I had no idea other than knowing that I had
13 arthritis. Because it seemed like my back would be
14 so tight when I woke up that -- it was un-normally
15 tight, to the point that I would have to bend and
16 stretch. And I felt like -- I described it to my
17 boss -- my supervisor, Kenny Hill -- as a big
18 rubber band stretching in my back -- very tightly
19 stretching. Later found out that that was bulging
20 disk, and pinched nerves, advanced arthritis.

21 Q. Now, one of the issues is notice. That is to say,
22 did you notify anyone at Beal Lumber Company that
23 you had a back injury and did you tell them that
24 you had this back injury as a result of your
25 employment? What I would like for you to do is to

1 tell us what you can recall, as far as notifying
2 either Kenny Hill, who was your immediate
3 supervisor or --

4 MS. RENDER: Commissioner, I would object to
5 him leading. He just needs to ask a question.

6 COMMISSIONER WILKERSON: Yes.

7 MS. RENDER: Instead of telling him what to
8 do.

9 COMMISSIONER WILKERSON: Yeah, just ask him a
10 question and let him respond.

11 MR. PRICE: Okay.

12 Q. Tell us how you notified Beal Lumber Company of
13 your injury -- or your repetitive injury.

14 A. There were supervisors on the green chain, one was
15 named Rick, one was named Josh Riser. I let them
16 know that I needed to get off the line, I needed
17 someone to watch my spot on several occasions to go
18 talk to Mr. Kenny Hill to let him know that my back
19 was hurting. He would tell me, you know, This is
20 the job, everyone's back hurts, you need to go
21 continue working or you can go home, it's your
22 choice. I took that as, well, maybe I do need to
23 go continue working, because otherwise I'm not
24 going to have a job. Like I said, this was several
25 occasions, not just one.

1 I also told Skipper one day that I was
2 clocking out because my back hurt so bad --

3 Q. Now, tell us who Skipper is?

4 A. Kenny's boss, the owner of the company, as far as
5 I'm aware.

6 Q. Okay.

7 A. I told Skipper that I was clocking out, I needed to
8 go home. Went to a doctor, because my back was
9 hurting so bad that day I could not hardly stand
10 up, much less stack lumber.

11 I went up to Kenny's office on several
12 occasions and talked to him in person and told him
13 -- even though he told me that, Yeah, everybody's
14 back hurts, everybody's going to need days off, and
15 everybody's going to get sore out there -- I told
16 him that mine continuously got worse, it was not
17 getting any better. It was not just sore, it was
18 pain shooting into my legs and my legs going numb.
19 It was not just the normal, Oh, I'm sore from a
20 hard day's work. It progressively got worse over
21 time. And I could not convince Mr. Kenny. And he
22 would ask me, Well, how do you think -- why do you
23 think your back's injured, what's wrong with it.
24 And I would tell him, I had never had any back
25 problems, any back pain, whatsoever, before I

1 started here..

2 And I told him also that I thought at some
3 times there was too much wood for one person in my
4 spot, because I would have four or five packs of
5 wood at sometimes. I would tell him, It's just too
6 much, it's just too much. And my back, I can't
7 take it. It's getting to the point where it hurts
8 so bad that I can't hardly walk --

9 Q. Now --

10 A. -- you know, when I'm not working.

11 Q. -- going back to the green line. The way it is
12 designed, how many people work on the green chain?

13 A. It's supposed to be six. Supposed to be.

14 Q. And that's three on one side and three on another,
15 is that --

16 A. Right.

17 Q. -- the way it's organized? Okay.

18 A. Supposed to be.

19 Q. And when you would work there would there be times
20 when there would not be six people there?

21 A. There was times he would have -- Mr. Kenny would
22 have to go up to the mill and call somebody down
23 from another job to come stack wood. Because every
24 week there would be somebody out a day or two every
25 week, whether it was me or one of the other six

1 guys. It seemed to me like nobody could stay there
2 and do that job a full week without not coming on
3 time one day, or leaving early one day, or just not
4 coming at all one day.

5 Q. Now, as I understand it, I believe it was in --

6 A. And sometimes when they cut certain wood they would
7 have to go and get two or three extra people from
8 upstairs, because that wood came so -- they cut it
9 so fast and it came so fast, but it was also heavy.
10 And, you know, they had to put three or four extra
11 people down there with us to help us stack it, to
12 get it out as fast as they could.

13 Q. Now, as I understand it -- and I believe it was in
14 April of 2012 when you went to Midlands Orthopedic
15 Clinic -- you had a notice indicating that you
16 should not lift over ten pounds --

17 A. Yes, sir.

18 Q. -- for a period of time. Now, was it at that time
19 or some later time when you were put on what was
20 called light work?

21 A. Yes, sir, I took that excuse back to Mr. Hill. He
22 told me that he would try to find me something to
23 do, that I could, you know, not lift over ten
24 pounds and not hurt my back, but still stay with
25 them and work with them until I could figure out

1 what was wrong with my back.

2 Q. And what kind of work were you given to do?

3 A. Basically, go under the mill and shovel sawdust
4 onto the chipper -- or the belt that runs to the
5 chipper, I believe, and pick up bark from the
6 de-barker that fell down in between the holes
7 through the mill. I would have to pick that up and
8 just light duty -- what they call light duty,
9 shoveling sawdust, not running any major equipment,
10 not stacking any lumber.

11 But then were times where he would be a guy
12 short on the green chain in that period of time --
13 since I got that notice and showed him -- there
14 would be times where he'd be a man or two short on
15 the green chain and he'd say, JR, come on, we need
16 you to go out here for a few minutes.

17 Q. Do you believe that when you would tell Kenny that
18 your back hurt, whether or not -- well, let's see
19 how to phrase the question -- when you would talk
20 to Kenny about your back would you make it pretty
21 clear to him that you hurt your back there at work?

22 A. I made it very clear that I've never had any pain
23 before I started that job, that I know that that
24 job, what I was doing consistently -- this is not
25 something you do and then you can turn around and

1 do it another way, and then you can turn around and
2 do it another way. Once you get a hang of what
3 you're doing that's what you do. You don't change
4 your routine, you stack lumber, whether it's heavy
5 lumber, long lumber, short lumber, you stack
6 lumber, and you do it as fast and as productive as
7 you can. And every -- from the first time to the
8 last time I mentioned my back being hurt on the job
9 there Kenny said, There's no way, I've had guys out
10 here doing this for years, there's no way, why are
11 their backs not messed up.

12 **COMMISSIONER WILKERSON:** Let me ask you a
13 question. When's the first time that you told him?

14 **WITNESS:** Mr. Commissioner, I don't want to
15 lie to you, I want to be as honest as I can. I'm
16 not sure of a date, but I know it was about eight
17 months into the job.

18 **COMMISSIONER WILKERSON:** When's the last time
19 you told him?

20 **WITNESS:** The last time was when I gave them
21 this ten pound weight limit that the neurosurgeon
22 sent me back with. And he told me, Well, I'll put
23 you on light duty for a few weeks and if that don't
24 change then we're going to have to let you go. And
25 that's what happened.

1 **COMMISSIONER WILKERSON:** So you started to
2 work for them in February of 2011 and so it'd been
3 about eight months after that, which would have
4 been about October of 2011?

5 **WITNESS:** I believe so.

6 **COMMISSIONER WILKERSON:** Okay. And the last
7 time was when you saw the doctor at Midlands
8 Orthopedic, which is either in sometime in April of
9 2012 or May of 2012, is that correct?

10 **WITNESS:** Yes, sir, and all in between that
11 time. It was no secret that my back was hurt.
12 Everybody on the job -- every employee -- on lunch
13 break just guys I didn't even know that good, Hey,
14 how's your back doing today. It was no secret that
15 my back was hurt out there. It was no secret that
16 Mr. Kenny and Skipper knew about it. And Mr. Kenny
17 was working with me, telling me, you know, We'll
18 work with you so you can keep working for us until
19 we figure out what's wrong with your back.

20 But at this point I had not told him that I
21 thought it was something I was going to need
22 surgery for. I just told him that it was hurt, and
23 it'd never hurt before, and this is what hurt it,
24 stacking the lumber, because it kept getting worse,
25 and worse, and worse the more I did it.

1 **COMMISSIONER WILKERSON:** Okay.

2 **WITNESS:** And over months and months I told
3 him at least once a week, Mr. Kenny, I'm just
4 hurting too bad, I can't -- is there anything else
5 I can do. I begged him, Is there anything else I
6 could do. He said if I wanted to work there
7 stacking wood is what I'd be doing until someone
8 moved off another job or another position came
9 open.

10 **COMMISSIONER WILKERSON:** Okay.

11 **MR. PRICE:** Mr. Commissioner?

12 **COMMISSIONER WILKERSON:** Yes?

13 **MR. PRICE:** Let me clarify some of these
14 dates, because Johnathon, as he's indicated, he's
15 not a great historian. But if you'll look at --

16 **COMMISSIONER WILKERSON:** But that's why I want
17 him -- if he's not a great historian I've got to
18 have something -- that's why I asked him when he
19 went to work there.

20 **MR. PRICE:** All right.

21 **COMMISSIONER WILKERSON:** I mean, I've got to
22 have something from him to tell me when he went to
23 work there. I don't know, I'm not the employer. I
24 don't know. I mean...

25 **MR. PRICE:** Well, his dates are not correct, I

1 can just tell you that.

2 MS. RENDER: Well, and I would object to you
3 indicating that to the Commissioner. You've got to
4 prove your case through testimony, not by -- you
5 know, you can't testify to the Commissioner about
6 when his dates are.

7 MR. PRICE: All right.

8 Q. Okay. Now, Johnathon, as I understand it, when you
9 were 19 years old or so you were involved in an
10 automobile wreck, is that correct?

11 A. That is correct.

12 Q. And did you injure your back in that wreck?

13 A. No, sir.

14 Q. Did you receive -- did you go to the emergency
15 room?

16 A. No, sir.

17 Q. Did you receive any treatment --

18 A. No, sir.

19 Q. -- from any doctor, or chiropractor, or anybody?

20 A. No, sir.

21 Q. All right.

22 A. I went to the hospital about my back one time while
23 I was working for Beal and they asked me what's
24 wrong -- what could have happened, is there
25 anything you've ever done in your life that could

1 have done anything to your back. And I said the
2 only thing that I have ever done that might have
3 had anything to do with my back hurting right now
4 -- or not with my back hurting right now -- the
5 only thing that I've ever been in, as far as an
6 accident that I know of, is a car accident. They
7 were going about 25 miles per hour when they hit us
8 and no one in the car was injured, no one went to
9 receive medical treatment. I never -- I had jobs
10 after that wreck and was never in any pain, as far
11 as my back. The hospital records said something
12 about me being --

13 **MS. RENDER:** Commissioner, I would just object
14 to this running commentary --

15 **COMMISSIONER WILKERSON:** You can't tell me --

16 **MS. RENDER:** -- he's not answering any
17 question.

18 **COMMISSIONER WILKERSON:** Yeah. And you can't
19 tell me what the medical records said, because that
20 would be hearsay. If it's in there, it's in there.

21 **WITNESS:** Yes, sir.

22 Q. All right, sir. And during this period -- by this
23 period I'm talking about the 2012 period -- were
24 you arrested for violation of the law related to
25 controlled substance?

1 A. Yes, sir.

2 Q. All right. Has that case been disposed of?

3 A. It's been expunged.

4 MR. PRICE: Mr. Commissioner, I believe that's
5 all that I have at this point.

6 COMMISSIONER WILKERSON: Okay. If you would
7 answer any and all questions that Ms. Render may or
8 may not have.

9 CROSS-EXAMINATION

10 BY MS. RENDER:

11 Q. Mr. Richardson, let's go back to -- you were
12 describing your job to the Commissioner, and what
13 shift did you normally work?

14 A. There's only one shift, first shift.

15 Q. Okay. And what were your scheduled hours, what
16 time did you arrive for work?

17 A. Between 6:00 to 6:30 and 4:00 to 4:30, depending on
18 when the mill needed to get off that day, depending
19 on how back up the wood was. And Mr. Kenny Hill
20 told everyone --

21 Q. Okay.

22 COMMISSIONER WILKERSON: You can't tell me
23 what he said, just --

24 Q. Just answer the question that I asked you.

25 A. The scheduled time was six o'clock.

1 Q. Okay. And during that time did you have any
2 scheduled breaks?

3 A. One break at nine o'clock.

4 Q. And how long was that break?

5 A. Fifteen minutes.

6 Q. Okay.

7 A. One break at 11:30 for thirty minutes, one break at
8 2:00 for fifteen minutes.

9 Q. Okay. And if you could describe for the
10 Commissioner, you explained that you were working
11 on the chain line, and as the lumber comes down are
12 you specifically in charge of just one size of
13 lumber that's coming out?

14 A. They mark the boards sixteen foot zero, sixteen
15 foot one, twelve foot one, twelve foot zero. All
16 the boards -- the length, the width -- no -- the
17 length and how good the board is compared to the
18 others give its grade -- what's called a grade. So
19 you're in charge of not one specific length board,
20 but if you have three, or four, or five packs
21 you're responsible for all of those.

22 Q. Okay. So --

23 A. Unless someone else on the line has the same pack
24 as you do, and in that case y'all split that grade
25 of lumber.

1 Q. Okay. So as the wood comes down you're looking for
2 your specific numbered wood, is that correct --

3 A. Right, unless --

4 Q. -- to put into your stacks?

5 A. Right, unless the whole table's filled with my
6 specific kind of wood, because it does fall that
7 way sometimes.

8 Q. Right. But to answer the question, you're looking
9 for your specific wood?

10 A. Right.

11 Q. Okay. And at the time that the wood comes down and
12 you pick up a piece of lumber are you supporting
13 the entire weight of the lumber?

14 A. If a 14 foot 12 quarter comes down and you have it
15 in your pack -- you have a pack of 14 foot 12
16 quarters, not only are you supporting the whole
17 weight of it --

18 **WITNESS:** Do you mind if I get up and
19 demonstrate?

20 **MS. RENDER:** No, go ahead.

21 **COMMISSIONER WILKERSON:** Let me -- if you can,
22 from now on answer yes, or no, or I don't
23 understand, because what you're doing is going into
24 an explanation. I still don't know from the first
25 question if it was yes or no.

1 **WITNESS:** Okay.

2 Q. So are you supporting the full weight of the board
3 as it comes off the chain?

4 A. Yes.

5 Q. Okay. So a portion of the board is not being
6 supported by a stack beside you?

7 A. No.

8 Q. Okay. And a portion of the board is not being
9 supported by the chain?

10 A. It depends on what the board is. That's why I
11 couldn't give you a yes or no, because it depends
12 on what the board is.

13 Q. Okay. And you testified earlier that you've seen a
14 video of your job description, correct?

15 A. Yes, ma'am.

16 Q. Okay. And you said that other than the speed it
17 accurately depicts what you did on your job, is
18 that correct?

19 A. No, ma'am.

20 Q. So it doesn't show what you did, pulling the lumber
21 off and stacking it in the stacks?

22 A. Yes, ma'am.

23 Q. Okay. That's fine. And let's go back. You
24 testified earlier that you thought that you were
25 hired back in February of 2011, is that correct,

1 that's what you testified to earlier?

2 A. I was wrong.

3 Q. Okay. Do you recall that maybe you were hired in
4 September of 2009, do you remember that?

5 A. Yes, ma'am.

6 Q. Okay. How many times have you worked for Beal
7 Lumber?

8 A. Twice.

9 Q. Twice. Okay. So you worked from September 2009 --
10 and why did your employment end the first time?

11 A. Because I told Mr. Kenny my back was hurting for a
12 day and I went home that day and he was out that
13 day. And when he came back and I came back to work
14 the next day he told me, Just stay off the rest of
15 the week, we don't need you. And at the time I had
16 bills to pay. And Mr. Kenny was very unfair. I
17 had already told him --

18 Q. Okay.

19 A. I had already told him that my back was injured, I
20 needed to go see a doctor.

21 Q. So this was back in 2009 that you told Mr. Hill
22 that your back hurt?

23 A. No.

24 Q. No? Okay. When was the first time you told
25 Mr. Hill that your back hurt?

1 A. About eight months after I started working there
2 the first time.

3 Q. And that first time was September of 2009?

4 A. Not exactly sure of the date.

5 Q. Okay. And your testimony is today that you told
6 Mr. Hill that your back was hurting because you
7 hurt it on the job?

8 A. Yes.

9 Q. And did you ever ask Mr. Hill to send you to the
10 doctor?

11 A. I asked him if he would take me to the company
12 doctor.

13 Q. They have a company doctor?

14 A. As far as I know every company does.

15 Q. Okay. And you testified earlier about this motor
16 vehicle accident that you were involved in when you
17 were about 19 years old. Were you a passenger in
18 the vehicle?

19 A. Yes, ma'am.

20 Q. Okay. And were you thrown from the vehicle?

21 A. No, ma'am.

22 Q. You were not thrown out of the vehicle?

23 A. Not even close.

24 Q. And when you went to Newberry County Hospital on
25 February 8, 2011 you testified that you told them

1 you had a prior back injury from a motor vehicle
2 accident?

3 A. No.

4 Q. And when you went back to Newberry Hospital on
5 March 28th of 2011 did you indicated to them at
6 that time that you had hurt yourself in a motor
7 vehicle accident several years ago?

8 A. Did not indicate to them that I'd hurt it in a
9 motor vehicle accident. They asked me if I had
10 ever been in any kind of accident, ever.

11 Q. When you went to see Dr. Lamotta, and he's the
12 doctor that recommended the MRI, did you indicate
13 to Dr. Lamotta that you were injured in a work
14 related accident?

15 A. Dr. Lamotta?

16 Q. Dr. Lamotta, he's with Midlands Orthopedics.

17 A. I saw Dr. Troy Blanks.

18 Q. He's the physicians assistant there. Did you
19 indicate to Mr. Blanks that you injured yourself on
20 the job?

21 A. Yes.

22 Q. And when you went to Newberry County Hospital in
23 February and March of 2011 did you tell them you
24 injured yourself on the job?

25 A. What were the dates?

1 Q. In February 8th of 2011 and March the 28th of 2011.

2 A. Not exactly sure of those two dates.

3 Q. When you went to Newberry County Hospital did you
4 tell them that you injured yourself on the job?

5 A. I didn't know what kind of injury it was so I
6 didn't know how I'd injured it exactly. But --

7 Q. Okay. So the answer's no?

8 A. The work was aggravating it and it never happened
9 before I worked there. I never felt any of it
10 before I worked there.

11 Q. Okay. And when you went to see Dr. McLoughlin did
12 you tell him that this was a pending workers'
13 compensation claim?

14 A. I told him that I was in the process of getting a
15 lawyer because it happened to be that I'd asked to
16 go to a company doctor and I got fired. Instead of
17 them taking me to a company doctor they fired me.

18 Q. Okay. So you told -- so Dr. McLoughlin was aware
19 that you injured yourself on the job?

20 A. Yes. Or he should have been.

21 Q. Did you ever leave work early?

22 A. Of course.

23 Q. And did you ever indicate to the employer why you
24 were leaving work?

25 A. Numerous times.

1 Q. And what did you tell them?

2 A. I told them that my back was hurting sometimes.
3 One time my dad was in the hospital after surgery
4 and I needed to get up there to see him. There was
5 times I was sick. But there were also times that
6 my back was in such bad shape that I could barely
7 walk, much less pull wood any more, because it
8 seemed the more I did it the worse it hurt.

9 MS. RENDER: All right. I think that's all
10 the questions I have.

11 COMMISSIONER WILKERSON: Anything on redirect?

12 MR. PRICE: I have nothing on redirect.

13 COMMISSIONER WILKERSON: Thank you. Any other
14 witnesses from the Claimant's perspective?

15 MR. PRICE: We have none.

16 COMMISSIONER WILKERSON: All right.

17 Do you need to call somebody?

18 MS. RENDER: Yes, if I can, I'll call
19 Mr. Hill.

20 COMMISSIONER WILKERSON: That would be fine.

21 *****

22 Whereupon,

23 KEN HILL,

24 having been first duly sworn,
25 was examined and testified as follows:

DIRECT EXAMINATION

BY MS. RENDER:

Q. Okay. Mr. Hill, if you can please tell the Commissioner where you are currently employed.

A. I work with Beal Lumber Company. I'm the mill manager.

COMMISSIONER WILKERSON: Give me your full name, too.

WITNESS: Kenneth Ray Hill.

Q. And can you tell the Commissioner how long you've been employed at Beal Lumber?

A. Fifteen years.

Q. Okay. And your position is what, again?

A. Mill manager.

Q. Okay. And were you Mr. Richardson's supervisor?

A. Yes, ma'am.

Q. And were you in charge -- if there were any kinds of problems at work then he was supposed to report to you?

A. Right.

Q. Okay. And did Mr. Richardson ever report to you that he injured his back on the job?

A. Nope.

Q. Did he ever make any complaints to you that his

1 back was hurting?

2 A. Well, yeah, at one time.

3 Q. And what, exactly, did Mr. Richardson say to you
4 about his back?

5 A. He said that he had got hurt helping his father put
6 some logs in the dumpster and it didn't have
7 anything to do with the business.

8 Q. Okay. Did Mr. Richardson miss work on occasion?

9 A. Yeah.

10 Q. Would you consider Mr. Richardson a good employee?

11 A. I would say no.

12 Q. Was Mr. Richardson late for work?

13 A. Yes, ma'am.

14 Q. How often would you say he was late?

15 A. Probably once a week or sometimes twice a week.

16 Q. And at any time did he miss work due to the fact
17 that his back was hurting?

18 A. I don't think so. As best of my recollection I
19 don't think so.

20 Q. And did Mr. Richardson ever bring any doctor's
21 excuses to you indicating that he was out of work
22 because of his back?

23 A. He brought an excuse saying that he was going to be
24 put on light duty work.

25 Q. Okay. And at the time he brought in that excuse

1 did he say it was because he had injured his back
2 on the job?

3 A. No, ma'am.

4 Q. And was that back in April of 2012 that he brought
5 that work excuse in?

6 A. I really -- I can't tell you.

7 Q. Okay.

8 A. 'Cause I can't remember.

9 Q. Was there a time that you put Mr. Richardson on a
10 light duty job?

11 A. Yes, ma'am.

12 Q. And did he show up for work and do the light duty
13 job?

14 A. Well, he wasn't very responsive to the job. He
15 would walk around a lot and I had a hard time
16 keeping him busy.

17 Q. So your testimony today, did Mr. Richardson ever
18 report a work related injury to you?

19 A. No.

20 **MS. RENDER:** That's all I have.

21 **COMMISSIONER WILKERSON:** Mr. Price.

22 **CROSS-EXAMINATION**

23 BY MR. PRICE:

24 Q. Mr. Hill, would say that of the employees that work
25 the green chain that there's a high amount of turn

1 over?

2 A. Yes.

3 Q. Okay. What would you attribute that to?

4 **MS. RENDER:** Commissioner, I would object. I
5 don't know where this line of questioning --
6 turnover of employees -- it's certainly nothing
7 that I asked him on direct. I just don't see how
8 he can follow up in cross on it.

9 **MR. PRICE:** I don't think I'm limited on cross
10 to what you ask.

11 **MS. RENDER:** Well, I certainly think anything
12 I ask opens the door, but I didn't ask him anything
13 about --

14 **COMMISSIONER WILKERSON:** Yeah, but he can ask
15 him what he thinks. I mean, I'm not sure what the
16 relevance would be. But absolutely, you can ask
17 him why he thinks there's a high turn over.

18 Q. Yeah. What would you attribute the high turn over
19 on the green chain to?

20 A. I would say, probably, they got tired of working.

21 Q. Would you characterize it as a job that would be
22 considered light work, or heavy work, or very heavy
23 work?

24 A. I would say it would be probably pretty heavy work.

25 Q. All right. And, as far as these planks or these

1 pieces of wood that come down the green chain, what
2 would the dimensions of these things be, and I know
3 their different, but so just, you know, maybe
4 describe the smallest to the largest dimension?

5 A. Well, ninety-five percent of the lumber we cut is
6 probably four quarter, which is one and one-eighth
7 inches thick by four inches wide to, probably,
8 twenty-five inches wide, in that area, and all
9 different lengths.

10 Q. Okay. And how about what would be the widest board
11 that you would cut?

12 A. Probably 28 inches, maybe 29 inches.

13 Q. And the -- obviously, a board that is four inches
14 across is going to weigh less than one that's
15 twenty-eight inches across?

16 A. Right.

17 Q. But what would you think the smallest weight to the
18 largest or heaviest weight of these planks would
19 be?

20 A. I would say the four inch board would probably be
21 about, maybe, four pounds, five pounds, 'cause you
22 put one down first and then you hold the other end
23 up and put it on the pack. You don't pick it up
24 and put it on there, you slide it.

25 Q. All right.

1 A. The 28 inches board would probably weigh 50 pounds,
2 probably -- between 40 to 50 pounds, but we don't
3 have many of those, now.

4 Q. Okay.

5 A. That would be the extra big log.

6 Q. Now, would you say that the times that Johnathon
7 worked there that he complained a lot?

8 A. He didn't complain a lot, but he complained a
9 little. But his actions was what was more
10 complaining. He took a lot of breaks, a lot of
11 cigarette break, had to catch back up. But, as far
12 as complaining about physical -- but he did work
13 hard, now. When he did work he worked hard, I'm
14 honest with you. He did work hard, but it wasn't
15 any more than anybody else did. He was just in a
16 place on the green chain that everybody worked.

17 Q. Now, it looks like in April of 2012 he went to an
18 orthopedic at Midlands, came back with a doctor's
19 statement indicating he shouldn't lift over ten
20 pounds.

21 A. Right.

22 Q. Would you have been the person he'd have given that
23 to?

24 A. Yes, sir.

25 Q. All right. And do you remember him telling you

1 anything about that?

2 A. The cause of it or nothing or -- just he mentioned
3 that he had been to the doctor. Yeah, he did
4 mention it to me.

5 Q. All right. Now, can you remember prior to that him
6 ever complaining to you or mentioning to you that
7 his back hurt?

8 A. Only whenever he said that he had hurt it picking a
9 log up and putting it in the dumpster. I believe
10 he was fatigued a good bit. But he didn't complain
11 a lot about that kind of stuff. He wasn't much of
12 a complainer about that, he just -- because we
13 talked a lot. He wanted to go to the hospital to
14 check his back out at one time, because he didn't
15 have any insurance. He wanted to get some
16 insurance from his mother or something, or his
17 grandmother.

18 Q. Now, I believe you indicated that the only thing he
19 told you about his back was that he was lifting
20 logs into a dumpster working with his father?

21 A. Right.

22 Q. What time frame are we talking about in terms of
23 his employment?

24 A. I don't really have the time frame or the date.
25 That was just what he told me at that time. I

1 don't know what day. I didn't write it down. I
2 got 30 people that I keep up with.

3 Q. So your testimony is he never mentioned to you that
4 he hurt his job on the back -- hurt his back on the
5 job?

6 A. Right, he never mentioned that to me, 'cause I
7 wouldn't let anybody work that did that. I'm not
8 that kind of person.

9 Q. And when he handed to you this doctor's statement
10 you never asked him anything about how he hurt his
11 back or that?

12 A. I don't think I did.

13 Q. All right. So Beal Lumber Company's policy is if
14 somebody gets hurt on the job you don't ask them
15 how they got hurt?

16 A. Well, if they get hurt on the job I find out how
17 they got hurt on the job and I try to clear it up.
18 But it wasn't on -- but he didn't get hurt on the
19 job.

20 MR. PRICE: Excuse me. I have nothing further
21 of this witness.

22 COMMISSIONER WILKERSON: Anything else?

23 MS. RENDER: No cross -- no redirect.

24 COMMISSIONER WILKERSON: Can he be excused?

25 MS. RENDER: Yep, I think so.

1 A. I don't own all the shares, but substantial -- I
2 own the majority, yes.

3 Q. Okay. And do you know the Claimant,
4 Mr. Richardson?

5 A. Yes.

6 Q. Okay. And did Mr. Richardson ever report an on the
7 job injury to you?

8 A. No.

9 Q. Have you ever had any conversations with
10 Mr. Richardson about him having a back injury at
11 work?

12 A. At work?

13 Q. Yes, sir.

14 A. Did he suffer it at work?

15 Q. Well, my question to you is did you ever have any
16 conversations with him about an injury that
17 occurred at work?

18 A. Not that I'm aware of.

19 Q. Okay. Have you ever had any conversations with him
20 about him having a back injury?

21 A. You know, I don't know when all this took place,
22 but my recollection is that I knew that he was
23 having some problems, I didn't know exactly what
24 they were. And so I can't truthfully tell you that
25 I was aware or not aware.

1 Q. And back on May the 23rd, 2012 were you kind of
2 filling in for Mr. Hill while he was out of
3 work?

4 A. I think I remembered that day, but I don't remember
5 the date, but, I think -- yes -- I'll just say yes.

6 Q. Okay. And did Mr. Richardson come in with an
7 excuse from the doctor that he needed to go on
8 light duty?

9 A. I'll tell you, to be quite frank, a lot of these
10 facts to me are just not real clear, because I'm --
11 that's not the major thrust of my job, to keep up
12 with people -- all the employees. I have somebody
13 else hired to do that.

14 Q. Okay.

15 A. And so to sit here and answer all these questions
16 -- yes, I know the broad overview of things. The
17 details, I don't know how much I can lend to what's
18 already been said.

19 Q. Okay. But, as far as you know, Mr. Richardson did
20 not have an on the job injury?

21 A. Yes, he did not suffer an on the job injury, as far
22 as I know. I don't know how the -- I think it'd be
23 hard to do with the job he was given.

24 MS. RENDER: Okay. That's all the questions I
25 have.

1 **COMMISSIONER WILKERSON:** Mr. Price.

2 **CROSS-EXAMINATION**

3 BY MR. PRICE:

4 Q. Mr. Beal, my name is Sam Price, I represent
5 Johnathon. Have you and Mr. Kenny Hill talked
6 about this case?

7 A. No details, specifically, but, yeah, we talked
8 about we had to be up here. Yeah, in fact, yeah,
9 there have been some things that we've discussed
10 about this case --

11 Q. All right.

12 A. -- just because, you know, we -- this has cost me
13 some money, and he works for me and I want to know
14 what the facts are.

15 Q. Did you instruct Kenny Hill as to what to testify
16 to?

17 A. No, I don't instruct anybody to tell anything other
18 than the truth.

19 Q. And you have no recollection of Johnathon coming to
20 work with a doctor's statement saying he couldn't
21 lift more -- or shouldn't lift more than ten
22 pounds, you don't remember that --

23 A. I do -- I think I do recall something to that
24 effect.

25 Q. All right. And did that not cause any inquiry as

1 to ask how he injured his whatever part of his body
2 was -- that he was claiming as injured? You
3 didn't...

4 A. I was told the injury occurred off the job prior to
5 working for us.

6 Q. All right. Do you remember who told you that he
7 hurt his back off the job?

8 A. I think Mr. Hill may have told me something like
9 that, but I'm not so sure it wasn't some other
10 folks as well. But, you know, here again, my facts
11 or recollection -- this, what, occurred two years
12 or so ago? Two years ago now?

13 Q. That's about right, yeah.

14 A. Okay.

15 MR. PRICE: I have no further questions of
16 this witness.

17 COMMISSIONER WILKERSON: Anything on redirect?

18 MS. RENDER: No, sir.

19 COMMISSIONER WILKERSON: Any other witnesses
20 from the Defense?

21 MS. RENDER: No, we're good.

22 COMMISSIONER WILKERSON: This concludes the
23 hearing.

24 (Whereupon, the above described
25 Deposition Transcript of Gregory

1 McLoughlin, MD was marked Defendant's
2 Exhibit No. 1.)

3 ****

4 (Whereupon, the hearing concluded at 1:16 p.m.)

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1122307

JOHNATHON ASHLEY	)	
RICHARDSON,	)	FULL COMMISSION HEARING
	)	PANEL B
CLAIMANT,	)	
vs.	)	
	)	COMMISSIONER BARDEN-CHAIR
BEAL LUMBER COMPANY,	)	COMMISSIONER TAYLOR
	)	COMMISSIONER CAMPBELL
AND	)	
	)	
PALMETTO TIMBER FUND,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	

COPY

THE WORKERS' COMPENSATION HEARING, TAKEN BEFORE
CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR THE
STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
9:43 A.M., TUESDAY, SEPTEMBER 16, 2014, SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
COLUMBIA, SOUTH CAROLINA 29202.

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

APPEARANCES

FOR THE CLAIMANT

SAMUEL M. PRICE, JR., ESQUIRE
POST OFFICE DRAWER 836
NEWBERRY, SOUTH CAROLINA 29108
803-276-0796

FOR THE DEFENDANT

ELIZABETH RENDER, ESQUIRE
McANGUS, GOUDELOCK & COURIE, LLC
735 JOHNNIE DODDS BOULEVARD, SUITE 200
MOUNT PLEASANT, SOUTH CAROLINA 29464
843-576-2900

REPORTED BY

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

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EXHIBITS

(No Exhibits Proffered)

1 THE COURT REPORTER: Today is September 16, 2014.

2 This is South Carolina Workers' Compensation Case
3 Number 1122307. This is the case of Johnathon Ashley
4 Richardson, Claimant, versus Beal Lumber Company,
5 Employer and Palmetto Timber Fund is the Carrier.

6 The Appellant is the Claimant, represented by
7 Attorney Samuel M. Price, Jr. The Respondent is
8 represented by Attorney Elizabeth Render.

9 Each side is allowed ten minutes for oral
10 argument and Appellant three minutes in reply. You
11 are requested to argue the grounds of exception and
12 stay within the record.

13 THE COURT: Mr. Price.

14 BY MR. PRICE: Yes. Chairman Barden and
15 Commissioner Taylor, Commissioner Campbell, my name is
16 Sam Price. I represent Johnathon Ashley Richardson.
17 He is 26 years old. He worked for the Employer on two
18 separate occasions; there was a break in there and
19 basically as the record reflects, what he did was, he
20 worked on what was called a green line. This was
21 where lumber was coming out of a sawmill, there were
22 three chains where the lumber would come down and
23 there would be a number of employees that would pull
24 the lumber off and put it in various stacks. This is
25 a hardwood operation so it is -- the wood was not

1 always standard sizes or standard widths. The issues
2 before the -- this Panel are that did the Claimant
3 suffer a repetitive trauma; did the Claimant give
4 notice of the repetitive trauma; was the Claimant
5 credible in his testimony? And this was heard by a
6 Single Commissioner, Commissioner Wilkerson, and
7 basically what we have here is Claimant did not know
8 this at the time, but as a result of his medical
9 research or treatment he discovered that he had a
10 spinal problem and this was a pre -- there was a
11 preexisting condition that he did not know about, but
12 he did know that he had back problems. Now, one of
13 the things that the record refers to is that some two
14 to three years prior to his reporting that he had back
15 problems he was involved in an automobile accident and
16 the records seem to reflect that he was thrown from a
17 vehicle, but that wasn't true. What happened was
18 apparently it was put in some hospital records in
19 which a person would just pick up those records, each
20 health care provider would pick up those records and
21 put it in. He tells me, and he also reflected this in
22 his testimony, that he was sore from this wreck -- he
23 was in the backseat, someone else was driving; there
24 were four or five guys in the car. But he tells me
25 that he had some, you know, soreness for three or four

1 weeks but he never had a problem. But even so, he
2 continued to, you know, really have no problems, the
3 issue becomes whether or not he -- he ever told his
4 Employer that he had back problems that he suspected
5 was caused by his job. And his testimony was that he
6 told his supervisor, Kenny Hill, on numerous
7 occasions; Kenny Hill denied it. He -- the Claimant
8 indicated that he had told the owner, a fellow by the
9 name of Skipper, on at least two occasions that he had
10 hurt his back at -- at work, but it was not one of
11 these things where he could say he hurt his back on a
12 particular time, particular date. The nature of the
13 job was such that it was a repetitive injury and he
14 just know -- he just knew that at the end of the week
15 he was in bad shape, he would rest over the weekend,
16 come back in and his back was a little better on
17 Monday, but it continued to get worse. In the record
18 there is a -- a test -- a deposition of a Dr.
19 McLaughlin. Dr. McLaughlin is out of Greenwood and
20 you know, his -- his testimony was very, very
21 confusing, but he did say that although as a doctor he
22 did not think that the job caused the injury, he did
23 say that he thought that it aggravated a preexisting
24 injury. And we just think that under the
25 circumstances since my client was terminated, and this

1 would have been in May of 2012, he has not been able
2 to work anywhere, he is in such regular pain and daily
3 pain, we would just ask the Commission Panel to
4 reconsider. Particularly since whether or not notice
5 was given is really a "he said, she said" sort of
6 thing. In the case of Teague versus Appleton Company,
7 it's a 1952 case so it's been with us a long time, it
8 was established "That the Court is committed to a
9 liberal construction of Workers' Compensation Act, but
10 such liberality will not be indulged to do an extent
11 as to violence as to the provision." What workers'
12 comp is designed to be fair to both the Employer and
13 the Employee and my client has a terrible back
14 situation. Unless he gets some type of relief he is
15 going to have severe problems in the future. It is
16 primarily a pain problem at this point, but we would
17 just ask that the Commission reconsider and reverse
18 the Finding of the Single Commissioner. Thank you.

19 THE COURT: Thank you. Ms. Render.

20 BY MS. RENDER: Good morning, Commissioners. As
21 Mr. Price -- he brought up two of the main issues that
22 are involved in this claim. As you can see by the --
23 by the record Commissioner Wilkerson, you know,
24 Ordered that he not suffer from a compensable
25 repetitive trauma injury and that is one of the main

Q 4

1 issues in this case; did he meet his burden of proof?

2 The Statute specifically says that he has to show by
3 medical evidence that there is a causal link between
4 the repetitive job duties and his current condition.

5 And as Mr. Price mentioned, Dr. McLaughlin has a
6 questionnaire dated December 12th, 2013 in which Dr.
7 McLaughlin says that his work conditions did not cause
8 the injury, he says that they aggravated the injury.

9 And I would submit to you that Mr. Price did not file
10 a claim on behalf of his client requesting a

11 compensable injury due to an aggravation of a
12 preexisting condition, instead he filed a claim for

13 repetitive trauma injury. And so he has not met his
14 burden of proof through medical evidence to show that
15 he has suffered from a repetitive trauma injury. The

16 second issue that we have with the medical

17 questionnaire which I would rely on my Brief that was
18 previously submitted to you all, is that this medical

19 questionnaire was submitted eight and a half months
20 after we took the sworn deposition testimony of Dr.

21 McLaughlin and during that deposition Dr. McLaughlin
22 specifically said that lifting and twisting does not

23 cause the Claimant's condition. He said that standing
24 and walking can cause the symptoms that he's

25 experiencing, however, we would submit that standing

1 and walking are not risks associated with his job. He
2 is equally exposed to standing and walking outside of
3 his job as he is at his current job. The next big
4 issue is Notice. Assuming that he did have a
5 compensable repetitive trauma injury, Mr. Richardson
6 did not provide notice to his Employer. As you can
7 see in the records he went to numerous medical visits,
8 he went to the emergency room, he went to orthopedists
9 and he went to a neurosurgeon. At any of those visits
10 he did not come back to the Employer and say I think
11 I've hurt myself on the job. He testified at the
12 hearing that he thought that he had told the Employer
13 that his back was bothering him, but we would submit
14 that just making simple complaints of my back was
15 hurting is not providing notice to the Employer that
16 he's hurt himself on the job. Under the Statute,
17 under 42-15-20 he has 90 days from the time he knew
18 that he was injured on the job or when he could have
19 reasonably discovered he was injured on the job. He
20 did not file this claim until November 8th, 2012 which
21 is well over the 90 day period from his last date that
22 he worked at the Employer, and he was terminated on
23 May the 23rd, 2012. So we've got, he didn't meet the
24 Notice requirement, he hasn't met repetitive -- that
25 he suffered from repetitive trauma injury. And the

1 last few things that Mr. Price brought up, one of
2 which is the credibility of the Claimant, and
3 Commissioner Wilkerson was in the best position to
4 witness the Claimant firsthand, to listen to his
5 testimony. He had inconsistent testimony, he couldn't
6 remember dates and I feel like Commissioner --
7 Commissioner Wilkerson's Findings should be affirmed
8 on the fact that he was in the best position to see
9 the Claimant firsthand and listen to what he had to
10 say. And the last thing that I would bring to the
11 Commission's attention is that you may or may not be
12 aware that you all issued an Administrative Order back
13 in August asking Mr. Price to please amend his Brief
14 because he submitted newly discovered evidence without
15 filing a Motion after the Single Commissioner Hearing.
16 Unfortunately Mr. Price -- he did take out some of the
17 evidence, however, in his Brief he has once again
18 submitted evidence before this Commission that was not
19 before the Single Commissioner. It is an attempt for
20 him to rehabilitate his client based on testimony that
21 was heard at the Single Commissioner and I would ask
22 that you please dismiss his appeal in his entirety
23 based on the fact that he has submitted this
24 additional evidence without going through the proper
25 motions.

1 COMMISSIONER BARDEN: And if you could point to
2 our attention the specific parts that you are talking
3 about that -- I do recall that Motion. We have so
4 many, but when you brought that up --

5 MS. RENDER: Yes, ma'am, on page 5 of his Brief
6 there was evidence submitted at the Single
7 Commissioner -- at the hearing before the Single
8 Commissioner in which the Employer testified that the
9 Claimant had reported an off the job injury and so on
10 this page 5 of the Claimant's Brief -- Appellant's
11 Brief he is rehabilitating his client by explaining
12 what happened when he should have done that at the
13 Single Commissioner Hearing. And then again on page
14 6, the Appellant is indicating that -- or he's trying
15 to, you know, indicate what -- what exactly was
16 happening in records that were submitted before the
17 Single Commissioner, which once you -- I mean it's
18 just improper for him to, you know, to make that
19 notice before this Commission and trying to explain
20 something that happened. And then on page 7 in the
21 next to last paragraph the Appellant's attorney
22 specifically says, "Although it was not developed in
23 testimony", I mean that right there, that key word, I
24 mean he's submitting information that was not before
25 the Single Commissioner.

1 COMMISSIONER BARDEN: Although -- tell me where
2 the "although" is.

3 MS. RENDER: Oh, sorry. Page 7 on the next to
4 last paragraph.

5 COMMISSIONER BARDEN: I see it. Thank you.

6 MS. RENDER: And so I would ask that you please
7 affirm the Single Commissioner's Order in its entirety
8 based on those arguments.

9 COMMISSIONER BARDEN: Well, is there independent
10 evidence, like for instance, the last one you
11 mentioned, "Although it was not developed in the
12 testimony at the time, the Claimant was sent to
13 Midlands Orthopedics, he was covered by his mother's
14 healthcare insurance." Is that in a document that the
15 mother --

16 MS. RENDER: No, ma'am.

17 COMMISSIONER BARDEN: Okay. All right. Thank
18 you. All right, Mr. Price.

19 BY MR. PRICE: Thank you. If I may address those
20 last comments --

21 COMMISSIONER BARDEN: Yes, please sir.

22 MR. PRICE: -- that were felt to be improper.

23 COMMISSIONER BARDEN: And why don't you start
24 with the last one, sir, on page 7? It's the
25 penultimate paragraph on that -- well, it's not a full

1 paragraph, but it's the last one -- it would be the
2 next to the last --

3 MR. PRICE: Page 7?

4 COMMISSIONER BARDEN: Where it begins "although".

5 MR. PRICE: Right. It says, "Although it was not
6 developed at testimony, at the time Claimant was
7 seeing Midlands Orthopedic, he was covered through his
8 mother's healthcare insurance."

9 COMMISSIONER BARDEN: Do you have a document that
10 you submitted at the time of the hearing that reflects
11 that he was proceeding under his mother's healthcare
12 insurance?

13 MR. PRICE: I'm not certain that I do. If it --
14 if we did it would be in billing records and I don't
15 believe I submitted any billing records.

16 COMMISSIONER BARDEN: Okay. And the Commission
17 did ask you to delete any references as to evidence
18 that was not before the Single Commissioner, you would
19 admit that; correct, sir?

20 MR. PRICE: Sure I would. And then we had --
21 we'll go back to page 5 --

22 COMMISSIONER BARDEN: Okay.

23 MR. PRICE: -- starting at maybe two sentences
24 before the next to last paragraph. We're talking
25 about his -- his injury when he fell into a dumpster,

1 it says, "That he got" -- "He says that he had gotten
2 hurt helping his father put some logs in a dumpster
3 and it didn't have anything to do with the business.
4 Referred to where it was in the transcript. This
5 offense did occur causing the injury to Claimant's
6 side. Claimant fell onto the lip of a dumpster on the
7 left side of his left arm. This caused -- fall caused
8 no injury to his back that" --

9 COMMISSIONER BARDEN: Okay. Was that taken up at
10 the hearing, that he fell onto the lip on his left
11 side?

12 MR. PRICE: The -- Kenny Hill testified that he
13 had fallen into a dumpster.

14 COMMISSIONER BARDEN: Right, but I'm talking
15 about where you've written, "fell onto the lip of a
16 dumpster on his left side at his left armpit"? Was
17 that before Commissioner Wilkerson?

18 MR. PRICE: I don't think it was.

19 COMMISSIONER BARDEN: All right, sir. You may
20 proceed.

21 MR. PRICE: And it went on to say that "The
22 reference to falling into a dumpster was a
23 mischaracterization" -- "was a diversion by the
24 Employer to pass responsibility to Claimant."

25 COMMISSIONER BARDEN: Okay.

1 MR. PRICE: And then on page 6 where it says,
2 "Claimant reported to Newberry County Hospital
3 February 8th, 2011 complaining of similar conditions
4 from a motor accident two years ago. This is a total
5 mischaracteristic of what the emergency room first
6 made and what was in their notes." And we're just
7 trying to point out that oftentimes when asked by
8 healthcare individuals, have you had any prior
9 incidents that may cause this, you have a situation in
10 which he was trying to be honest and tell them that he
11 had had a motor vehicle accident when it really wasn't
12 causing any problems after that.

13 THE COURT: All right, sir. Thank you. That
14 concludes this proceeding.

15 COMMISSIONER TAYLOR: I do have a question. Ms.
16 Render, did you file a Motion? How did this come --

17 MS. RENDER: Yes, ma'am, I filed a Motion based
18 on his previously filed Brief and then I guess y'all
19 -- when you have your --

20 COMMISSIONER BARDEN: When we instructed him to
21 --

22 MS. RENDER: Right. Correct. So y'all issued an
23 Administrative Order after your -- after Full
24 Commission meeting.

25 THE COURT: All right, thank you. That concludes

1 this proceeding.

2 (The hearing concluded at 10:00 a.m.)

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1122307

- - -

JOHNATHON ASHLEY RICHARDSON, :
Claimant, :
vs. :
BEAL LUMBER COMPANY, INC., :
AND PALMETTO TIMBER S.I. FUND :
c/o WALKER, HUNTER & :
ASSOCIATES, INC., :
Carrier, :
Defendant. :
:

- - -

Tuesday, February 5, 2013

- - -

ORAL DEPOSITION OF JOHNATHON RICHARDSON,
taken at the Law Office of Samuel M. Price, Jr.,
1413 Main Street, Newberry, South Carolina,
commencing at 10:10 a.m., before Tami I. Watters, a
Federally Approved Registered Professional Reporter
and Notary Public.

- - -

EVERYWORD, INC.
P.O. Box 1459
Columbia, South Carolina 29202
803-212-0012

APPEARANCES:

LAW OFFICE OF SAMUEL M. PRICE, JR.
BY: MR. SAMUEL M. PRICE, JR.
1413 Main Street
Newberry, South Carolina 29108
(803) 276-0796
Representing the Claimant

MCANGUS, GOUDELOCK & COURIE, LLC
BY: MS. ELIZABETH F. RENDER
1320 Main Street
10th Floor
Columbia, South Carolina 29201
(803) 799-2300
elizabeth.render@mgclaw.com
Representing the Employer/Defendant

ALSO PRESENT:

FRANK BEAL
KENNETH HILL

(INDEX AT REAR OF TRANSCRIPT.)

- - -

1 (It is hereby stipulated and agreed by
2 and between counsel for the respective parties
3 that this deposition is being taken in
4 accordance with the South Carolina Workers'
5 Compensation Commission and the Administrative
6 Procedures Act; that all objections, except as
7 to the form of the question, are reserved
8 until the time of trial; and that the deponent
9 waives reading and signing of this deposition
10 transcript.

11 - - -

12 JOHNATHON RICHARDSON, after having been
13 first duly sworn, was examined and testified
14 as follows:

15 - - -

16 EXAMINATION

17 - - -

18 BY MS. RENDER:

19 Q Mr. Richardson, my name is Elizabeth
20 Render, and I'm the attorney that is representing
21 the insurance company as well as Beal Lumber in
22 your workers' compensation claim.

23 I'm going to go through a series of
24 questions and background information that I'm going
25 to try to get from you, and then I'm going to talk

1 to you about the specific accident and the problems
2 that you're having.

3 If at any time I ask you a question you
4 don't understand, feel free to stop me and I'll try
5 to rephrase the question, okay?

6 Are you under any alcohol or drugs that
7 would affect your ability to understand a question
8 and answer a question?

9 A No, ma'am.

10 Q Okay. And make sure that when you answer
11 me that you speak loud so the court reporter can
12 write down what you're saying, okay?

13 A Yes, ma'am.

14 Q Can you give me your Social Security
15 Number, for the record?

16 A 251-75-7243.

17 Q And what is your current address?

18 A 370 Henderson Court.

19 Q And where is that located?

20 A Newberry, South Carolina.

21 Q And your zip code?

22 A 29108.

23 Q And how long have you lived at this
24 address?

25 A Approximately a year.

1 Q And where did you live prior to that?

2 A My grandmother's. 20 Wicker Dowd Lane,
3 Newberry.

4 Q And what is your current phone number?

5 A (803) 528-3995.

6 Q How long have you lived in the Newberry
7 area?

8 A All my life, other than moving to
9 Columbia once or twice for maybe a year.

10 Q And why were you living in Columbia?

11 A I moved up there to take care of my
12 grandmother. She was ill with cancer.

13 Q And what is your date of birth?

14 A 2/20/88.

15 Q How old does that make you today?

16 A Twenty-four.

17 Q And do you have a prior criminal record?

18 A Yes, ma'am.

19 Q And can you tell me about your record,
20 please?

21 A Simple possession of marijuana when I was
22 seventeen years old.

23 Q Is that the only thing on your record?

24 A No, ma'am.

25 Q Okay. What else?

1 A Possession of Schedule II narcotic.

2 Q And when was that?

3 A That was going on eight, nine months ago.

4 Q Okay. Anything else?

5 A I did PTI for transfer of alcohol to a
6 person under twenty-one.

7 Basically, I set a bag of -- I set three
8 beers down and the person that was with me walked
9 up and grabbed the beer and put it in his truck.

10 Q Okay.

11 A And they arrested me for him touching the
12 beer.

13 And I was on the phone. I didn't even
14 see him touch it, but --

15 Q And how long ago was that?

16 A I'd say about two or three years.

17 Q And this most recent arrest that you have
18 for the Schedule II narcotics, is that -- did you
19 serve any time for it?

20 Did you have to do any --

21 A I did probation and got a conditional
22 discharge, and it's gonna be expunged.

23 Q Are you currently married?

24 A No, ma'am.

25 Q Do you have any children?

1 A No, ma'am.

2 Q And who do you live with at this address
3 on Henderson Court?

4 A My father.

5 Q Does anyone else live at the address?

6 A No, ma'am.

7 Q And do you still rely on your father for
8 support?

9 A At this current time. I have no choice.

10 Q And how far did you go in school?

11 A I'm actually still in school
12 getting -- finishing my GED.

13 Q And where are you attending school?

14 A Newberry Adult Education.

15 Q How often do you attend school?

16 A Monday through Thursday 9 to 12.

17 Q Is that in the morning?

18 A Yes, ma'am.

19 Q And how long have you been attending
20 there?

21 A Going on three months.

22 Q Have you ever been in the military?

23 A No, ma'am.

24 Q And how far did you go in high school?

25 A Ninth grade.

1 Q And which high school did you attend?

2 A Newberry High School.

3 Q And why did you leave high school?

4 A Because I had no other choice. I had to
5 work. And I figured the best thing for me to do
6 was to work and get my GED.

7 Q Do you have any kind of special training
8 or certificates, on-the-job training or --

9 A No, ma'am.

10 Q And prior to your employment at Beal
11 Construction, where were you employed?

12 A I've been employed numerous places.

13 Q Okay. Well, tell me about those.

14 A Been employed at Millennium Teleservices
15 starting out.

16 Q And what were you doing at Millennium?

17 A Telemarketing.

18 Q And how long were you employed there?

19 A Not exactly sure, but I would say about
20 three to four years.

21 Q And how much were you making while you
22 worked there?

23 A Nine to \$10 an hour.

24 Q And was that here in Newberry?

25 A Yes, ma'am.

1 Q And what hours were you working?

2 A Different hours.

3 Q Were you working eight hours a day?

4 A No, ma'am. It was more like four
5 to -- four-hour shifts, and you could work two of
6 those. So it could be up to eight hours a day.

7 Q Okay. And why did you leave your
8 employment there?

9 A They actually left Newberry County and
10 moved to Columbia.

11 Q And while you were working there, did you
12 have any workers' comp claims?

13 A No.

14 Q And where else did you work after
15 Millennium?

16 A I've worked at Hardee's.

17 Q And what were you doing at Hardee's?

18 A Cooking.

19 Q And what were you making at Hardee's?

20 A I don't remember. I'd say minimum wage
21 at the time.

22 Q And how long were you employed there?

23 A Maybe six months.

24 Q And why did you leave your employment?

25 A For higher pay and more hours.

1 Q Did you ever have any workers' comp
2 claims there?

3 A No, ma'am.

4 Q Okay. And where did you go after
5 Hardee's?

6 A Bi-Lo.

7 Q And what were you doing at Bi-Lo?

8 A Third-shift stocker.

9 Q And how much were you making?

10 A I want to say around \$8 an hour.

11 Q And did you have any comp claims there?

12 A No, ma'am.

13 Q And why did you leave your employment?

14 A Because I didn't like the third-shift
15 schedule that they had.

16 Q And where did you go to work after that?

17 A Let's see. I've worked -- after that
18 it's been the Waffle House, Amick Farms.

19 Q Okay. Hold on. How much were you making
20 at Waffle House?

21 A It varied depending on how much I cooked
22 that week and --

23 Q So you were a cook there?

24 A Yes, ma'am.

25 Q Did you have any workers' comp claims

1 there?

2 A No, ma'am. If this will help you out,
3 I've never had a workers' comp claim.

4 Q Thank you. And why did you leave your
5 employment there?

6 A The Waffle House?

7 Q Correct.

8 A Basically low pay and crazy hours. I
9 worked 9:00 at night until 7 in the morning and
10 then they would ask me to stay until 2 that
11 afternoon.

12 Q Okay. And then you said you worked at
13 Amick Farms.

14 What were you doing there?

15 A I worked there for a grand total of two
16 weeks, and I was splitting chicken breasts all
17 night.

18 Q And how much did you make there?

19 A Between 8 and \$9 an hour.

20 Q And why did you leave your employment?

21 A It was way too far to drive.

22 Q Okay. Where else have you worked?

23 A Beal Lumber Company.

24 Q And when were you first hired by Beal?

25 A I would say around September '09 maybe.

1 Q September --

2 A I'm not exactly sure.

3 Q But you think it was 2009?

4 A Possibly.

5 Q Okay. And let me ask you about these
6 other jobs that you listed.

7 Were you ever fired from any of these
8 jobs?

9 A Yes, ma'am.

10 Q Okay. And where were you fired from?

11 A I was fired from Millennium Teleservices
12 and rehired.

13 Q And why were you fired?

14 A I believe it was not collecting enough
15 sales on the phone for them.

16 Q Okay. Were you fired anyplace else from
17 any of the other jobs?

18 A I believe Bi-Lo fired me.

19 Q Okay. And why were you fired?

20 A Because they said I didn't make
21 production. Basically, didn't stock enough shelves
22 within the timeframe they wanted me to.

23 Q Now, going back to your work history with
24 Beal, you think you were hired about 2009?

25 A I believe so.

1 Q And what were you hired to do?

2 A Stack lumber.

3 Q And what hours were you working?

4 A 6 a.m. to 4 p.m.

5 Q And was that five days a week?

6 A No, ma'am. Actually, on Fridays we would
7 work either from 6 a.m. til 10:30, 6 a.m. to 12,
8 6 a.m. to 2, depending on the production they
9 needed.

10 Q Okay. And so you worked four full days
11 and Fridays were shorter depending on production?

12 A Uh-huh.

13 Q Is that a yes?

14 A Yes, ma'am.

15 Q Okay. And were you ever paid any
16 overtime?

17 A Yes, ma'am.

18 Q And how much were you making? Was it per
19 hour?

20 A Yes, ma'am.

21 Q How much were you paid per hour?

22 A Eight ninety-eight.

23 Q And what exactly was your job title?

24 A Stacking lumber.

25 Q That was your job title?

1 A Yes, ma'am.

2 Q Okay. So tell me what you did on a daily
3 basis when you arrived at work.

4 A Went to a place called the grain chain
5 and got my gloves on and watched wood come down the
6 table. And whatever wood had my mark on it, that's
7 the wood I grabbed and I stacked.

8 Q And how heavy was the lumber that you
9 were picking up?

10 A I didn't have a scale out there but it
11 was pretty heavy, even though I am a big guy.

12 I don't know for sure, but some of it was
13 light sometimes, some of it was extremely heavy
14 sometimes.

15 Q And during the time you were working
16 6 a.m. to 4 p.m., were you scheduled for breaks?

17 A Yes, ma'am.

18 Q And what were your breaks?

19 A At 9:00 you get a 15-minute break, at
20 11:30 you get a 30-minute lunch break, and at 2:00
21 you get another 15-minute break.

22 Q And did you wear any kind of supportive
23 devices to help lift the lumber?

24 A I did wear a back brace from time to
25 time, but I never -- it didn't do much good.

1 Q Were you required to wear the back brace?

2 A No, ma'am.

3 Q And how big was the lumber that you were
4 picking up?

5 A It could be anywhere from an inch thick
6 eight feet long to three inches thick 16-foot long
7 and up to 25 inches wide.

8 Q So it varied?

9 A Very much, just depending on the way they
10 cut it.

11 Q And did you do this same job every day?

12 A Yes, ma'am.

13 Q Were you assigned to the same area of the
14 job every day?

15 A Yes, ma'am.

16 Q Have you ever been injured before while
17 working with Beal other than the injury we're here
18 on today?

19 A No, ma'am.

20 Q Can you describe for me the
21 accident -- the date of the accident and exactly
22 what happened?

23 A Actually, there was no "fall down, I'm
24 hurt." There was no -- it basically was pain
25 that -- onset, and it just progressed -- over

1 months, it progressed.

2 Q When did you first notice the pain and
3 where was the pain?

4 A In my lower lumbar spine area right above
5 my tailbone. The pain would sometimes shoot down
6 into my legs. My legs would go numb sometimes.

7 Q Okay.

8 A Also in my neck.

9 Q And when did you first notice this?

10 A I believe it was -- let's
11 see -- February. About six months after I started.

12 Q And at the time you noticed this pain,
13 did you notify somebody at work?

14 A Of course.

15 Q And who did you notify?

16 A Mr. Hill.

17 Q And what exactly did you tell Mr. Hill?

18 A I told Mr. Hill I was feeling extreme
19 pain in my lower back. And me and him talked about
20 it numerous times, and he said that came
21 from -- that was part of working hard, being a man.

22 Q Did you ever ask Mr. Hill to send you to
23 the doctor?

24 A Of course.

25 Q And did Mr. Hill send you to the doctor?

1 A No, ma'am.

2 Q Did you have insurance while working for
3 Beal Lumber?

4 A No, ma'am.

5 Q Did you have insurance through a parent?

6 A I just received insurance through my
7 mother's job maybe going on a year now or less.

8 Q And so when you first noticed this pain
9 and you told Mr. Hill, do you remember about the
10 date that you told Mr. Hill?

11 A No, ma'am. It's been over a year ago.

12 Q And even though you were having this
13 pain, did you continue to come to work and do your
14 job?

15 A Yes, ma'am, because it was either that or
16 quit. And I felt like I was the same as any other
17 man out there. I was gonna be sore from working.
18 But, in my case, it was a little bit worse. I'd
19 say a lot worse.

20 I did go to the emergency room.

21 Q When did you go to the emergency room?

22 A I believe February the 8th.

23 MR. PRICE: We got records if you'd like
24 for us to provide them to him so he can walk
25 himself through those.

1 MS. RENDER: Well, I'll just get his
2 testimony for now to the best of his
3 recollection and then we can go back and look
4 at the records.

5 MR. PRICE: Okay.

6 BY MS. RENDER:

7 Q When you say February 8th, of what year?

8 A 2010.

9 Q And when you went to the emergency room,
10 do you recall what you told them?

11 A I recall telling them that my back was
12 hurting extremely bad. I had numbness in my legs.
13 I had sharp pain shooting down my lower back into
14 my legs.

15 Q And did you tell them that you were
16 injured at work?

17 A No, ma'am. I told them I didn't know
18 what was going on but I did have a job where you
19 lift very heavy lumber all day.

20 And they asked have you ever been in any
21 type of accident before that may have caused
22 anything to happen, and I told them I had been in
23 one car accident when I was, I believe, nineteen to
24 twenty years old.

25 And it was a very small car accident

1 that, after about two weeks of being sore, I never
2 went to a hospital or a doctor because it never
3 hurt me afterwards,, and I never had any problems
4 working anywhere after the car accident.

5 Q Well, while we're on the subject of the
6 car accident, when did that happen?

7 A I believe when I was around nineteen,
8 twenty years old.

9 Q Okay. Tell me what happened.

10 A There was -- I was in the backseat with
11 my seatbelt on. There was a car -- basically, my
12 friend pulled out in front of a car.

13 And the car may have been doing about
14 30 miles per hour, at the most, and he T-boned us,
15 I guess you'd say.

16 Q And did you go to the hospital on the day
17 of the accident?

18 A No, ma'am.

19 Q Did you seek any kind of medical
20 treatment for that injury?

21 A No, ma'am.

22 Q Did you go to a chiropractor?

23 A No, ma'am. I had no pain. I was sore,
24 but --

25 Q And that's the only motor vehicle

1 accident you've ever been in?

2 A Yes, ma'am.

3 Q How many times did you talk to Mr. Hill
4 about the problems with your back?

5 A Throughout the couple years I worked
6 there, many times. Me and him talked about both of
7 our backs. We talked about --

8 Me and Mr. Hill had a relationship that
9 when I needed someone to talk to, he was there.
10 And we talked a lot about a lot of stuff.

11 Q And was Mr. Hill your supervisor?

12 A Yes, ma'am.

13 Q Did you ever miss any time from work
14 because of the problems with your back?

15 A Of course. There was a lot of times
16 where I couldn't get myself to get out of bed or I
17 couldn't stay at work because of how bad I was
18 hurting, and sometimes I would make excuses to
19 leave work because I was hurting so bad.

20 It was a -- it was something that never
21 went away. I figured the pain, after maybe resting
22 all weekend, would go away; or having a week off
23 for Christmas or something, I figured eventually it
24 would stop, and it never did.

25 Q Did you ever speak with any other

1 employees at Beal Lumber about your injury?

2 A I've spoken with a lot of people about my
3 injury.

4 Q Okay. Who did you talk to?

5 A I've actually spoken to Mr. Beal once or
6 twice about my back hurting real bad. And all the
7 employees -- everyone out there knew that I was
8 hurt.

9 Q Was there anyone else in particular that
10 you would speak with on a regular basis?

11 A Not on a regular basis. We all just kind
12 of did our job. I mean, if you were there, you
13 were there to work, and that's what we did.

14 Q And other than the emergency room visit
15 that you went to, you said, in February, did you
16 ever seek any other medical treatment on your own?

17 A Yes, ma'am.

18 Q Okay. Where else have you gone?

19 A I've been to Dr. Bernardo.

20 Q And where -- what practice is he with?

21 A He's in Newberry. He's a family doctor.

22 Q And is he your family doctor that you go
23 to if you have a cold or something like that?

24 A He was. He's not anymore.

25 Q Okay.

1 A He referred me to Midlands Orthopaedics.

2 Q And when did you go see Dr. Bernardo?

3 A Not exactly sure on the date. It's -- I
4 have the records, you know.

5 Q Okay. Did you go to Dr. Bernardo around
6 the time you started feeling the pain in your back
7 in February?

8 A It -- it -- no. It had been over a year
9 after I started feeling the pain. But when it got
10 to the point where I could barely walk some days,
11 then I decided I needed to --

12 Q Why did you wait for a year before you
13 sought medical treatment?

14 A Because at first, when I first started
15 feeling the pain, it wasn't as bad as it got when I
16 went -- started seeking medical treatment. It had
17 got to the point where my legs were going numb on a
18 regular basis. It just got too bad to even cope
19 with, much less work with.

20 Q And so during all this time you were
21 still going to work and performing your regular job
22 duties; is that correct?

23 A Trying to.

24 Q How long did you continue to work at Beal
25 Lumber before you ultimately left your job?

1 A I was ultimately fired.

2 Q Okay. And why were you fired?

3 A Because I brought back a statement from
4 Midlands Orthopaedics saying that I couldn't lift
5 over 10 pounds, or that was his recommendation that
6 I shouldn't lift over 10 pounds.

7 Q And when was that?

8 A Not sure on the exact date, but I have
9 the medical records.

10 The day that I went to him and he gave me
11 the paper saying I couldn't lift over 10 pounds or
12 he suggested me not to lift over 10 pounds, I took
13 that letter to Mr. Beal.

14 Mr. Beal told me, which I have proof of,
15 to come back --

16 Q What kind of proof? What proof do you
17 have?

18 A A voice recording.

19 Q Okay. And what did Mr. Beal say to you?

20 A Come back after I had -- come back if I
21 could -- when the doctor cleared me to lift a
22 hundred pounds or more consistently.

23 Q Okay. So he wasn't able to accommodate
24 your restrictions, correct?

25 A No, ma'am.

1 Q Okay. Were you prescribed any kind of
2 medication after you went to the emergency room in
3 February?

4 A Yes, ma'am.

5 Q Okay. And what kind of medication were
6 you prescribed?

7 A They gave me medicine for inflammation,
8 they gave me medicine for muscle spasms, and they
9 gave me medicine for pain.

10 Q Okay. And other than the emergency room
11 visit, did you go see anyone else within that
12 timeframe of February? Were there any other
13 doctors that you saw?

14 A No, not of that -- not around that time.

15 Q Okay. And so after the emergency room,
16 the next doctor you went to is Dr. Bernardo?

17 A Yes, ma'am.

18 Q Okay. And were you -- you were still
19 employed at Beal Lumber when you went to
20 Dr. Bernardo?

21 A Yes, ma'am.

22 Q And then he referred you to Midlands?

23 A Yes, ma'am.

24 Q And did Dr. Bernardo give you any
25 prescription medication?

1 A Yes, ma'am.

2 Q And what other medicines were you
3 prescribed?

4 A Basically the same thing that the
5 hospital gave me; something for inflammation,
6 muscle spasms and pain.

7 Q Okay. And did Midlands also give you
8 some prescription medication, Midlands
9 Orthopaedics?

10 A Yes, ma'am. But just make a note that
11 the medication did not help. It just basically
12 gave me short-term relief to a problem that can't
13 be fixed by medication.

14 Q I'm gonna ask you some questions about
15 the problems you're having a little bit later and
16 you can tell me about that.

17 A Uh-huh.

18 Q Prior to this injury, have you ever had
19 any back problems in the past?

20 A Never.

21 Q Have you ever sought medical treatment
22 for any problems related to your back?

23 A Never.

24 Q And you mentioned before that you were
25 also -- had an injury to other body parts; is that

1 correct, or was it just your back?

2 A My neck.

3 Q Okay.

4 A That's the -- the pain I was feeling when
5 I was working was my lower back and my neck.

6 Q Okay. And before this injury, did you
7 have any medical treatment to your neck?

8 A No, ma'am.

9 Q Have you ever hired an attorney before?

10 A Yes, ma'am.

11 Q Okay. And was that for criminal -- the
12 criminal charges?

13 A Yes, ma'am.

14 Q And who did you hire?

15 A Right down here. I can't honestly recall
16 his name. It's been years ago.

17 Q Okay. Do you have an attorney
18 representing you for this most recent arrest that
19 you had?

20 A A public defender, but --

21 Q Have you ever filed for unemployment
22 benefits before?

23 A No, ma'am.

24 Q Okay. Let's go -- let's talk about the
25 specific injuries that you're claiming. Let's

1 first start with your back.

2 What kind of problems are you having with
3 your back? In your own words I want you to tell
4 me.

5 A When I wake up every single day, it's
6 extremely tight. It feels like on a real cold day
7 if you have arthritis in your fingers, you can
8 barely bend them. That's how my back feels on a
9 daily basis.

10 I'll wake up, start moving around trying
11 to walk around. Eventually it will loosen or pop.

12 And when it -- when it's at its worst,
13 like I said, the pain goes into my legs. It -- my
14 legs go numb; mostly my left leg. The doctor that
15 wanted to do my back surgery told me that was from
16 the nerves being pinched off so bad.

17 And with my neck, it causes me headaches
18 when it -- when its at its worst point.

19 Q Okay. Let's go back to your back. On a
20 scale of 1 to 10, what would you say your pain
21 level is with 10 being the highest?

22 A When?

23 Q Right now what is it?

24 A Right this second, about a six.

25 Q And what's the highest you'd say it gets?

1 A A 10.

2 Q And what will cause your pain to get as
3 high as a 10?

4 A Walking for more than 20 minutes. I
5 mean, I -- I can't walk up and down Main Street.
6 If I did that, I would be like -- couldn't move the
7 rest of the day.

8 Q And are you currently taking any pain
9 medication?

10 A Yes, ma'am.

11 Q What kind of pain medication are you on?

12 A A narcotic pain reliever.

13 Q And how often do you take that?

14 A One every eight hours.

15 Q Did you take one of those this morning?

16 A No, ma'am.

17 Q And do you take that every day?

18 A Supposed to.

19 Q Do you take any other kind of medication?

20 A Muscle relaxer for muscle spasms.

21 Q Anything else?

22 A Antiinflammatory. Mobic.

23 Q And do you take that every day as well?

24 A Supposed to. But it messes my stomach up
25 real bad so I try not to if I'm -- can help it.

1 Q When you take the pain medication, does
2 it help your pain level?

3 A Yes, ma'am.

4 Q Is there anything else that you do that
5 can make the pain better?

6 A Sitting like this. If I stand up or lay
7 down, it's almost intolerable. And I can't sit
8 like this for more than 20 or 30 minutes.

9 Q What does the pain in your back prevent
10 you from being able to do?

11 A Work any kind of work.

12 Q Have you filed for unemployment benefits
13 since leaving Beal?

14 A No, ma'am.

15 Q And why are you prevented from working?

16 A Because I can barely walk. The doctor
17 told me I -- that he recommends I not lift over
18 10 pounds and that I not --

19 He told me until I get the surgery, that
20 he would recommend me not standing on my feet for
21 more than 30 minutes at a time because my nerves
22 are pinched off so bad, my legs are going to go
23 numb and there's a chance of me being paralyzed if
24 I don't get the surgery.

25 Q And this doctor, he recommended that you

1 undergo the surgery this summer; is that correct?

2 A Yes, ma'am.

3 Q Okay. And why didn't you have the
4 surgery?

5 A Because they wouldn't accept my
6 insurance.

7 Q Who wouldn't? The doctor wouldn't?

8 A The insurance company would not pay for
9 that doctor to do my surgery.

10 Q Did they refer you to another doctor?

11 A No, ma'am. They told me I would have to
12 see another doctor that can do the surgeries at any
13 Palmetto Health hospital because that's the only
14 way the insurance would cover it.

15 Q What insurance do you have?

16 A It's through my mom's insurance company.
17 Palmetto Health, American Healthcare. I'm not sure
18 exactly what you would call it.

19 Q Have you tried to go to another doctor to
20 see if you can get someone else to do the surgery?

21 A I went to another doctor to see -- just
22 to see him, and I don't know what he would
23 recommend because he's a completely different
24 doctor.

25 But at that time I had already talked to

1 Mr. Price and we had filed, and they said that the
2 insurance company wouldn't pay for me to see that
3 doctor until one way or the other.

4 Q And you're talking about your mom's
5 insurance company?

6 A Uh-huh.

7 Q Okay. Have you been to the doctor since
8 you told them you wouldn't have the -- you couldn't
9 have the surgery?

10 Have you been back to see that doctor?
11 Is this Dr. McLaughlin?

12 A Uh-huh.

13 Q Have you been back to see Dr. McLaughlin?

14 A No, ma'am.

15 Q And what's the other doctor you've been
16 to?

17 A I tried to go see Dr. Rambo in Columbia,
18 but --

19 Q And who sent you to Dr. Rambo?

20 A My mom actually set me up an appointment
21 with him. Nobody referred me to him.

22 Q But you said you didn't go?

23 A I did go, but the insurance
24 company -- they told me, basically, he couldn't see
25 me.

- 1 Q Has your attorney sent you to any doctor?
- 2 A No, ma'am.
- 3 Q Have you been to the emergency room since
- 4 you last saw Dr. McLaughlin?
- 5 A Yes, ma'am. I've been to Lexington
- 6 Medical Center, Lexington emergency room.
- 7 Q And when did you go to Lexington Medical?
- 8 A I would say maybe two weeks after
- 9 Dr. McLaughlin told me he couldn't do the surgery.
- 10 Q So if you haven't been to see
- 11 Dr. McLaughlin since, was that -- when was that,
- 12 the last time you saw him? In August?
- 13 A I don't have the records in front of me.
- 14 I don't know the exact date. I don't want to lie
- 15 to you.
- 16 Q Okay. Who is prescribing the medication
- 17 that you're currently on?
- 18 A Dr. Ferguson.
- 19 Q And who is Dr. Ferguson?
- 20 A He's a family doctor.
- 21 Q And which practice is Dr. Ferguson with?
- 22 A Pinner Clinic.
- 23 Q Pinner?
- 24 A P-I-N-N-E-R Clinic in Peak.
- 25 Q And how often do you see Dr. Ferguson?

1 A Once a month or once every two months,
2 depending on his discretion when he wants to see
3 me.

4 Q And has Dr. Ferguson referred you to any
5 doctors?

6 A No, ma'am.

7 Q Okay. Let's go back to the problems that
8 you're currently having with your neck.

9 On a scale of 1 to 10, what would you say
10 your pain level is with 10 being the highest?

11 A Right now, my neck, about a three or
12 four.

13 Q And is that as high as it gets?

14 A No, ma'am.

15 Q Okay. And what do you do that makes the
16 pain worse in your neck?

17 A Every morning when I wake up, I -- they
18 told me I had severe arthritis in my whole spine
19 basically. And every morning I wake up, it's like
20 I can barely turn my head.

21 And then it will pop one -- one time real
22 hard, and then it gets a little better. But it
23 stays stiff, stays tight. It hurts a lot.

24 And I haven't had an MRI on it so I don't
25 know exactly what's causing the problems in my neck

1 yet.

2 Q Has the doctor referred you for an MRI?

3 A Not on my neck. Not yet. Dr. McLaughlin
4 told me he'd rather get my lower back taken care of
5 first and then we would see about my neck.

6 Q And does the pain medication that you're
7 currently on, does that help the problems with your
8 neck?

9 A Of course, to a small degree.

10 Q Is there anything else that you can do
11 that helps the pain in your neck?

12 A I have a neck pillow that every -- when I
13 sit down at home I put behind my neck.

14 I've tried a heating pad, ice. I've
15 tried almost anything I can. When it gets to where
16 it hurts so bad I get a headache, I've tried all
17 kinds of stuff; pillows, ice, heat.

18 Q And what are you prevented from doing
19 because of the pain in your neck?

20 A Working, sleeping sometimes. When it
21 hurts -- when it's like it is now -- I've dealt
22 with pain so long, when it's like it is now, I can
23 deal with it.

24 When it gets to the point where it's
25 excruciating pain, I just stay in the chair all day

1 and just sit there and try not to move too much.

2 Q So the only doctor that you're seeing now
3 is Dr. Ferguson?

4 A Yes, ma'am.

5 Q Are you treating with any other doctors
6 for medical conditions that are separate from your
7 workers' comp claim?

8 A No, ma'am.

9 Q You don't have any diabetes or anything
10 like that?

11 A No, ma'am.

12 Q Kind of take me through what you do on a
13 daily basis. Like you wake up in the morning, take
14 a shower.

15 Kind of tell me what you do.

16 A That's the first thing I do. I wake up
17 and I try to move around, get something to drink.
18 I go take a shower because usually the shower helps
19 me, I guess, with the arthritis not be so stiff.
20 And, after that, I'll take my medication.

21 I'll sit down and basically just try to
22 relax because I know if I try to do more than I'm
23 being told by the doctor I should do that my legs
24 will go numb, and I know I could potentially mess
25 it up worse if I try to do anything but relax.

1 Q Now, you said that Dr. McLaughlin gave
2 you a 10-pound lifting restriction; is that right?

3 A No. Midlands Orthopaedics gave me that.

4 Q Did he give you any other work
5 restrictions or is that the only one?

6 A No excessive bending, no excessive
7 twisting, no excessive stooping. Stooping,
8 bending, twisting, and lifting, of course.

9 Q Okay. So you get up, you take a shower,
10 take your medicine, sit down, and then what else do
11 you do?

12 A That's basically my day.

13 Q Okay. Are you able to help out around
14 the house at all?

15 A I might be able to stand and wash dishes
16 for 10 minutes. Maybe.

17 Q Do you drive?

18 A Yes, ma'am.

19 Q What kind of car do you have?

20 A A Buick LeSabre.

21 Q Do you ever leave the house for any
22 reason?

23 A Yes, ma'am.

24 Q Okay. Do you go to the grocery store?

25 Like what do you do when you leave the house?

1 A I usually go either to a gas station,
2 grocery store and go back home, or family
3 get-togethers, stuff like that.

4 Q Is your dad employed?

5 A No, ma'am.

6 Q Is your dad disabled?

7 A Yes, ma'am.

8 Q Have you worked anyplace since the date
9 you last worked for Beal?

10 A No, ma'am.

11 Q Have you applied for any jobs?

12 A No, ma'am.

13 Q Do you have any income?

14 A No, ma'am.

15 Q Do you have any other injuries that
16 you're claiming as a result of this accident or is
17 it just your neck and your back?

18 A My neck and my back.

19 Q Okay. What kind of problems are you
20 having with your legs?

21 A From my nerves being pinched off between
22 my discs, I guess, is how he explained it, I'm
23 having pain; just sharp, shooting pains going into
24 my legs and numbness in my leg -- legs.

25 But most of the time, the numbness is in

1 my left leg.

2 Q How often does your left leg go numb?

3 A It could -- it could happen once a week
4 or once a day. It just -- I mean, if I move the
5 wrong way, walk the wrong way, my leg could go numb
6 or just pains shoot down into my legs.

7 Q Going back to the time the accident
8 happened and you continued to work for Beal Lumber,
9 did you tell them that you were going to the
10 doctor?

11 A Yes, ma'am.

12 Q Okay. And when you went to the first
13 doctor, your first family doctor, Dr. Bernardo, did
14 you tell Dr. Bernardo that you hurt yourself at
15 work?

16 A Yes, ma'am.

17 Q All the doctors that you've seen, have
18 you told them that you hurt yourself at work?

19 A Yes, ma'am. I'm not gonna say the
20 hospital -- Newberry Hospital because, at the time,
21 I didn't know what was going on.

22 But since I've been going to doctors,
23 I've told them the only thing that I've done for
24 the last year or two was lift lumber.

25 Q And did you ever fill out any paperwork

1 at Beal Lumber indicating that you were injured on
2 the job?

3 A No, ma'am. It was never received any to
4 fill out.

5 Q And it's your testimony today that you
6 told Mr. Hill that you were injured at work?

7 A Repeatedly.

8 Q Since the date of your accident or since
9 the date you were terminated from Beal, have you
10 traveled outside of Newberry?

11 A Yes, ma'am.

12 Q And what's the furthest that you've
13 traveled?

14 A Columbia.

15 Q Have you gone on any family trips or
16 vacations?

17 A No, ma'am.

18 Q Do you have any hobbies?

19 A I used to.

20 Q And what were those hobbies?

21 A I liked to watch football, I liked to
22 play football, but it was more of an at-home kind
23 of just throwing the ball around thing. I used to
24 love to work out.

25 Q Were you a member of a gym?

1 A Yes, ma'am.

2 Q And what gym was that?

3 A Unique Fitness right here on Main Street.

4 Q Are you still a member?

5 A No, ma'am.

6 Q When was the last time you went to the
7 gym?

8 A It's been years.

9 Q So it was before the accident?

10 A Yes, ma'am.

11 Q Do you attend church?

12 A Not -- no, ma'am.

13 Q Do you volunteer anyplace?

14 A No, ma'am.

15 Q Okay.

16 MS. RENDER: If we can go off the record
17 for just a minute, I want to step outside.

18 - - -

19 (Whereupon there was a recess in the
20 proceedings from 11:05 to 11:10.)

21 - - -

22 BY MS. RENDER:

23 Q Mr. Richardson, I apologize. I just
24 wanted to step out and talk with the employer for a
25 minute.

1 I have a couple more questions for you
2 and then we'll be finished up.

3 Did you ever come to work and report that
4 you were injured while picking up logs and throwing
5 them in a dumpster at your dad's?

6 A I came to work one time and I told them I
7 had fallen into a dumpster and hurt my rib and that
8 I could barely breathe because I -- when I went to
9 throw -- and it wasn't huge logs. It was a piece
10 of wood like someone would split and put in a fire.

11 And I was throwing it into a dumpster and
12 my foot slipped in the mud and I actually fell into
13 a dumpster and hit my ribs.

14 Q Do you recall about when that accident
15 occurred?

16 A No, ma'am.

17 Q Was it before or after the injury to your
18 back?

19 A It was afterwards.

20 Q And when you first came in after going to
21 Midlands Orthopaedics and they gave you the
22 10-pound lifting restriction, did you bring that
23 restriction in to Mr. Hill?

24 A Uh-huh.

25 Q And did Mr. Hill assign you to some light

1 duty work?

2 A Uh-huh.

3 Q Okay. And what were you doing?

4 A I was under the mill where sawdust falls
5 down under there. I was sweeping up sawdust and
6 shoveling sawdust and putting it in the -- on the
7 belt for it to run to the chipper, I believe.

8 Q Did you do anything else while you were
9 on light duty?

10 A Worked under the mill, basically.

11 Q And how long did you do that light duty
12 job?

13 A Maybe a couple weeks before one day
14 Mr. Hill didn't show up for work, and that same day
15 Mr. Beal came up to me and asked me what the
16 doctors were saying and told me I needed to go back
17 to the doctor and see what he says.

18 And I told him I had an appointment with
19 the doctor the next day.

20 And I went, and he told me about the -- I
21 didn't need to -- he basically told me I need to
22 see if the doctor's gonna change it because they
23 couldn't just have me on light duty. They needed
24 to find out one way or the other so they could
25 either let me go or I could go back to the grain

1 chain.

2 Q So let's go back to the actual job. You
3 said you were hired as a lumber stacker.

4 Let me ask you to describe in more detail
5 exactly what you did.

6 A I can show you.

7 Q Okay. Stand up and show us.

8 A The table of wood -- the wood would come
9 down a table, a chain. I would -- I had maybe
10 three or four packs of wood, depending on what spot
11 I was in. There were six spots on the chain.

12 And I would grab the wood. It would be
13 8, 10 -- well, on my side, it would have to be 10,
14 12, 14, 16-foot long.

15 Q Okay.

16 A I would grab it, twist around, slide it
17 to the pack or pick it up and put it on the pack.

18 Q Let me stop you real quick just so I
19 understand.

20 So the lumber is coming down a chain, and
21 are you actually picking it up and twisting or is
22 it still -- are you rolling it on something?

23 A It's on the chain and I'm sliding it.

24 Q Okay. So you're not actually picking up
25 all the weight when you twist it?

1 A Sometimes -- no. There's things called
2 quarter boards, and sometimes you have to set your
3 pack up. And that means you have to go down -- you
4 have to pick the quarter board up, carry it to
5 where your pack is, put it on the ground.

6 And then, basically, with the quarter
7 boards, when you're making a pack of doughs, you
8 have to carry four of them or however many it takes
9 to get one row on the bottom and then you might be
10 able to slide it on there.

11 But, also, when you get the wood on your
12 pack, it has to be a certain amount wide so you
13 have to flip those boards. They could be this wide
14 to this wide.

15 Q Okay. And when you say "this wide,"
16 let's describe it for the record.

17 This is about a foot, foot-and-a-half
18 wide?

19 A Some.

20 Q Okay. To how wide?

21 A I've seen what? Twenty-seven inches
22 wide. I don't know how big they cut them.

23 Q Okay.

24 A But then you would have to get those onto
25 the pack. You'd have to move different boards,

1 flip them. You have to push your pack out once it
2 gets a certain height and then set up more packs.

3 Q Okay. And when you're lifting these
4 boards --

5 A And you do have to carry them and pick
6 them up.

7 Q When you're lifting them, though, about
8 how high are you lifting them? I think you were
9 describing -- is that maybe chest high?

10 A Sometimes.

11 Q So lifting from waist to chest high?

12 A Sometimes.

13 Q So that's not over your head, correct?

14 A No, ma'am.

15 Q Okay.

16 A Not over my head. There was some guys
17 out there struggling with it, but --

18 Q Okay.

19 A -- I was a --

20 Q And you testified earlier that you don't
21 know how heavy the boards are?

22 A Not exactly, no, ma'am.

23 Q Okay. And about how far would you have
24 to carry them?

25 A From the grain chain to, I'd say, four or

1 five feet.

2 Q Okay. So your workspace is about four or
3 five feet from where you got the lumber off the
4 chain to your stack?

5 A Yeah.

6 Q Okay. And, Mr. Richardson, were you
7 employed at Beal more than once?

8 A Yes, ma'am.

9 Q Okay. And tell me about the first time
10 you left Beal.

11 A The first time I left was because I,
12 basically, was showing up late or needing to leave
13 early.

14 Mr. Hill got tired of that, and one day I
15 showed up and he told me, "We don't need you
16 today." And I called him back and he said, "We
17 don't need you today unless you can be here on
18 time," and all that. And I said, "Okay." And I
19 showed up that Friday to get my paycheck.

20 And then I went to work at the Waffle
21 House for a few months and told them that I could
22 work there -- I could try to work there and cook.
23 And then I called Mr. Hill back -- I believe it was
24 July -- and he said, "Come on back."

25 But I knew I was -- I knew I was hurt,

1 but I didn't have any other way to -- way of
2 supporting myself and paying my bills without going
3 back to work doing that kind of work, so that's
4 what I did.

5 But I'm pretty positive the damage was
6 done the first time I worked there, and I -- own
7 words -- I didn't do anything but make it worse.

8 Q Okay. Have you understood all the
9 questions that I've asked you today?

10 A Yes, ma'am.

11 Q Have you answered truthfully to all the
12 questions?

13 A Yes, ma'am.

14 Q Okay. Do you want to change your
15 answers?

16 A No, ma'am.

17 Q Any of your answers?

18 A No, ma'am.

19 MS. RENDER: That's all I've got.

20 MR. PRICE: We don't have any questions.

21 - - -

22 (Witness excused.)

23 - - -

24 (Deposition concluded at 11:30 a.m.)

25 - - -

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000404840

2669 Kinard Drive, Newberry, SC 29108 803-276-7570

22y, M

Registration Date/Time: 02/08/2011 11:58

Time Seen: 12:46.

Arrived- By private vehicle.

HISTORY OF PRESENT ILLNESS

Chief Complaint: BACK PAIN. Onset was yesterday and it is still present. It is described as being moderate in degree and in the area of the lower lumbar spine. The quality is noted to be aching. No radiation.

Associated symptoms - No bladder dysfunction or bowel dysfunction.

Similar symptoms previously: He has had similar symptoms previously. (back pain priorly 2 y ago after mvc).

Recent medical care: Not recently seen/assessed.

REVIEW OF SYSTEMS

No fever, difficulty with urination, urinary frequency, headache or sore throat. No cough, abdominal pain or nausea. All systems otherwise negative, except as recorded above.

PAST HISTORY

Has had back injury aftr mvc 2 y ago. The patient has had prior back pain.

SOCIAL HISTORY

Residence: Dad. LMD= NFHC.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert.

Vital Signs: Have been reviewed.

Neck: Neck nontender.

CVS: Heart sounds normal. Pulses normal.

Respiratory: No respiratory distress.

Abdomen: Soft and nontender.

Back: Soft tissue tenderness in the right lower, left lower and mid central lumbar area. No vertebral point tenderness.

Skin: Normal skin color. Normal skin turgor.

Extremities: Extremities exhibit normal ROM.

Neuro: Oriented X 3. Mood/affect normal. No motor deficit.

PROGRESS AND PROCEDURES

Patient/family counseled.

Disposition: Condition: good and stable. Discharged.

CLINICAL IMPRESSION

Back pain.
Lumbar strain.

INSTRUCTIONS

Do not work (2/8 - 2/11/11).

Warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise.

Prescription Medications:

Lortab 5 mg: take 1 to 2 orally every 6 hours as needed for pain. Dispense fifteen (15). No refills. Generic substitute OK.

Ibuprofen 600mg tablets: take 1 tablet orally every 8 hours as needed for pain. Dispense 30. No refills.

Flexeril 10 mg: Take 1 orally every 8 hours as needed for muscle spasm. Dispense twenty (20). No refills. Generic substitute OK.

(Electronically signed by Holaday, Duncan, M.D. 02/08/2011 13:58)

Patient: RICHARDSON, JOHNATHAN ASHLEY Clinical Report - Nurses
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000404840 2669 Kinard Drive, Newberry, SC 29108 803-276-7570
22y, M Registration Date/Time: 02/08/2011 11:58

TRIAGE

Triage time 12:02. Acuity: LEVEL 3.

Chief Complaint: BACK PAIN.

BP: 141 / 88. HR: 66. RR: 16. Temp: 98.1 oral. O2 saturation: 99 % room air. Alert. No acute distress. --12:06 Davis, Amy, R.N..

Medications

None. --1205 (02/08/11) Amy Davis, R.N..

Allergies

NKDA. --1205 (02/08/11) Amy Davis, R.N..

History

This is a recurrent problem. Pain level now: 7/10. (pain increases with deep breath). History of recent trauma (pt does heavy lifting).

Treatment PTA:

(aleve).

PAST MEDICAL HX: Negative.

SURGERY HX: No history of previous surgery.
SOCIAL HX: Nonsmoker. No alcohol use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. No report of abuse. No infectious disease exposure.
Arrived by private vehicle. Historian: patient. Patient has a primary care physician. Primary physician (bernardo). --12:06 Davis, Amy, R.N..

Interventions

ID band on patient. To room. --12:06 Davis, Amy, R.N..

PHYSICAL ASSESSMENT

Alert. Oriented X 3. Appears in no acute distress. The patient appears uncomfortable. (pt does not want to sit in triage, due to pain increases). Respirations not labored. Abdomen soft and nontender. Soft tissue tenderness in the lumbar paraspinous region. Capillary refill less than 2 seconds. Sensation intact in extremities. ROM of extremities within normal limits. --12:07 Davis, Amy, R.N..

NURSING PROGRESS NOTES

Two patient identifiers checked. Call light placed in reach. Bed placed in lowest position. Brakes of bed on. Patient ready for evaluation- chart flagged. --12:26 Rowlette, Stacey, R.N.

DR. HOLADAY AT PATIENTS BEDSIDE FOR EXAMINATION.. --12:46 Sinclair, Kimberly, L.P.N.

TORADOL 60mg IM right gluteus maximus. --13:03 Davis, Amy, R.N.

Reassessment after medication administered. The patient has had no adverse reaction. Patient reports current pain level as 3/10. The patient reports back pain is still present and is currently mild in severity. Skin is warm and dry. --13:22 Sinclair, Kimberly, L.P.N..

DISPOSITION / DISCHARGE

BP: 129 / 82. HR: 78. RR: 16. Temp: 98.2 oral. O2 saturation: 99 % room air. Condition at departure: Improved and stable. Patient reports pain level on departure as 3/10. The goals identified in the patient's plan of care were met. Fall risk assessment completed. No fall risk identified. No learning barriers present. Discharge instructions reviewed with the patient. Reviewed warnings. Reviewed medication (LORTAB TAKE AS ORDERED / IBUPROFEN TAKE AS ORDERED / FLEXERIL TAKE AS ORDERED). Treatments reviewed. Reviewed referrals. Work note given (NO WORK ON 2/8-2/11). Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and accompanied by family. The patient left the Emergency Department ambulatory and via private vehicle. Family member driving. --13:23 Sinclair, Kimberly, L.P.N..

Locked/Released at 02/08/2011 13:23 by Sinclair, Kimberly, L.P.N.

CODING SUMMARY

Patient: RICHARDSON, JOHNATHAN ASHLEY

DOS: 02/08/2011

MR#: M001384084

Age/sex: 22y/M

Doctor: Holaday, Duncan, M.D.

Visit ID: V00000404840

Template: 08 Low Back Pain or Injury

--- CASE COMPLEXITY (marked items only)

Clinical Impression: Lumbar strain (847.2). Back pain (724.5#).

Symptoms: Chief Complaint: back pain.
all systems neg. except as marked

Past History: prior back injury prior back pain

Tests & Data:

Data Score = 0 (Low)

Procedures:

Disposition: Condition: good and stable. Discharged.

--- HISTORY AND PHYSICAL SUMMARY (marked items only)

H & P Analysis: 5 (does not include medical decision-making considerations).
level 5 ONLY if pertinent negative and positive systems in ROS have been
individually recorded.

HPI: 6 elements: Location Timing Duration Associated Symptoms
Severity Quality Free Text

ROS: 6 elements: Neurologic Pulmonary ENT GI Constitutional
GU
'All systems negative except as marked' is circled.

PFSH: 2 elements: Social Hx Past Hx Free Text

Physical Exam Systems: 8 systems: Neurologic Musculoskeletal GI
Respiratory CVS Psychiatric Constitutional Skin

Physical Exam Areas: 3 areas: Neck Back/spine Abdomen

--- CPT CODE ASSIGNMENTS

Assigned Level 1 2 3 4 5

Procedures:

Coder Signature: _____

This is a partial abstract of information documented in the full record.
Coder must use independent judgement in selecting codes.

(Electronically signed by Holaday, Duncan, M.D. 02/08/2011 13:58)

EMERGENCY ROOM CONSULTATION:

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Patient: RICHARDSON, JOIINATHAN ASHLEY OrderSheet
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000404840 2669 Kinard Drive, Newberry, SC 29108 803-276-7570
22y, M Registration Date/Time: 02/08/2011 11:58

ORDER SHEET

Weight:

Allergies: NKDA

GENERAL ORDERS:

MEDICATION ORDERS:

Toradol IM 60 mg (12:53 02/08/2011 DHoladay M.D.) (Ack 13:00 ADavis R.N.)
(13:03 ADavis R.N.)

IV FLUIDS:

ORDER SHEET NOTES:

[Electronically signed by Holaday, Duncan M.D. (13:58 02/08/2011)]

[Electronically locked/signed by Sinclair, Kimberly L.P.N. (13:23
02/08/2011)]

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNATHAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000412496

2669 Kinard Drive, Newberry, SC 29108 803-276-7570

23y, M

Registration Date/Time: 03/28/2011 10:37

Time Seen: 13:24; initial patient contact.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

Chief Complaint: BACK PAIN. Onset- about 3 months ago and it is still present. It has been constant. It is described as being severe and in the area of the lower lumbar spine. The quality is noted to be "pain". No radiation. Modifying factors- worsened by sitting. Relieved by standing.

Associated symptoms - No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.

Additional history - No recent injury, pain worse over the past 3 months. Pain meds helped some but did not totally relieve the pain. Says has not f/u with PCP b/c of no insurance..

Patient notes the possibility of an injury. Patient denies a recent injury. Mechanism of injury (MVA). No other injury.

Similar symptoms previously: He has had similar symptoms previously. These are chronic. Evaluation/treatment: x-rays and pain medication, NSAID and muscle relaxer prescribed.

Recent medical care: The patient was seen recently at this facility. Seen for similar symptoms. Diagnosis: back strain.

REVIEW OF SYSTEMS

No fever, chills, difficulty with urination, urinary frequency or hematuria.

PAST HISTORY

Negative. See nurses notes.

Surgeries: No history of previous surgery.

Medications:

None..

Allergies:

NKDA..

SOCIAL HISTORY

Current smoker (cigarettes)- 1 pack per day. No alcohol use or drug use.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. Appears to be in pain.

Vital Signs: Have been reviewed (BP: 115 / 66. HR: 65. RR: 16. Temp: 98.3

oral. O2 saturation: 99 % room air.
CVS: Heart sounds normal. No cardiac murmur.
Respiratory: No respiratory distress. No rales, wheezes or rhonchi.
Abdomen: No visible injury. Soft and nontender. No organomegaly. No mass.
Back: Moderate vertebral point tenderness over the mid and lower lumbar spine. (Can heel and toe walk normally, squat not impaired. Has pain at extremes of extension and flexion.). No muscle spasm in the back, soft tissue tenderness, CVA tenderness or limitation in ROM.
Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor.
Neuro: Oriented X 3. Mood/affect normal. Straight leg raising (neg supine and sitting bilat). Reflex exam: right patellar 2+, left patellar 2+, right Achilles 2+ and left Achilles 2+. No Babinski present on the right or left. No clonus present. Normal gait. No right leg weakness, right foot weakness, left leg weakness or left foot weakness or altered sensation to light touch on the right leg or left leg.

LABS, X-RAYS, AND EKG

LS-Spine X-rays: ("Minimal loss of height of the anterior aspect of the L1 vertebral body which I suspect is chronic. I see no radiographic evidence that this is acute otherwise negative lumbar spine series"). The X-rays were interpreted by the radiologist.

PROGRESS AND PROCEDURES

Course of Care: 13:37. Will check L/S spine b/c of pain..

CLINICAL IMPRESSION

Chronic back pain: lumbar area. No sciatica. No motor weakness. No sensory deficit.

INSTRUCTIONS

Apply ice intermittently (15-20 minutes at a time 4-6 times daily). Do not work today, tomorrow.

Prescription Medications:

Lodine 400 mg tablets: take 1 tablet orally every 12 hours. Dispense fifteen (15). No refill. Generic substitute OK.

Follow-up:

Return to the emergency department as needed. Follow up with your doctor if not better. Call for an appointment. Follow up with an orthopedic surgeon as recommended by your primary care physician.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by White, Michael, M.D. 03/28/2011 15:09)

Patient: RICHARDSON, JOHNATHAN ASHLEY Clinical Report - Nurses
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000412496 2669 Kinard Drive, Newberry, SC 29108 803-276-7570
23y, M Registration Date/Time: 03/28/2011 10:37

TRIAGE

Triage time 1046 AM.

Chief Complaint: BACK PAIN and (PATIENT STATES " I HAVE BEEN HERE FOR THIS SAME THING. DR HOLADAY TOLD ME TO COME BACK FOR AN XRAY IF IT DIDNT GET ANY BETTER, SO I AM HERE FOR AN XRAY ").

BP: 115 / 66. HR: 65. RR: 16. Temp: 98.3 oral. O2 saturation: 99 % room air. Alert. No acute distress. --10:50 Sinclair, Kimberly, L.P.N..

Medications

None. --1049 (03/28/11) Kimberly Sinclair, L.P.N..

Allergies

NKDA. --1049 (03/28/11) Kimberly Sinclair, L.P.N..

History

Onset (SEVERAL MONTHS AGO). Pain level now: 7/10. History of recent trauma (PATIENT STATES " ABOUT TWO YEARS AGO I WAS IN A CAR ACCIDENT, MY BACK HURT THEN FOR ABOUT 3 WEEKS THEN GOT BETTER. NOW I AM WORKING @ THE LUMBAR YARD (6 MONTH EMPLOYMENT) IN PAST THREE MONTHS I HAVE HAD TERRIBLE PAIN. IT GETS SOME BETTER OVER WEEKEND WHEN OFF"). ("I CANNOT SIT LONG AT ALL, THIS IS AWFUL").

Treatment PTA:

None.

PAST MEDICAL HX: Negative. Immunizations: up-to-date.

SURGERY HX: No history of previous surgery.

SOCIAL HX: Current smoker (cigarette)- 1 pack per day. No alcohol use or drug use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. No report of abuse. No infectious disease exposure.

Arrived by private vehicle and accompanied by family. Historian: patient. Primary physician (BERNARDO). --10:50 Sinclair, Kimberly, L.P.N..

Assessment

Alert. Oriented X 4. Appears in no acute distress. Patient appears calm and cooperative. Respirations not labored. Breath sounds within normal limits. Abdomen soft and nontender. Vertebral point tenderness over the lumbar spine. Capillary refill less than 2 seconds. Mucous membranes are pink. Skin is warm and dry. --10:51 Sinclair, Kimberly, L.P.N..

Interventions

ID band on patient. To waiting room. --10:50 Sinclair, Kimberly, L.P.N..

PHYSICAL ASSESSMENT

Alert. Oriented X 4. Appears in no acute distress. (pt walks normally and moves without difficulty). Respirations not labored. Abdomen soft. Bowel sounds within normal limits. Normal inspection of the neck and back. Vertebral point tenderness over the lumbar spine. Capillary refill less than 2 seconds. ROM of extremities within normal limits. --13:56 Enlow, Deana, R.N..

NURSING PROGRESS NOTES

SEATED BACK IN WAITING AREA UNTIL BED AVAILABLE.. --10:51 Sinclair, Kimberly, L.P.N.

PATIENT STANDING IN WAITING AREA, NAD NOTED. PATIENT STATES " I CANNOT SIT DOWN FOR THIS LONG ". --12:39 Sinclair, Kimberly, L.P.N.

Three patient identifiers checked. (pt ambulated to ft room 3 without

difficulty from er lobby - aidet on initial contact with patient). Call light placed in reach. Side rails up. Bed placed in lowest position. Brakes of bed on. Patient ready for evaluation- ED physician notified. --13:18 Enlow, Deana, R.N.

(noted dr white at pts bedside at present time to eval). --13:24 Enlow, Deana, R.N.

Patient transported to radiology by wheelchair with tech. --13:40 Enlow, Deana, R.N.

Patient returned from radiology by wheelchair with tech. --13:52 Enlow, Deana, R.N.

BP: 147 / 79. HR: 59. RR: 18. Temp: 98.6 F (oral). O2 saturation: -99 percent on room air. (aidet and assessment completed -pt sitting on stretcher). Patient reports current pain level as 8/10. Overall patient status is the same- the patient states feels the same. Alert. Oriented X 4. No respiratory distress. Breath sounds normal. Skin is warm and dry. Skin color within normal limits. --13:55 Enlow, Deana, R.N.

(pt awaiting xray results at present time). --14:50 Enlow, Deana, R.N.

(dr white at pts bedside to discuss radiology findings at present time). --14:51 Enlow, Deana, R.N..

DISPOSITION / DISCHARGE

BP: 144 / 72. HR: 52. RR: 18. Temp: 98.7 F (oral). O2 saturation: -98 percent on room air. Wong-Baker pain scale: 4/10. Condition at departure: unchanged and stable. No learning barriers present. Discharge instructions provided and reviewed with the patient. Reviewed warnings. Reviewed medication. Treatments reviewed. Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and unaccompanied at time of discharge. The patient left the Emergency Department ambulatory and via private vehicle. Patient driving. --15:21 Enlow, Deana, R.N..

Locked/Released at 03/28/2011 15:21 by Enlow, Deana, R.N.

CODING SUMMARY

Patient: RICHARDSON, JOHNATHAN ASHLEY DOS: 03/28/2011
Age/sex: 23y/M Doctor: White, Michael, M.D. Visit ID: V00000412496
Template: 08 Low Back Pain or Injury

MR#: M001384084

--- CASE COMPLEXITY (marked items only)

Clinical Impression: Chronic back pain: lumbar area (724.2).

Symptoms: Chief Complaint: back pain.

Past History: neg CCDM:EP:ALLERGIESLOCK

Tests & Data: xrays

Data Score = 0 (Low)

Procedures: Course of Care

Disposition:

--- HISTORY AND PHYSICAL SUMMARY (marked items only)

H & P Analysis: 4 (does not include medical decision-making considerations).

HPI: 8 elements: Severity Modifying Factors Duration Context
Timing Quality Location Associated Symptoms Free Text

ROS: 2 elements: Constitutional GU

PFSH: 2 elements: Past Hx Social Hx Free Text

Physical Exam Systems: 9 systems: Skin Psychiatric Neurologic
Constitutional GI Respiratory CVS Musculoskeletal GU Free
Text

Physical Exam Areas: 2 areas: Abdomen Back/spine Free Text

--- CPT CODE ASSIGNMENTS

Assigned Level 1 2 3 4 5

Procedures: Course of Care

Coder Signature: _____

This is a partial abstract of information documented in the full record.
Coder must use independent judgement in selecting codes.

(Electronically signed by White, Michael, M.D. 03/28/2011 15:09)

EMERGENCY ROOM CONSULTATION:

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Patient: RICHARDSON, JOHANNATHAN ASHLEY OrderSheet
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000412496 2669 Khard Drive, Newberry, SC 29108 803-276-7570
23y, M Registration Date/Time: 03/28/2011 10:37

ORDER SHEET

Weight:

Allergies: NKDA

GENERAL ORDERS:

Lumbar Spine 3V Stat (13:35 03/28/2011 MWhite M.D.) (Ack 13:37 DEnlow R.N.)
(13:38 DEnlow R.N.)

MEDICATION ORDERS:

IV FLUIDS:

ORDER SHEET NOTES:

[Electronically signed by White, Michael M.D. (15:09 03/28/2011)]

[Electronically locked/signed by Enlow, Deana R.N. (15:21 03/28/2011)]

NEWBERRY COUNTY MEMORIAL HOSPITAL
2669 Kinard Street
Newberry, South Carolina 29108

DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name:	RICHARDSON, JCHNATHAN ASHLEY	MR#:	M001384084
Address:	370 HENDERSON CT	Acct#:	V00000412496
		Patient Type:	DEP ER
City/State/Zip:	NEWBERRY, SC 29108	Room#:	
DOB:	02/20/1988	Ordering Physician:	WHITE, MICHAEL MD
Age/Sex:	23/ M	Admitting Physician:	
		Family Physician:	BERNARDO, MICHAEL MD
Technologist(s):	SBC		

Procedure Date: 03/28/11
Requisition Number(s): 11-0007315
Procedure(s): LUMBAR SPINE 2 OR 3 VWS
CPT Code(s): 72100

Reason for Exam: Back Pain
Report Released: 03/28/11 1652

Alt. Rpt. Distrib:

INDICATION: Back pain.

TECHNIQUE: Lumbar spine series three views.

FINDINGS: Lumbar vertebral bodies show anatomic alignment. There is very slight loss of height of the anterior aspect of the L1 vertebral body that likely is chronic. I see no radiographic evidence if this is acute. The intervertebral disc space is well maintained in height.

IMPRESSION: Minimal loss of height of the anterior aspect of the L1 vertebral body which I suspect is chronic. I see no radiographic evidence that this is acute. Otherwise negative lumbar spine series.

Read By: LOUGH, LAWRENCE R MD

Electronically Signed By: LOUGH, LAWRENCE R MD

03/28/11 1632
JC

Report #: 0328-0061
CC:

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHNATHAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000483209

2669 Kinard Street, Newberry, SC 29108 803-276-7570

24y, M

Registration Date/Time: 06/20/2012 16:47

Time Seen: 17:46 Jun 20 2012.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

BACK PAIN. Onset- about 2 weeks and it is still present (states has been seeing orthopedist for back pain (felt to be related to work at a lumbar yard) states has had x rays and MRI

states lost job since being placed on light duty, then got fired hasnt been able to see orthopedist). It is described as being moderate in degree and in the area of the lower lumbar spine. The quality is noted to be dull and similar to prior episodes. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.

Similar symptoms previously:

REVIEW OF SYSTEMS

No fever, chills, difficulty with urination, abdominal pain or nausea. No vomiting.

PAST HISTORY

See nurses notes.

Additional Surgeries:

no known surgeries.

Medications:

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).

Mobic Oral (Tablet 7.5 mg) 1 tablet, DAILY.

Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY..

Allergies:

No Known Drug Allergy..

SOCIAL HISTORY

Nonsmoker - unknown if ever smoked. No alcohol use or drug use.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. No acute distress.

Vital Signs: Have been reviewed and appear to be correct.

HEENT: Normal external inspection.

ENT: Pharynx normal.

Neck: Painless ROM.

CVS: Heart sounds normal.

Respiratory: No respiratory distress. Breath sounds normal.

Back: Normal inspection. Soft tissue tenderness. Limited ROM in the back.

Skin: Skin warm and dry. Normal skin color.
Neuro: Oriented X 3.

CLINICAL IMPRESSION
Back pain.

INSTRUCTIONS
(ICE

LIE ON FIRM SURFACE WITH KNEES FLEXED

REST

SEE YOUR DOCTOR ASAP).

Prescription Medications:

Lortab 10 mg: take 1 orally every 4 hours as needed for pain. Dispense twenty-five (25).

Soma 350 mg: Take 1 orally every 6 hours as needed for muscle spasm. Dispense twenty (20). No refills. Generic substitute OK.

Follow-up:

Return to the emergency department as needed.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by Jessica Anderson, F.N.P 06/20/2012 19:53)

Patient: RICHARDSON, JOHNATHAN ASHLEY Clinical Report - Nurses
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000483209 2669 Kinard Street, Newberry, SC 29108 803-276-7570
24y, M Registration Date/Time: 06/20/2012 16:47

TRIAGE

Triage time 16:51. Acuity: LEVEL 4.

Chief Complaint: NECK PAIN and BACK PAIN (pt states hx djd, spinal arthritis, & pinch nerves).

BP: 139 / 66 sitting R arm auto (reg adult cuff). HR: 73 (regular and normal rate). RR: 16 (regular, unlabored and normal). Temp: 98 F (oral). O2 saturation: -100 percent on room air. Alert. No acute distress. Pain level now: 8/10. --16:58 Stan Atkinson, R.N..

Medications

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).

Mobic Oral (Tablet 7.5 mg) 1 tablet, DAILY.

Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY. --1656 (06/20/12) Norman

Atkinson, R.N..

Allergies

No Known Drug Allergy. --1656 (06/20/12) Norman Atkinson, R.N..

Medication/allergy information source: the patient. --16:58 Stan Atkinson, R.N..

History

This is a recurrent problem. Symptoms are constant and still present (2 weeks ago). (constant, sharp pains lower lumbar, radiates down back of legs). Reports muscle aches.

Treatment PTA:

None.

PAST MEDICAL HX: Immunizations: up-to-date.

SOCIAL HX: Smoker - current status unknown (cigarette)- less than 1 pack per day. No alcohol use or drug use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. The learning needs assessment revealed no barriers. No report of abuse. No infectious disease exposure.

Arrived by private vehicle and accompanied by friend. Historian: patient. Primary physician (bernardo; dr troy blanks @ midlands ortho). --16:58 Stan Atkinson, R.N..

ADDITIONAL PROBLEMS:

Chronic Back Pain. --16:57 Norman Atkinson, R.N..

ADDITIONAL SURGERIES:

no known surgeries.

Interventions

ID band on patient. To room. --16:58 Stan Atkinson, R.N..

PHYSICAL ASSESSMENT

Ambulatory to room. Alert. Oriented X 4. Appears in no acute distress. Pupils equal, round and reactive to light. No facial asymmetry noted. Respirations not labored. Chest nontender. Breath sounds within normal limits. Abdomen soft and nontender. Limited ROM in the back- in the lumbar spine: decreased flexion, extension, right lateral bending, left lateral bending and rotation to the right and left. Vertebral point tenderness over the lumbar spine. (nonotated stepoffs or trauma). Capillary refill less than 2 seconds. Pulses within normal limits. Skin intact. Mucous membranes are pink. Skin is warm and dry. Normal skin turgor. --17:00 Stan Atkinson, R.N..

NURSING PROGRESS NOTES

(pt returned to wr advised to call staff for worsening or news/s). --17:01 Stan Atkinson, R.N.

Patient identifiers checked. The plan of care for this patient has been created. Head of bed elevated. Call light placed in reach. Side rails up x 1. Bed placed in lowest position. Brakes of bed on. Patient ready for evaluation. Care transferred and report given. --17:43 Stan Atkinson, R.N.

DEMEROL 50 mg with PHENERGAN 25 mg IM left anterior lateral thigh. Confirmed right patient, medication, dose, time and route.

Patient reports current pain level as 8/10. --18:04 Michael LaLonde, R.N.

Patient reports current pain level as 6/10. Overall patient status is improved. --18:23 Michael LaLonde, R.N.

19:05. DEMEROL 50 mg LEFT DEL. ID IM. Sedative drug warning given to patient. Confirmed right patient, medication, dose, time and route. --19:22 Candice Bouknight, R.N.

late entry - 19:55. Reassessment after medication administered. The patient is calm and has had no adverse reaction. Patient reports current pain level as 2/10. Overall patient status is improved- the patient states feels better. No respiratory distress. Skin is warm and dry. Skin color within normal limits. --20:12 Candice Bouknight, R.N..

DISPOSITION / DISCHARGE

19:55. BP: NA. HR: NA. RR: NA. Temp: NA. O2 saturation: NA. Condition at departure: Improved and stable. Patient reports pain level on departure as 2/10. Fall risk assessment completed. No fall risk identified. No learning barriers present. Discharge instructions provided and reviewed with the patient. Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and accompanied by companion. The patient left the Emergency Department ambulatory and via private vehicle. Companion driving. --20:13 Candice Bouknight, R.N..

Locked/Released at 06/20/2012 20:14 by Candice Bouknight, R.N.

CODING SUMMARY

Patient: RICHARDSON, JOHNATHAN ASHLEY DOS: 06/20/2012 MR#: M001384084
Age/sex: 24y/M Doctor: Jessica Anderson, F.N.P Visit ID: V00000483209
Template: 08 Low Back Pain or Injury

--- CASE COMPLEXITY (marked items only)

Clinical Impression: Back pain (724.5#).

Symptoms: Chief Complaint: back pain.

Past History: CCDM:EP:SURGICALHXLOCK CCDM:EP:ALLERGIESLOCK

Tests & Data:

Data Score = 0 (Low)

Procedures:

Disposition:

--- HISTORY AND PHYSICAL SUMMARY (marked items only)

H & P Analysis: 4 (does not include medical decision-making considerations).

HPI: 6 elements: Duration Location Timing Quality Associated
Symptoms Severity Free Text

ROS: 3 elements: GI Constitutional GU

PFSH: 2 elements: Past Hx Social Hx Free Text

Physical Exam Systems: 7 systems: Skin ENT CVS Respiratory
Constitutional Neurologic Musculoskeletal

Physical Exam Areas: 3 areas: Neck Head/Face Back/spine

--- CPT CODE ASSIGNMENTS

Assigned Level 1 2 3 4 5

Procedures:

Coder Signature: _____

This is a partial abstract of information documented in the full record.
Coder must use independent judgement in selecting codes.

(Electronically signed by Jessica Anderson, F.N.P 06/20/2012 19:53)

EMERGENCY ROOM CONSULTATION:

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Patient: RICHARDSON, JOHNATHAN ASHLEY OrderSheet
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000483209 2669 Kinard Street, Newberry, SC 29108 803-276-7570
24y, M Registration Date/Time: 06/20/2012 16:47

ORDER SHEET

Allergies: No Known Drug Allergy

Weight:

GENERAL ORDERS:

Lumbar Spine 3V Stat (17:00 06/20/2012 NATkinson R.N. per protocol)
(Ack 17:01 NATkinson R.N.) (Cancelled: Physician Order 17:46 JAnderson F.N.P)

MEDICATION ORDERS:

Demerol IM 50 mg (HIGH ALERT MEDICATION) (17:46 06/20/2012 JAnderson F.N.P)
(Ack 17:47 MLalonde R.N.) (18:02 MLalonde R.N.)

Phenergan IV 25 mg (HIGH ALERT MEDICATION); Stat (17:46 06/20/2012
JAnderson F.N.P) (Ack 17:47 MLalonde R.N.) (Cancelled: Physician Order 17:50
JAnderson F.N.P)

Soma PO 350 mg (17:47 06/20/2012 JAnderson F.N.P) (Ack 17:49 MLalonde R.N.)
(18:02 MLalonde R.N.)

Phenergan IM 25 mg (HIGH ALERT MEDICATION) (17:50 06/20/2012 JAnderson
F.N.P) (Ack 17:50 MLalonde R.N.) (18:02 MLalonde R.N.)

Demerol IM 50 mg (HIGH ALERT MEDICATION) (18:49 06/20/2012 JAnderson F.N.P)
(Ack 19:02 CBouknight R.N.) (19:22 CBouknight R.N.)

IV FLUIDS:

ORDER SHEET NOTES:

[Electronically signed by Anderson, Jessica F.N.P (19:53 06/20/2012)]

[Electronically signed by Bouknight, Candice R.N. (20:14 06/20/2012)]

[Electronically locked/signed by Bouknight, Candice R.N. (20:14 06/20/2012)]

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHNNATHAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000483689

2669 Kinard Street, Newberry, SC 29108 803-276-7570

24y, M

Registration Date/Time: 06/24/2012 16:54

Time Seen: 18:00.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

BACK PAIN. It is still present. It is described as being in the area of the lower lumbar spine and radiating to the right lower extremity and to the left lower extremity. Modifying factors- worsened by standing, walking, rotation of the body, bending over or lifting. Relieved by remaining still or taking prescription medications. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.

Additional history - C/O financial issues slowing ortho injection TX..

Patient notes an injury (1 month ago). Occurred at work.

Recent medical care: (Dr. Bernardo: MRI, ortho referral.).

REVIEW OF SYSTEMS

No fever, chills, headache, sore throat or cough. No difficulty breathing, chest pain, abdominal pain, nausea or vomiting. No diarrhea, difficulty with urination or urinary frequency. Stopped taking Mobic..

PAST HISTORY

See nurses notes. Has had back injury.

Medications:

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).

Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY..

Allergies:

No Known Drug Allergy..

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. No acute distress.

Vital Signs: Have been reviewed.

HEENT: Normal external inspection.

Eyes: Pupils equal, round and reactive to light.

Neck: Normal inspection.

CVS: Normal heart rate and rhythm. Heart sounds normal.

Respiratory: No respiratory distress. Breath sounds normal.

Abdomen: Normal inspection. Soft and nontender.

Back: Mild vertebral point tenderness over the lower lumbar spine. No soft tissue tenderness, muscle spasm, limitation in ROM or CVA tenderness.

Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor.

Neuro: Straight leg raising: positive on the right at 60 degrees and positive on the left at 60 degrees.

PROGRESS AND PROCEDURES

Course of Care: 18:01. Patient cautioned on reduced effectiveness of narcotic medications and risks of abuse. Stressed importance of orthopedic care and continuing care through Dr. Bernardo..

Disposition: Condition: good and stable.

CLINICAL IMPRESSION

Back pain: lumbar area with sciatica.

INSTRUCTIONS

Prescription Medications:

Soma 350 mg: Take 1 orally every 6 hours as needed for muscle spasm. Dispense twenty (20). No refills. Generic substitute OK.

Norco 10 mg tablets: take 1 orally every 6 hours as needed for pain. Dispense fifteen (15). No refill. Generic substitute OK.

OTC Medications:

Motrin (available over the counter): take according to label instructions.

Follow-up:

Return to the emergency department as needed.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by William Laugherty, F.N.P 06/24/2012 23:34)

Patient: RICHARDSON, JOHNATHAN ASHLEY Clinical Report - Nurses
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000483689 2669 Kinard Street, Newberry, SC 29108 803-276-7570
24y, M Registration Date/Time: 06/24/2012 16:54

TRIAGE

Triage time 17:23. Acuity: LEVEL 4.

Chief Complaint: BACK PAIN (lower lumbar).

BP: 140 / 79 sitting L arm auto (reg adult cuff). HR: 59 (regular and normal rate). RR: 16 (regular, unlabored and normal). Temp: 98 F (oral). O2 saturation: -100 percent on room air. Alert. No acute distress. Pain level now: 9/10. --17:28 Stan Atkinson, R.N..

Medications

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).
Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY. --1727 (06/24/12) Norman Atkinson, R.N.

The following entry was struck by William Laugherty, F.N.P, 1759 (06/24/12)
Reason - other.
<<STRICKEN ENTRY-- Mobic Oral (Tablet 7.5 mg) 1 tablet, DAILY. --1727
Norman Atkinson, R.N. --END STRIKE>>.

Allergies

No Known Drug Allergy. --1727 (06/24/12) Norman Atkinson, R.N..

Medication/allergy information source: the patient and patient's imported external medical record. --17:28 Stan Atkinson, R.N..

History

Onset (chronic back pain 2 years ago). (constant, radiates to lower legs, numbness, tingling).

Treatment PTA:

(loratab 1100 am today).

PAST MEDICAL HX: Immunizations: up-to-date.

SOCIAL HX: Smoker - current status unknown (cigarette)- 1 pack per day. No alcohol use or drug use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. The learning needs assessment revealed no barriers. No report of abuse. No infectious disease exposure.

Arrived by private vehicle and accompanied by friend. Historian: patient.

--17:28 Stan Atkinson, R.N.

(seen here 6/20 for same s/s). --17:30 Stan Atkinson, R.N..

Interventions

ID band on patient. To treatment room. Ambulatory by hospital staff.

Patient instructions given. Notify nurse if condition changes or pain increases or prior to voiding. er 12. --17:28 Stan Atkinson, R.N..

PHYSICAL ASSESSMENT

Ambulatory to room. Alert. Oriented X 4. Appears in no acute distress.

Pupils equal, round and reactive to light. No facial asymmetry noted.

Respirations not labored. Chest nontender. Breath sounds within normal limits. Abdomen soft and nontender and normal bowel sounds. Capillary refill less than 2 seconds. Pulses within normal limits. Skin intact.

Mucous membranes are pink. Skin is warm and dry. Normal skin turgor.

--17:29 Stan Atkinson, R.N..

NURSING PROGRESS NOTES

Patient identifiers checked. The plan of care for this patient has been created. Head of bed elevated. Call light placed in reach. Side rails up x 1. Bed placed in lowest position. Brakes of bed on. Patient ready for evaluation. --17:29 Stan Atkinson, R.N.

(pt exam by w laugherty np). --18:21 Stan Atkinson, R.N..

DISPOSITION / DISCHARGE

BP: na. HR: na. RR: na. Temp: na. O2 saturation: na. Condition at departure: unchanged and stable. Patient reports pain level on departure as 9/10. No learning barriers present. Discharge instructions provided and reviewed with the patient. Reviewed medication side effects, precautions, dosing and course; prescription given to the patient. Reviewed referral to family practice for followup. Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and accompanied by companion. The patient left the Emergency Department ambulatory and via private vehicle. Companion driving. --18:22 Stan Atkinson, R.N..

Locked/Released at 06/24/2012 18:22 by Stan Atkinson, R.N.

CODING SUMMARY

Patient: RICHARDSON, JOHNATHAN ASHLEY DOS: 06/24/2012 MR#: M001384084
Age/sex: 24y/M Doctor: William Laugherty, F.N.P Visit ID: V00000483689
Template: 04 Neck/Back Pain or Injury

--- CASE COMPLEXITY (marked items only)

Clinical Impression: Back pain: lumbar area with sciatica (724.2; 724.3).

Symptoms: Chief Complaint: back pain.

Past History: prior back injury CCDM:EP:ALLERGIESLOCK

Tests & Data:

Data Score = 0 (Low)

Procedures: Disposition Course of Care

Disposition: Condition: good and stable.

--- HISTORY AND PHYSICAL SUMMARY (marked items only)

H & P Analysis: 4 (does not include medical decision-making considerations).

HPI: 5 elements: Context Location Timing Modifying Factors
Associated Symptoms Free Text

ROS: 7 elements: GI ENT CVS Constitutional GU Neurologic
Pulmonary Free Text

PFSH: 1 elements: Past Hx Free Text

Physical Exam Systems: 9 systems: Skin GI CVS Respiratory
Constitutional GU Neurologic Eyes Musculoskeletal

Physical Exam Areas: 4 areas: Abdomen Neck Head/Face Back/spine

--- CPT CODE ASSIGNMENTS

Assigned Level 1 2 3 4 5

Procedures: Disposition Course of Care

Coder Signature: _____

This is a partial abstract of information documented in the full record.

Coder must use independent judgement in selecting codes.

(Electronically signed by William Laugherty, F.N.P 06/24/2012 23:34)



FAMILY HEALTHCARE - NEWBERRY

Self Medical Group

DOCTYPE~

Patient: Johnathan A. Richardson
Encounter: Jan 26 2012 10:30AM

MRN: 542350

Chief Complaint

1. Back Pain

Patient is here to re-establish care--last visit 2008. Patient is here due to lower back pain. Patient reports went to ER at NCMH "a while back" and got voltaren and lortab. Patient reports MVA about 2-3 yrs ago was back seat passenger--no seatbelt and was thrown from car. No medical treatment patient reports "i was young and didn't think i was hurt" Patient reports working at lumberyard stacking lumber.

History of Present Illness

"throbbing pain to above tailbone x 1 yr with radiation to b/l post. thighs"--"stack 18ft wood for work--had lumbar x-ray 2011--very mild height loss to L1, etodolac/lortab--helped. "no incontinence" Flexeril made "restless legs worse, but controlled now"

Back Pain (Brief) - Family Medicine: The patient is being seen for an initial evaluation of back pain.

Symptoms: back stiffness, lower extremity numbness, lower extremity tingling and lower extremity weakness

The patient presents with complaints of bilateral lower back pain, described as sharp and throbbing, radiating to the bilateral lower leg. Symptoms are made worse by prolonged standing.

Review of Systems

Constitutional: Normal.
Eyes: Normal.
ENT: normal.
Cardiovascular: Normal.
Respiratory: Normal.
Gastrointestinal: Normal.
Genitourinary: Normal.
Musculoskeletal: back pain.

Allergies

1. No Known Allergies

Vitals

	26Jan2012 10:24AM
Temperature	97.4 F
Heart Rate	68
Systolic	140
Diastolic	70
BMI Calculated	36.33
BGA Calculated	2.41
Height	6 ft
Weight	268 lb 3.2 oz

2605 Kinard Street, Suite 200, Newberry, SC 29108, 803 405-1900, Fax: 803 405-1919

DOCTYPE~

Patient: Johnathan R. Richardson
 Encounter: Jan 26 2012 10:30AM

MRN: 542350

Physical Exam

Constitutional

General appearance: No acute distress, well appearing and well nourished.

Neck

Neck: Supple, symmetric, trachea midline, no masses.

Pulmonary

Respiratory effort: No increased work of breathing or signs of respiratory distress.

Auscultation of lungs: Clear to auscultation.

Cardiovascular

Auscultation of heart: Normal rate and rhythm, normal S1 and S2, no murmurs.

Abdomen

Abdomen: Soft, non-tender, no masses.

Musculoskeletal

Gait and station: Normal.

Inspection/palpation of joints, bones, and muscles: Abnormal. Mostly left sided tenderness via palpation to left SI, rom limited to ant/post flexion, sensation intact, good strength to 1/2 against resistance, skin warm and dry, dtr's intact W/L, neg str.

Neurologic

Coordination: Grossly intact.

Psychiatric

Orientation to person, place and time: Normal.

Mood and affect: Normal.

Assessment

1. Lower Back Pain 724.2
2. Legs Feel Restless

1/s--rest, ice/warm compresses, massage, tylenol with nsaid, meds as directed (do steroids as directed for 6 days with tylenol then start nsaid with tylenol)--PT--to consider further studies (mri/cat scan etc pm) and or referral
 Image--controlled per pt.

Plan

Health Maintenance (V70.0)

- * Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET Every twelve hours; Therapy: 26Jan2012 to (Evaluate:25May2012) Requested for: 26Jan2012; Last Rx:26Jan2012;

Edited

Ordered; For: Health Maintenance (V70.0); Rx By: Serina, Madelyn; Dispense: 30 Days ; #:60 Tablet Delayed Release; Refill: 3; Verified Transmission to WAL-MART PHARMACY 624

Lower Back Pain (724.2)

- * PrednisONE 10 MG Oral Tablet; TAKE 6 TABLETS TODAY, THEN DECREASE BY 1 TABLET EACH DAY UNTIL GONE; Therapy: 26Jan2012 to (Evaluate:07Feb2012) Requested for: 26Jan2012;

Last Rx:26Jan2012; Edited

Ordered; For: Lower Back Pain (724.2); Rx By: Serina, Madelyn; Dispense: 6 Days ; #:21 Tablet; Refill: 1; Verified Transmission to WAL-MART PHARMACY 624

- * Tramadol HCl 50 MG Oral Tablet; TAKE 1 TO 2 TABLETS EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN; Therapy: 26Jan2012 to (Evaluate:30Jan2012) Requested for: 26Jan2012; Last Rx:26Jan2012; Edited

Ordered; For: Lower Back Pain (724.2); Rx By: Serina, Madelyn; Dispense: 2 Days ; #:24 Tablet; Refill: 1; Verified Transmission to WAL-MART PHARMACY 624

- * Voltaren 1 % Transdermal Gel; Apply sparingly to area as needed up to 3 times a day; Therapy: 26Jan2012 to (Last Rx:26Jan2012) Requested for: 26Jan2012; Edited

Ordered; For: Lower Back Pain (724.2); Rx By: Serina, Madelyn; Dispense: 0 Days ; #:1 X 100 GM Tube; Refill: 1; Verified Transmission to WAL-MART PHARMACY 624

- * Physical Therapy Referral Consult Only Follow-up Requested for: 26Jan2012

DOCTYPE~

Patient: Johnathan a. Richardson
Encounter: Jan 26 2012 10:30AM

MRN: 542380

Ordered; For: Lower Back Pain (724.2); Ordered By: Serina, Madelyn Performed: Due: 09Feb2012

toradol 1m now

Signatures

Electronically signed by : Madelyn Serina, PA-C; Jan 26 2012 11:22AM (Author)
Electronically signed by : Madelyn Serina, PA-C; Jan 28 2012 11:28AM (Author)
Electronically signed by : Michael Bernardo, M.D.; Jan 27 2012 9:33AM



FAMILY HEALTHCARE • NEWBERRY

Self Medical Group

DOCTYPE~

Patient: Johnathan A. Richardson
 Encounter: Apr 2 2012 3:30PM

MRN: 542350

Chief Complaint

Patient states that he is here for a follow up on lower back pain.

History of Present Illness

"throbbing pain to above tailbone x 1 yr with radiation to b/l post. thighs"--"stack 16ft wood for work--had lumbar x-ray 2011 showing very mild height loss to L1, etodolac/loratab--helped. "no incontinence" Flexeril made "restless legs worse". Insurance turned down MRI and PT

Back Pain (Brief) - Family Medicine: The patient is being seen for a routine clinic follow-up of back pain. (Patient states that he have back X-ray in 2011. Dr. Holiday newberry e.r) Symptoms: back stiffness, lower extremity numbness, lower extremity tingling and lower extremity weakness
 The patient presents with complaints of bilateral lower back pain, described as sharp and throbbing, radiating to the bilateral lower leg. Symptoms are made worse by prolonged standing. (Patient states that it's a 10 are more) The patient describes the pain as sharp. Associated symptoms: headache, difficulty walking, difficulty sleeping and depression. (Patient also states that it limit his work)

Review of Systems

Constitutional: not feeling poorly and not feeling tired.
 ENT: no nasal discharge.
 Cardiovascular: no chest pain and no palpitations.
 Respiratory: no cough and no shortness of breath during exertion.
 Gastrointestinal: no abdominal pain, no vomiting and no nausea.
 Genitourinary: Normal, no dysuria and no incontinence.
 Musculoskeletal: back pain.
 Integumentary: no skin lesions.
 Hematologic/Lymphatic: no tendency for easy bruising

Active Problems

- Legs Feel Restless
- Lower Back Pain 724.2

Allergies

1. No Known Allergies

Vitals

	02Apr2012 03:22PM	28Jan2012 10:24AM
Temperature	98.2 F	97.4 F
Heart Rate	80	59
Systolic	150	146
Diastolic	70	75

DOCTYPE~

Patient: Johnathan S. Richardson
 Encounter: Apr 2 2012 3:30PM

MRN: 542350

BMI Calculated	31.72	36.33
BSA Calculated	2.54	2.41
Height	6 ft 5 in	6 ft
Weight	288 lb 9.8 oz	288 lb 3.2 oz

Physical Exam

Constitutional

General appearance: No acute distress, well appearing and well nourished.

Ears, Nose, Mouth, and Throat

External inspection of ears and nose: Normal.

Hearing: Normal.

Oropharynx: Normal with no erythema, exudate or lesions.

Neck

Neck: Supple, symmetric, trachea midline, no masses.

Thyroid: Normal, no thyromegaly.

Pulmonary

Respiratory effort: No increased work of breathing or signs of respiratory distress.

Auscultation of lungs: Clear to auscultation.

Cardiovascular

Auscultation of heart: Normal rate and rhythm, normal S1 and S2, no murmurs.

Examination of extremities for edema and/or varicosities: Normal.

Abdomen

Abdomen: Soft, non-tender, no masses.

Lymphatic

Palpation of lymph nodes in neck: No lymphadenopathy.

Musculoskeletal

Gait and station: Normal.

Inspection/palpation of joints, bones, and muscles: Abnormal. Mostly left sided tenderness via palpation to left SI, rom limited to ant/pos flexion, sensation intact, good strength to l/e against resistance, skin warm and dry, dtr's intact U/L, neg slr.

Mostly tender mid lower lumbar area, pos SLR test bilat

Skin

Skin and subcutaneous tissue: Normal without rashes or lesions.

Neurologic

Coordination: Grossly intact.

Psychiatric

Orientation to person, place and time: Normal.

Mood and affect: Normal.

Assessment

1. Lower Back Pain 724.2

LBP - will refer to Midlands Orto as he feels he can get eval w/ MRI there. I believe MRI is in order at this time, pain has been present for some time, w/ some radiculopathy features as well
 Start Mobic 7.5 mg 1-2 qd w/ food, Paraforte DSC qhs prn muscle spasms, Norco 7.5 for severe pain only. Ice 1-2x/day for 30min, stretching exercise sheet explained

Plan

Lower Back Pain (724.2)

- Chlorzoxazone 500 MG Oral Tablet, TAKE 1 TABLET TWICE DAILY PRN MUSCLE PAIN; Therapy: 02Apr2012 to (Evaluate:31Jul2012); Last Rx:02Apr2012
 Ordered; For: Lower Back Pain (724.2); Rx By: Bernardo,Michael; Dispense: 30 Days , #:60 Tablet; Refill: 3.
 Transmitted To: WAL-MART PHARMACY 624
- Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet; TAKE 1 TABLETS TWICE A DAY AS

DOCTYPE~

Patient: Johnathan a. Richardson
Encounter: Apr 2 2012 3:30PM

MRN: 542350

NEEDED FOR PAIN; Therapy: 02Apr2012 to (Last Rx:02Apr2012)
Ordered; For: Lower Back Pain (724.2); Rx By: Bernardo,Michael; Dispense: 0 Days ; #:30 Tablet; Refill: 0;
Print Rx
■ Meloxicam 7.5 MG Oral Tablet; TAKE 1 TO 2 TABLETS DAILY WITH FOOD; Therapy: 02Apr2012 to
(Evaluate:29Sep2012); Last Rx:02Apr2012
Ordered; For: Lower Back Pain (724.2); Rx By: Bernardo,Michael; Dispense: 30 Days ; #:60 Tablet; Refill: 5;
Transmitted To: WAL-MART PHARMACY 624

Signatures

Electronically signed by : Michael Bernardo, M.D.; Apr 2 2012 8:02PM (Author)

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

Encounters and Procedures

Clinical Encounter Summaries

Patient

Name	RICHARDSON, JOHNATHAN (24, M) ID# 2064420	Appt. Date/Time	05/24/2012 09:40AM
DOB	02/20/1988	Service Dept.	Blanding Street
Provider	TROY H BLANKS, PA-C		
Insurance	Med Primary: MEDICAL MUTUAL - HEALTHSMART BENEFIT SOLUTIONS - PALMETTO HEALTH - SUPERMED PLUS (PPO) Insurance # : 5751098222 Policy/Group # : 485482003 PCP : BERNARDO, MICHAEL Referring Provider Name : BERNARDO, MICHAEL Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Followup: Lumbago (724.2)

PATIENT IS HERE TO BE EVALUATED FOR INCREASED PAIN IN THE LOW BACK SINCE HIS LAST OFFICE APPOINTMENT ON 05/11/2012 -- PATEINT HAS BEEN TAKING HIS PAIN MEDICATION IN EXCESS OF HOW THE PRESCRIPTION WAS WRITTEN

Problems

Reviewed patient problem history (as of 04/27/2012) without changes
 • Lumbago (724.2)

Patient's Providers

Primary Care Provider (Primary Insurance): BERNARDO, MICHAEL: 2605 KINARD STREET, NEWBERRY, Ph (803) 405-1900, Fax (803) 405-1919
Referring Provider (Primary Insurance): BERNARDO, MICHAEL: 2605 KINARD STREET, NEWBERRY, Ph (803) 405-1900, Fax (803) 405-1919

Patient's Pharmacies

LONG'S DRUGS - NEWBERRY (ERX): 1725 MAIN ST, NEWBERRY SC 29108, Ph (803) 276-2939, Fax (803) 276-9188
WAL-MART PHARMACY #624 (ERX): 2812 MAIN ST, NEWBERRY SC 29108, Ph (803) 276-2211, Fax (803) 276-7720

Medications

Reviewed patient's medication history & made changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 6 hours by oral route as needed for 15 days., stop 06/08/2012	05/24/12 prescribed
LORTAB 5 MG-500 MG TAB Take 1 tablet(s) every 6 hours by oral route as needed.	05/17/12 prescribed
MOBIC 7.5 MG TAB Take 1 tablet(s) every day by oral route.	04/27/12 entered
NORCO 7.5 MG-325 MG TAB Take 1 tablet(s) every 6 hours by oral route.	04/27/12 entered
PARAFON FORTE DSC 500 MG TAB Take 1 tablet(s) 3 times a day by oral route.	04/27/12 entered

Allergies

Reviewed allergy history (no data recorded) without changes
 NKDA

Past Medical History

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

Reviewed past medical history.

Surgical History

Reviewed patient surgical history (as of 05/24/2012) without changes
NONE

Family History

Reviewed family history (as of 04/27/2012) without changes
Non-contributory.

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: None.
Number of children: 0.
Marital status: Single.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Smoker (1 PPD).
Smoking Status: Current every day smoker.
Are you currently employed?: Y.
Occupation: stocking lumber.
Employer: Beal Lumbar Co..

Vitals

BP: 160/84 **Ht:** 6 ft 4 in **Wt:** 270 lbs
BMI: 32.9 **Pulse:** 90 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? same
Change in symptoms: yes
Pain pain 8/10 (**IN LOW BACK AND 7/10 IN**)
How are you alleviating the pain? medication; rest
Medications: not helping at all
Previous PT: none
Previous Injections: none
Athletics: no participation

The patient returns today for a followup visit of his low back pain. He states that he is having some pain that radiates to the buttock to the posterior thighs bilaterally. Distribution this 50-50. He experiences the pain in the legs when he bends over. He is currently unable to participate in physical therapy due to finances. At the last visit, he denied pursuing an injection. He is interested now at this time. He is accompanied with his father today, who also just underwent spinal surgery. He currently is taking the Lortab 5/500. He is upset that he is taking the full amount of the Tylenol versus the 325 that's in Norco. He is having to take 2 pills every 4-6 hours at times. He rates his pain 8/10 to the low back. He rates his pain to the legs 7/10.

ROS

Patient reports **exercise intolerance** but reports no fever, no night sweats, no significant weight gain, and no significant weight loss. He reports **muscle aches, muscle weakness, and back pain** but reports no arthralgias/joint pain and no swelling in the extremities. He reports **restless legs** but reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 24-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation. oriented to time, place, and person. Mood and Affect: **anxious and depressed** and active and alert.

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

Gait and Station: Appearance: ambulating with no assistive devices, normal gait, and no limp.

Cardiovascular System: Arterial Pulses Right: dorsalis pedis normal, posterior tibialis normal, and popliteal normal. Arterial Pulses Left: dorsalis pedis normal, posterior tibialis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: rotation normal, lateral flexion normal, extension normal, flexion normal, and no pain with motion; **moderately decreased**.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: great toe extension extensor hallucis longus 5/5 and ankle dorsiflexion tibialis anterior 5/5. L5 Motor Strength on the Left: great toe extension extensor hallucis longus 5/5 and ankle dorsiflexion tibialis anterior 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: S1 normal, L5 normal, T12 normal, normal distal extremities, L4 normal, L1 normal, L2 normal, S2 normal, and L3 normal. Sensation on the Left: S1 normal, L5 normal, T12 normal, normal distal extremities, L4 normal, L1 normal, L2 normal, S2 normal, and L3 normal. Special Tests on the Right: no clonus of the ankle/knee and **Patrick-Fabere test positive**. Special Tests on the Left: no clonus of the ankle/knee and **seated straight leg raising test positive**.

Previous Assessment / Plan

Date of Service

05/11/2012

low back pain

Spinal stenosis L3-4

Plan:

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a course of directed physical therapy as well as a course of nonsteroidal anti-inflammatory medication. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if the experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.

The patient will return to clinic to see me after the above therapy course has been completed.

I also have prescribed Norco 5 mg, one to 2 tablets every 6 hours or as needed pain. I have also given the patient a work note or activity modifications. He is to not lift more than 10 pounds or perform any repetitive bending, stooping, or twisting.

1. LUMBAGO (724.2)

- NORCO 5 MG-325 MG TAB - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 40 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY #624 Note to Pharmacy: 1-2 tabs as needed for pain

Discussion: There is a consideration for a central LESI at L3-L4 in the future. This was also offered at today's visit. The patient will try to attend physical therapy soon. He is having trouble with transportation at the moment. Ultimately, he is a good surgical candidate.

Assessment / Plan

low back pain

Spinal stenosis L3-4

intermittent lower extremity radiculitis

Plan:

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

Based on my evaluation and the above assessment, this patient will be recommended for nonoperative therapy. The patient will be referred to our pain management specialist for epidural steroid injections at L3-L4 centrally x1. A trial of a selective nerve root block maybe considered at the discretion of the pain-management physician.

I have explained to the patient that sometimes epidural steroid injections do not work, and that it is impossible to predict the duration of the injection effects. The injection is not meant to be a cure of the spine disease process but rather a way to help control the patient's symptoms.

All current questions have been addressed and patient education has taken place and today's visit. The patient was instructed to contact our office if there are any significant changes in symptoms or if any other major concerns arise. Followup will be 2-3 weeks after the injection.

1. LUMBAGO (724.2)

- LUMBAR EPIDURAL STEROID INJECTION - Note to Provider: CENTRAL LESI L3-L4 DR WETZEL 05/29/2012 1040AM GREGG STREET
- EPIDURAL STEROID INJECTION
- LEARNING ABOUT EPIDURAL STEROID INJECTIONS

Discussion: The patient states that he may lose his job duty work restrictions placed on him currently. I believe that it is reasonable for him not to lift more than 10 pounds at this time. He is restricted on bending, twisting, or stooping repetitively. Because of the financial restrictions, he states that he is unable to attend physical therapy. He is also looking into a potential financial assistance to obtain the epidural injection. I strongly urged the patient to attempt the epidural injection as a first priority. At the appropriate time, we will call in Norco 5/325 #40 one tab q.6 hours as needed for intense pain with no refills. If the patient is unable to continue therapeutic means, I will refer him to pain management.

Return to Office

- Ryan Wetzels, MD for INJ at Gregg on 06/01/2012
- Troy H Blanks, PA-C for Return Office Visit at Irmo on 06/29/2012

Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 05/29/2012.

Patient

Name	RICHARDSON, JOHNATHAN (24, M) ID# 2064420	Appt. Date/Time	05/11/2012 09:40AM
DOB	02/20/1988	Service Dept.	Irmo
Provider	TROY H BLANKS, PA-C		
Insurance	Med Primary: MEDICAL MUTUAL - HEALTHSMART BENEFIT SOLUTIONS - PALMETTO HEALTH - SUPERMED PLUS (PPO) Insurance # : 5751098222 Policy/Group # : 485482003 PCP : BERNARDO, MICHAEL Referring Provider Name : BERNARDO, MICHAEL Prescription: No check performed in the last 24 hrs.		

Chief Complaint

Lower Back Pain

Problems

- Lumbago (724.2)

Patient's Providers

Primary Care Provider (Primary Insurance): BERNARDO, MICHAEL: 2605 KINARD STREET, NEWBERRY, Ph (803) 405-1900, Fax (803) 405-1919
Referring Provider (Primary Insurance): BERNARDO, MICHAEL: 2605 KINARD STREET, NEWBERRY, Ph (803) 405-1900, Fax (803) 405-1919

Patient's Pharmacies

WAL-MART PHARMACY #624 (ERX): 2812 MAIN ST, NEWBERRY SC 29108, Ph (803) 276-2211, Fax (803) 276-7720

Medications

Reviewed patient's medication history (as of 04/27/2012) without changes

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 6 hours by oral route as needed.	05/11/12 prescribed
LORTAB 5 MG-500 MG TAB Take 1 tablet(s) every 6 hours by oral route as needed.	05/08/12 prescribed
MOBIC 7.5 MG TAB Take 1 tablet(s) every day by oral route.	04/27/12 entered
NORCO 7.5 MG-325 MG TAB Take 1 tablet(s) every 6 hours by oral route.	04/27/12 entered
PARAFON FORTE DSC 500 MG TAB Take 1 tablet(s) 3 times a day by oral route.	04/27/12 entered

Allergies

Last reviewed Allergies / Adverse Reactions 04/27/2012 NKDA
--

Family History

Last reviewed Family History 04/27/2012 Non-contributory.
--

Social History

Last reviewed Social History 04/27/2012 Ortho Alcohol intake: None. Number of children: 0. Marital status: Single. Diet: Regular. Chewing tobacco: none. Cigar/Pipe Use: N. Smoker (1 PPD). Smoking Status: Current every day smoker. Are you currently employed?: Y. Occupation: stocking lumber. Employer: Beal Lumbar Co..
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Vitals

BP: 164/80 BMI: 32.9	Ht: 6 ft 4 in	Wt: 270 lbs
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HPI

Follow-Up Reported by patient. In terms of your orthopaedic issue, how are you feeling? same; 0% improvement! Change in symptoms: no Pain pain 8/10; 8 pain in lower back How are you alleviating the pain? changing position; medication; rest Medications: helping a little Previous PT: none; patient states he can not afford insurance and hasn't been yet. Previous Injections: none Athletics: no participation The patient returns today to the office for review of his MRI examination. He is unable to attend physical therapy yet. He states that he is having trouble with transportation. He is also afraid that if he misses work that he will be fired. The pain has remained the same and he rates his pain 8/10 on the pain scale. There has been zero improvement.
--

ROS

None recorded.

Physical Exam

Patient is a 24-year-old male. lumbar spine exam remains unchanged. There is tenderness over the L3 and L4 spinous processes. Neurologically he remains intact distally.

Results / Interpretations

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

EXTERNAL RESULT

MRI examination of the lumbar spine was reviewed by Dr. LaMotta as well as myself. It was discussed in detail with the patient. It was performed at Baptist Hospital on 4/30/12. There is moderate central and lateral restenosis at L3-4 secondary to a disc extrusion along with facet arthropathy.

Previous Assessment / Plan

Date of Service

04/27/2012

low back pain

Posterior hip pain bilaterally, intermittent

Plan:

This patient has signs and symptoms consistent with nerve impingement. This may be due to different etiologies such as a herniated disc, hypertrophy of the ligamentum flavum, facet arthropathy, or instability. For this reason I will recommend this patient for an MRI examination.

The patient will come back to see me one week after the above examination. The patient was told to contact our office if there are any significant changes in symptoms, problems with bowel or bladder, or any other major concerns.

All current questions have been answered and patient education has taken place today. I look forward to seeing this patient after the MRI examination.

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a course of directed physical therapy as well as a course of nonsteroidal anti-inflammatory medication. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if the experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.

The patient will return to clinic to see me after the above therapy course has been completed.

I also have prescribed Lortab 5 mg #40 one tab q. 6 hours p.r.n. for pain. Her

1. LUMBAGO (724.2)

• X-RAY, LUMBAR SPINE

View: 3 View

Position: Standing

Possibility of Pregnancy: N

• PHYSICAL THERAPY REFERRAL -

Note to Provider:

physical therapy lumbar spine

2 times per week for 6 weeks

• LORTAB 5 MG-500 MG TAB - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 40 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY #624 Note to Pharmacy: as needed for pain

• MRI, LUMBAR SPINE - Note to Imaging Facility: MRI Lumbar Spine

Contrast: Without

Prior Reaction to MRI Contrast?: N

Over Age 60, or Hx of Kidney Disease: N Has BUN/Creatinine Been Completed?: N

Pacemaker: N

Cochlear Implant: N

Brain Aneurysm Clip: N

Electronic Implant or Device: N

Any Metal in Body?: N

Prosthesis or Implant?: N

Possibility of Pregnancy?: N

Heart Valve Replacement?: N

Patient Claustrophobic: N

Sedation Ordered: N

Prior Surgery in Area of Interest?: N

Prior CT, MRI, or XRay Studies?: N

Tattoos: N

Metal in or removed from eyes?: N

Discussion: I have asked the patient to refrain from repetitive lifting especially heavy weight. He understands and agrees with this plan. His job requires heavy lifting.

Assessment / Plan

low back pain

Spinal stenosis L3-4

Plan:

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

course of directed physical therapy as well has a course of nonsteroidal anti-inflammatory medication. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if the experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.

The patient will return to clinic to see me after the above therapy course has been completed.

I also have prescribed Norco 5 mg, one to 2 tablets every 6 hours or as needed pain. I have also given the patient a work note or activity modifications. He is to not lift more than 10 pounds or perform any repetitive bending, stooping, or twisting.

1. LUMBAGO (724.2)

- NORCO 5 MG-325 MG TAB - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 40 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY #624 Note to Pharmacy: 1-2 tabs as needed for pain

Discussion: There is a consideration for a central LESI at L3-L4 in the future. This was also offered at today's visit. The patient will try to attend physical therapy soon. He is having trouble with transportation at the moment. Ultimately, he is a good surgical candidate.

Return to Office

- Troy H Blanks, PA-C for Return Office Visit at Irmo on 06/22/2012
- to see Troy H Blanks, PA-C at Irmo on or around 06/24/2012

Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 05/13/2012.

Patient

Name	RICHARDSON, JOHNATHAN (24, M) ID# 2064420	Appt. Date/Time	04/27/2012 09:55AM
DOB	02/20/1988	Service Dept.	Irmo
Provider	TROY H BLANKS, PA-C		
Insurance	Med Primary: MEDICAL MUTUAL - HEALTHSMART BENEFIT SOLUTIONS - PALMETTO HEALTH - SUPERMED PLUS (PPO) Insurance # : 5751098222 Policy/Group # : 485482003 PCP : BERNARDO, MICHAEL Referring Provider Name : BERNARDO, MICHAEL Prescription: No check performed in the last 24 hrs.		

Chief Complaint

Lower Back Pain

Problems

- Lumbago (724.2)

Patient's Providers

Primary Care Provider (Primary Insurance): BERNARDO, MICHAEL: 2605 KINARD STREET, NEWBERRY, Ph (803) 405-1900, Fax (803) 405-1919
Referring Provider (Primary Insurance): BERNARDO, MICHAEL: 2605 KINARD STREET, NEWBERRY, Ph (803) 405-1900, Fax (803) 405-1919

Patient's Pharmacies

WAL-MART PHARMACY #624 (ERX): 2812 MAIN ST, NEWBERRY SC 29108, Ph (803) 276-2211, Fax (803) 276-7720

Medications

Reviewed patient's medication history (as of 04/27/2012) without changes

Name	Date
LORTAB 5 MG-500 MG TAB Take 1 tablet(s) every 6 hours by oral route as needed	04/27/12 prescribed
MOBIC 7.5 MG TAB Take 1 tablet(s) every day by oral route.	04/27/12 entered

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

NORCO 7.5 MG-325 MG TAB Take 1 tablet(s) every 6 hours by oral route.	04/27/12 entered
PARAFON FORTE DSC 500 MG TAB Take 1 tablet(s) 3 times a day by oral route.	04/27/12 entered

Allergies

Reviewed allergy history (no data recorded) without changes
NKDA

Past Medical History

Reviewed past medical history.

Family History

Reviewed family history & made changes
Non-contributory.

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: None.
Number of children: 0.
Marital status: Single.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Smoker (1 PPD).
Smoking Status: Current every day smoker.
Are you currently employed?: Y.
Occupation: stocking lumber.
Employer: Beal Lumbar Co..

Vitals

BP: 167/112	Ht: 6 ft 4 in	Wt: 270 lbs
BMI: 32.9		

HPI

Lower Back

Reported by patient.

Location: left; midline; posterior
Quality: aching; constant
Severity: severe; pain level 10/10; worst pain 10/10
Duration: 1 years; 2011
Timing: gradual
Context: bending; lifting; twisting
Alleviating Factors: lying down
Aggravating Factors: sitting; standing; walking; twisting
Associated Symptoms: no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits; **weakness; numbness**
Previous Surgery: none
Prior Imaging: x ray
Previous Injections: none
Previous PT: none
Work Related: no
Working: no
Notes: Pt states hes in constant pain!

The patient is a 24-year-old male who presents today for his initial evaluation of low back pain. He states that he has been suffering from this pain for 2 years now. He has just obtained insurance to have it evaluated. He has been seen in Newberry for this. He has had x-rays performed. No significant findings were seen at that time. The pain is constant to the midline of the lower back. The patient points proximally over the fifth spinous process of the lumbar spine. The pain will intermittently radiate to the upper buttock usually with extending his back. He rates his back pain 10 on a 10. He rates his leg pain 8/10. There is no specific leg pain reported. There is no numbness, tingling, or weakness reported to the lower extremities. There is no bladder or bowel dysfunction reported. He has a prescription for an anti-inflammatory, muscle relaxers, and Lortab 7.5. He is about to run out of the pain medication. He takes at least one per day on average. There is no injury to report. His job requires lifting stacks of lumbar a repetitive basis.

ROS

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

Patient reports **exercise intolerance** but reports no fever, no night sweats, no significant weight gain, and no significant weight loss. He reports **muscle weakness and back pain** but reports no muscle aches, no arthralgias/joint pain, and no swelling in the extremities. He reports **restless legs** but reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 24-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal affect, active and alert, and **depressed; tearful at times during the exam.**

Gait and Station: Appearance: ambulating with no assistive devices, normal gait, and no limp.

Cardiovascular System: Arterial Pulses Right: dorsalis pedis normal, posterior tibialis normal, and popliteal normal. Arterial Pulses Left: dorsalis pedis normal, posterior tibialis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the transverse process, the sacral promontory, the sacrum, or the coccyx and **tenderness of the spinous process at L 4 (through L5); crying with palpation.** Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: **moderately decreased pain with hyperflexion and axial loading.** Passive Range of Motion: **moderately decreased.**

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: great toe extension extensor hallucis longus 5/5 and ankle dorsiflexion tibialis anterior 5/5. L5 Motor Strength on the Left: great toe extension extensor hallucis longus 5/5 and ankle dorsiflexion tibialis anterior 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: S1 normal, L5 normal, T12 normal, normal distal extremities, L4 normal, L1 normal, L2 normal, S2 normal, and L3 normal. Sensation on the Left: S1 normal, L5 normal, T12 normal, normal distal extremities, L4 normal, L1 normal, L2 normal, S2 normal, and L3 normal. Special Tests on the Right: no clonus of the ankle/knee and seated straight leg raising test negative. Special Tests on the Left: no clonus of the ankle/knee and seated straight leg raising test negative.

Results / Interpretations

X-RAY, LUMBAR SPINE

• View: 3 View, Position: Standing, Possibility of Pregnancy: N

x-rays were reviewed by Dr. LaMotta as well as myself. It was discussed in detail with the patient. cavity was evidence of scalloping to the endplates of the lumbar spine. There is mild spondylosis seen well. There is mild to moderate disc space narrowing at L5-S1. There is no fracture seen. There appears to be mild to moderate facet arthropathy at L5-S1.

Assessment / Plan

low back pain
Posterior hip pain bilaterally, intermittent

Plan:

This patient has signs and symptoms consistent with nerve impingement. This may be due to different etiologies such as a herniated disc, hypertrophy of the ligamentum flavum, facet arthropathy, or instability. For this reason I will recommend this patient for an MRI

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

examination. .

The patient will come back to see me one week after the above examination. The patient was told to contact our office if there are any significant changes in symptoms, problems with bowel or bladder, or any other major concerns. .

All current questions have been answered and patient education has taken place today. I look forward to seeing this patient after the MRI examination. .

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a course of directed physical therapy as well as a course of nonsteroidal anti-inflammatory medication. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if they experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.

The patient will return to clinic to see me after the above therapy course has been completed.

I also have prescribed Lortab 5 mg #40 one tab q. 6 hours p.r.n. for pain. Her

1. LUMBAGO (724.2)

• X-RAY, LUMBAR SPINE

View: 3 View Position: Standing

Possibility of Pregnancy: N

• PHYSICAL THERAPY REFERRAL -

Note to Provider:

physical therapy lumbar spine
2 times per week for 6 weeks

• LORTAB 5 MG-500 MG TAB - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 40 tablet(s) Refills: 0 Pharmacy:

WAL-MART PHARMACY #624 Note to Pharmacy: as needed for pain

• MRI, LUMBAR SPINE - Note to Imaging Facility: MRI Lumbar Spine

Contrast: Without

Prior Reaction to MRI Contrast?: N

Over Age 60, or Hx of Kidney Disease: N Has BUN/Creatinine Been Completed?: N

Pacemaker: N

Cochlear Implant: N

Brain Aneurysm Clip: N

Electronic Implant or Device: N

Any Metal in Body?: N

Prosthesis or Implant?: N

Possibility of Pregnancy?: N

Heart Valve Replacement?: N

Patient Claustrophobic: N

Sedation Ordered: N

Prior Surgery in Area of Interest?: N

Prior CT, MRI, or XRay Studies?: N

Tattoos: N

Metal in or removed from eyes?: N

Discussion: I have asked the patient to refrain from repetitive lifting especially heavy weight. He understands and agrees with this plan. His job requires heavy lifting.

Return to Office

- Troy H Blanks, PA-C for New Patient at Immo on 05/29/2012

Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 05/03/2012.

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

POTSmodem5

(20/28) 05/24/2012 04:58:14 PM -0400

pt states his work said they can't
employ him b work restrictions 210lbs
lifting.

RICHARDSON, JOHNATHAN 02/20/88 2064420



* 090479w921 E-Healthix

pt has not started physical therapy

MIDLANDS
orthopaedics, p.a.
Advanced Systems & Injury Specialists

Patient Name: Johnathan RichardsonDate of Birth: 2-20-1988 Appt Date: 5-24-2012

Chart Number:

pt states
he wants
different
pain med

Circle your average level of pain in your back and/or neck:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Circle your average level of pain in your leg and/or arm:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Since your last visit, how would you rate your improvement? Please circle the appropriate percentage. (no improvement in level of pain) 0% 25% 50% 75% 100% (no pain)

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 - Pain Intensity

- ☐ I can tolerate the pain I have without having to use painkillers.
- ☐ The pain is bad but I manage without taking painkillers.
- ☐ Painkillers give complete relief from pain.
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them.

Section 2 - Personal Care (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☒ It is painful to look after myself but I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need some help every day in most aspects of self-care.
- ☐ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 - Lifting

- ☐ I can lift heavy weights without causing extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor. But I can manage if they are conveniently positioned, e.g. on table.
- ☒ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 - Walking

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile.
- ☒ Pain prevents me from walking more than 1/4 mile.
- ☐ Pain prevents me from walking more than 1/8 mile.
- ☐ I can only walk using a stick/cane or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- ☐ I can sit still in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than an hour.
- ☒ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☐ Pain prevents me from standing more than 30 minutes.
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 - Sleeping

- ☐ Pain does not prevent me from sleeping at all.
- ☒ I can sleep well only by using tablets.
- ☐ Even when I take tablets, I have less than 6 hours sleep.
- ☐ Even when I take tablets, I have less than 4 hours sleep.
- ☐ Even when I take tablets, I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8 - Sex Life

- ☐ My sex life is normal and causes no extra pain.
- ☐ My sex life is normal but causes some extra pain.
- ☒ My sex life is nearly normal but is very painful.
- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain.
- ☐ Pain prevents any sex life at all.

Section 9 - Social Life

- ☐ My social life is normal and gives no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☒ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have no social life because of pain.

Section 10 - Travelling

- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I can manage journeys over 2 hours.
- ☒ Pain restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to short, necessary journeys less than 30 minutes.
- ☐ Pain prevents me from travelling except to the doctor or hospital.

This spine follow-up form was reviewed by

(P3)

MD/NP

Date:

5/24/12

LANHAM ROW 3.2 (2/12)

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

MidlandsOrthopaedic

(23/31) 05/15/2012 09:03:31 AM -0400

RICHARDSON, JOHNATHAN 02/20/1988 #2064420



* 764081w921 E-HealthRx

MIDLANDS
orthopaedics, p.a.
Advanced Orthopedics, Casting, Sports Medicine

Patient Name: Johnathan Richardson
Date of Birth: 2-20-1988 Appt Date: 5-11-2012
Chart Number: _____

Circle your average level of pain in your back and/or neck:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Circle your average level of pain in your leg and/or arm:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Since your last visit, how would you rate your improvement? Please circle the appropriate percentage. (no improvement in level of pain) 0% 25% 50% 75% 100% (no pain)

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 - Pain Intensity

- ☐ I can tolerate the pain I have without having to use painkillers.
☐ The pain is bad but I manage without taking painkillers.
☐ Painkillers give complete relief from pain.
☐ Painkillers give moderate relief from pain.
☒ Painkillers give very little relief from pain.
☐ Painkillers have no effect on the pain and I do not use them.

Section 2 - Personal Care (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
☒ I can look after myself normally but it causes extra pain.
☐ It is painful to look after myself but I am slow and careful.
☐ I need some help but manage most of my personal care.
☐ I need some help every day in most aspects of self-care.
☐ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 - Lifting

- ☐ I can lift heavy weights without causing extra pain.
☐ I can lift heavy weights but it gives extra pain.
☐ Pain prevents me from lifting heavy weights off the floor. But I can manage if they are conveniently positioned, e.g. on table.
☒ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
☐ I can lift only very light weights.
☐ I cannot lift or carry anything at all.

Section 4 - Walking

- ☐ Pain does not prevent me from walking any distance.
☐ Pain prevents me from walking more than 1 mile.
☒ Pain prevents me from walking more than 1/2 mile.
☐ Pain prevents me from walking more than 1/4 mile.
☐ I can only walk using a stick/cane or crutches.
☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- ☐ I can sit still in any chair as long as I like.
☐ I can sit in my favorite chair as long as I like.
☐ Pain prevents me from sitting more than an hour.
☒ Pain prevents me from sitting more than 1/2 hour.
☐ Pain prevents me from sitting more than 10 minutes.
☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without extra pain.
☐ I can stand as long as I want but it gives me extra pain.
☒ Pain prevents me from standing more than 1 hour.
☐ Pain prevents me from standing more than 30 minutes.
☐ Pain prevents me from standing more than 10 minutes.
☐ Pain prevents me from standing at all.

Section 7 - Sleeping

- ☐ Pain does not prevent me from sleeping at all.
☐ I can sleep well only by using tablets.
☒ Even when I take tablets, I have less than 6 hours sleep.
☐ Even when I take tablets, I have less than 4 hours sleep.
☐ Even when I take tablets, I have less than 2 hours sleep.
☐ Pain prevents me from sleeping at all.

Section 8 - Sex Life

- ☐ My sex life is normal and causes no extra pain.
☐ My sex life is normal but causes some extra pain.
☐ My sex life is nearly normal but is very painful.
☒ My sex life is severely restricted by pain.
☐ My sex life is nearly absent because of pain.
☐ Pain prevents any sex life at all.

Section 9 - Social Life

- ☐ My social life is normal and gives no extra pain.
☐ My social life is normal but increases the degree of pain.
☒ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
☐ Pain has restricted my social life and I do not go out as often.
☐ Pain has restricted my social life to my home.
☐ I have no social life because of pain.

Section 10 - Travelling

- ☐ I can travel anywhere without extra pain.
☐ I can travel anywhere but it gives me extra pain.
☐ Pain is bad but I can manage journeys over 2 hours.
☐ Pain restricts me to journeys of less than 1 hour.
☒ Pain restricts me to short, necessary journeys less than 30 minutes.
☐ Pain prevents me from traveling except to the doctor or hospital.

This spine follow-up form was reviewed by

MD/MP

Date:

Lamont R.O.V. 15.10

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

POTSmodem7

(11/43) 05/01/2012 08:41:53 AM -0400

RICHARDSON, JOHNATHAN 02/20/88 #2064420



* 579279W921 C4HealthHx

LaMotta New Patient Questionnaire Page 2 of 2

MIDLANDS
orthopaedics, p.a.

Advanced Outpatient Therapy Specialists

 Patient Name: Johnathan Richardson
 Date of Birth: 2-20-1988 Appt Date: 4-27-2012
 Chart Number: _____

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 - Pain Intensity

- ☐ I can tolerate the pain I have without having to use painkillers.
☐ The pain is bad but I manage without taking painkillers.
☐ Painkillers give complete relief from pain.
☐ Painkillers give moderate relief from pain.
☒ Painkillers give very little relief from pain.
☐ Painkillers have no effect on the pain and I don't use them.

Section 2 - Personal Care (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
☐ I can look after myself normally but it causes extra pain.
☒ It is painful to look after myself but I am slow and careful.
☐ I need some help but manage most of my personal care.
☐ I need some help everyday in most aspects of self-care.
☐ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 - Lifting

- ☐ I can lift heavy weights without causing extra pain.
☐ I can lift heavy weights but it gives extra pain.
☒ Pain prevents me from lifting heavy weights off the floor. If it is on a table I can manage if they are conveniently positioned e.g. on a table.
☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
☐ I can lift only very light weights.
☐ I cannot lift or carry anything at all.

Section 4 - Walking

- ☐ Pain does not prevent me from walking any distance.
☐ Pain prevents me from walking more than 1 mile.
☐ Pain prevents me from walking more than 1/2 mile.
☒ Pain prevents me from walking more than 100 yards.
☐ I can only walk using a stick/cane or crutches.
☐ I am too bad most of the time and have to rest in bed.

Section 5 - Sitting

- ☐ I can sit in any chair as long as I like.
☐ I can only sit in my favorite chair as long as I like.
☐ Pain prevents me from sitting more than 1 hour.
☒ Pain prevents me from sitting more than 30 minutes.
☐ Pain prevents me from sitting more than 10 minutes.
☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without extra pain.
☐ I can stand as long as I want but it gives me extra pain.
☒ Pain prevents me from standing more than 1 hour.
☐ Pain prevents me from standing more than 30 minutes.
☐ Pain prevents me from standing more than 10 minutes.
☐ Pain prevents me from standing at all.

Section 7 - Sleeping

- ☐ Pain does not prevent me from sleeping at all.
☐ I can sleep well only by using tablets.
☒ Even when I take tablets I have less than 6 hours sleep.
☐ Even when I take tablets I have less than 4 hours sleep.
☐ Even when I take tablets I have less than 2 hours sleep.
☐ Pain prevents me from sleeping at all.

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☒ My sex life is nearly absent because of pain.
☐ Pain prevents my sex life at all.

Section 9 - Social Life

- ☐ My social life is normal and gives no extra pain.
☐ My social life is normal but causes the degree of pain.
☒ Pain has no significant effect on my social life apart from limiting my time - e.g. going to work, shopping, etc.
☐ Pain has restricted my social life and I do not go out as often.
☐ Pain has restricted my social life to my home.
☐ I have no social life because of pain.

Section 10 - Travelling

- ☐ I can travel anywhere without extra pain.
☐ I can travel anywhere but it gives me extra pain.
☐ Pain is bad but I can manage journeys over 2 hours.
☐ Pain prevents me from journeys of less than 1 hour.
☒ Pain prevents me from all but necessary journeys less than 30 minutes.
☐ Pain prevents me from travelling except to the doctor or hospital.

This follow-up form was reviewed by

MD/PA Date:

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

POTSmodem7

(8/43) 05/01/2012 08:40:27 AM -0400

RICHARDSON, JOHNATHAN 02/20/88 #2064420



* 679276w921 E-HealthHx

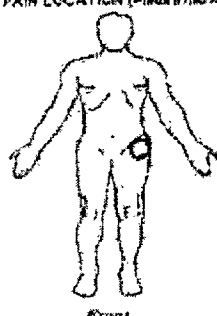
Leifert New Patient Questionnaire Page 1 of 2

MIDLANDS
orthopaedics, p.a.

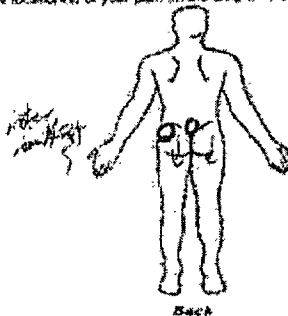
Advanced Options: Caring Specialists

 Patient Name: Johnathan Richardson
 Date of Birth: 2-20-1988 Appt Date: 11/23/2012
 Chart Number: _____

PAIN LOCATION (Please mark the location(s) of your pain on the diagrams below)



Front



Back

 Circle your average level of pain in your back and/or neck:
 (no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

 Circle your average level of pain in your leg and/or arm:
 (no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

How did your pain start? Check all that apply to you.

☐ Suddenly ☒ Lifting ☒ Bending ☐ Fall ☒ Gradually ☒ Twisting ☒ Pulling ☐ Accident ☐ No apparent

Please indicate which activities below increase, decrease or cause no change in the level of your pain.

	Lying	Standing	Bending Forward	Bending Backward	Twisting	Sitting	Walking	Coughing/Sneezing	Exercise (jogging)	Exercise (aerobic)
Increases Pain										
Reduces Pain										
No change										

Please check the approximate amount of time you can perform the following activities.

	Unable	15 minutes	30 minutes	45 minutes	1 hour	Indefinite
Sit						
Stand						
Walk						

What treatments have you tried for this current pain?

☐ Physical Therapy ☐ Chiropractic ☐ Acupuncture ☒ Home Exercises ☐ Surgery ☐ None
If surgery becomes a treatment option, would you consider it? ☒ yes ☐ no ☐ maybe

REVIEW OF SYMPTOMS - Please check ALL items that apply to you.

- | | | |
|---|--|--|
| ☒ Night Sweats | ☐ Night Sleep | ☐ Trouble Breathing |
| ☐ Fever | ☐ Weight Loss | ☐ Blood in Stool |
| ☐ Joint Pain | ☐ Fatigue | ☐ Nausea/Vomiting |
| ☐ Stiffness | ☐ Muscle Weakness | ☐ Dizziness |
| ☒ Severe Nighttime Pain | ☐ Joint Swelling | ☒ Recent Illness |
| ☐ Difficulty Walking | ☐ Chest Pain | ☐ Shortness of Breath |
| ☐ Difficulty Breathing | ☐ Abnormal Heart Rate | |
| ☐ Change in Bowel Habits | ☐ Abnormal Blood Pressure | |
| ☐ Other (specify): | ☐ Other (specify): | |

POTSmodem7

(11/43) 05/01/2012 08:41:53 AM -0400

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

5/20/12 12:32:58 PM Palmetto Health 111-111-1111 Page 2 of 3



Palmetto Health Baptist
TAYLOR AT MARION
COLUMBIA, SC 29220

Ref: NA	Patient: RICHARDSON, JOHNATHAN A	Ord Phy: Blanks PA, Troy H
NA	Address: 26 WICKER DOWD LANE	FIN: B111119884
NA	NEWBERRY, SC 29108	Pr Typ: OPB-Occupant
NA, NA NA	Phone: (803)455-1899	MRN: B006866631
	DOB: 2/20/1988 Age: 24 years	CC:

RADIOLOGY SERVICES

Exam:	Exam Date/Time:	Accession Number:
MR Lumbar Spine W/O Contrast	4/30/2012 3:49:29 PM	MR-12410236

Reason for Exam:

lumbago

Findings:

HISTORY: Low back pain.

MRI OF THE LUMBAR SPINE

COMPARISON: No prior studies.

TECHNIQUE: The study consisted of multiplanar sequences without contrast.

FINDINGS: The lumbar vertebral bodies are well maintained in height and show normal alignment with no occult lesions and no subluxation. There are some degenerative disc changes. The conus medullaris appears normal terminating at the mid L1 level. There may be slight congenital narrowing of the upper lumbar canal. This relates to short pedicles.

At the disc space of T12-L1, there are no significant findings.

At L1-2, there is broad disc annular bulging and protrusion. This does lead to a mild spinal stenosis pattern. The AP canal diameter is about 10-11 mm. There is no lateralized finding.

At L2-3, there is no gross disc finding or herniation. The spinal canal is patent.

At L3-4, there is a rather large broad-based disc extrusion in a central position. This extends into the canal and effaces the dural sac creating a spinal stenosis pattern. This is seen in conjunction with some facet hypertrophy and ligamentous thickening. The AP canal diameter is only 6-7 mm which qualifies as relatively significant spinal stenosis.

Print Date/Time: 5/20/12 12:14 PM

Page 1 of 1

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

5/22/12 12:32:58 PM Patient Health 115-115-1111 Page 3 of 3

Patient Name: RICHARDSON, JOHNATHAN A
Medical Record Number: P00866631

Ordering Physician: Elkins PA, Troy H

RADIOLOGY SERVICES

Exam: MR Lumbar Spine W/O Contrast
Exam Date/Time: 4/30/2012 4:59:57 PM
Accession Number: MR-12410236

At L4-S1, there are some degenerative changes, but no findings, otherwise. There is no central canal stenosis. Facet arthropathy is present.

At L3-S1, there are no significant findings.

IMPRESSION:

1. Broad-based disc protrusion or extrusion at L3-4 in a central position giving rise to a moderately severe acquired spinal stenosis pattern here. The primary etiology is due to the disc; although, there is some contribution from facet arthropathy.
2. Mild central canal stenosis at L1-2 related to broad-based disc annular bulging.

*** Final ***
Trans Co: 64-562041-22-39: 1/21
Read by: Bell MD Douglas M
Released By: Bell MD Douglas M
Released on: 4/30/2012 22:55

Patient Name: RICHARDSON, A
COLUMBIA, SC

Page 2 of 2

Print Date/Time: 5/22/2012 12:32:58 PM
Page 2 of 2

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

X-RAY, LUMBAR SPINE 04/27/2012 (#666754)

Interpretation x-rays were reviewed by Dr. LaMotta as well as myself. It was discussed in detail with the patient. cavity was evidence of scalloping to the endplates of the lumbar spine. There is mild spondylosis seen well. There is mild to moderate disc space narrowing at L5-S1. There is no fracture seen. There appears to be mild to moderate facet arthropathy at L5-S1.

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

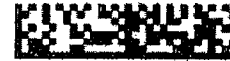
Lab Results

Lab Result 05/11/2012 (#704367, 4/30/2012)

Interpretation MRI examination of the lumbar spine was reviewed by Dr. LaMotta as well as myself. It was discussed in detail with the patient. It was performed at Baptist Hospital on 4/30/12. There is moderate central and lateral restenosis at L3-4 secondary to a disc extrusion along with facet arthropathy.

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

RICHARDSON, JOHNATHAN 02/20/88 #2064420



* 580188w921 Admin

MIDLANDS
orthopaedics, p.a.
Advanced Optimal Spinal Speciation

Midlands Orthopaedics, PA
1013 Lake Murray Blvd
IRMO, SC 29063-2824
Phone: (803) 256-4107, Fax: (803) 461-2510

Patient: RICHARDSON, JOHNATHAN
Patient ID: 2064420

Date of Service: 04/27/2012
Provider: TROY H BLANKS, PA-C

To whom it may concern:

Our patient, JOHNATHAN RICHARDSON, was seen in the office on Friday, 04-27-2012.
If you have any questions, please feel free to contact our office at 803.256.4107.

☐ Patient will be out of school or work until _____.

☐ Patient may return to school or work with no restrictions.

☒ Patient may return to school or work on 04-30-2012 with the following restrictions:

☒ No lifting/carrying over <u>10</u> lbs	☒ No repetitive bending
☐ No sitting over _____ hours/day	☐ No repetitive stooping
☐ No standing over _____ hours/day	☐ No reaching above shoulder level
☐ No prolonged walking	☐ No work involving use of _____ upper extremity
☐ No climbing	☐ No work involving use of _____ lower extremity
☐ No kneeling	☐ No repetitive squatting
☐ No repetitive twisting	☐ No repetitive crawling
☐ No pushing or pulling	

Other:

Return Appointment Date and Time: Tuesday, 05-29-2012 @ 3:20pm.

Sincerely,

Troy H Blanks

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

RICHARDSON, JOHNATHAN 02/20/88 #2064420



* 285592w921 Admin

MIDLANDS

orthopaedics, p.a.

Advanced Options. Skilled Specialists.

Midlands Orthopaedics, PA
1013 Lake Murray Blvd
IRMO, SC 29063-2824
Phone: (803) 256-4107, Fax: (803) 461-2510

Patient: RICHARDSON, JOHNATHAN
Patient ID: 2064420

Date of Service: 05/11/2012
Provider: TROY H BLANKS, PA-C

To whom it may concern:

Our patient, JOHNATHAN RICHARDSON, was seen in the office on Friday, 05-11-2012.
If you have any questions, please feel free to contact our office at 803.256.4107.

- ☐ Patient will be out of school or work until _____.
- ☐ Patient may return to school or work with no restrictions.
- ☒ Patient may return to school or work on 05-14-2012 with the following restrictions:

- | | |
|--|---|
| ☒ No lifting/carrying over <u>10</u> lbs | ☒ No repetitive bending |
| ☐ No sitting over ___ hours/day | ☒ No repetitive stooping |
| ☐ No standing over ___ hours/day | ☐ No reaching above shoulder level |
| ☐ No prolonged walking | ☐ No work involving use of ___ upper extremity |
| ☐ No climbing | ☐ No work involving use of ___ lower extremity |
| ☐ No kneeling | ☐ No repetitive squatting |
| ☒ No repetitive twisting | ☐ No repetitive crawling |
| ☐ No pushing or pulling | |

Other:

Return Appointment Date and Time: Friday, 06-22-2012 @ 8:15am

Sincerely,

RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

RICHARDSON, JOHNATHAN 02/20/88 #2064420



*790563w921 Admin

MIDLANDS

orthopaedics, p.a.

Advanced Opinions. Skilled Specialists.

Midlands Orthopaedics, P.A.
1910 Blanding Street
COLUMBIA, SC 29201-3520
Phone: (803) 256-4107, Fax: (803) 253-6876

Patient: RICHARDSON, JOHNATHAN
Patient ID: 2064420

Date of Service: 05/24/2012
Provider: TROY H BLANKS, PA-C

To whom it may concern:

Our patient, JOHNATHAN RICHARDSON, was seen in the office on 05/24/2012.
If you have any questions, please feel free to contact our office at 803 256-4107.

- ☐ Patient will be out of school or work until _____.
- ☐ Patient may return to school or work with no restrictions.
- ☐ Patient may return to school or work on _____ with the following restrictions:
- | | |
|--|--|
| ☐ No lifting/carrying over ____ lbs | ☐ No repetitive bending |
| ☐ No sitting over ____ hours/day | ☐ No repetitive stooping |
| ☐ No standing over ____ hours/day | ☐ No reaching above shoulder level |
| ☐ No prolonged walking | ☐ No work involving use of ____ upper extremity |
| ☐ No climbing | ☐ No work involving use of ____ lower extremity |
| ☐ No kneeling | ☐ No repetitive squatting |
| ☐ No repetitive twisting | ☐ No repetitive crawling |
| ☐ No pushing or pulling | |

Other:

Return Appointment Date and Time: 06/01/2012 DR. WEIZEL AND 06/29/2012 AT 9:05

Sincerely,

Requested disc
& report
6-18-12 LH

Dr. - Loughlin
MT Lumber

Priority
CONSULT

Print Date: 06/18/2012 Intake Date:

Spine History Form

Columbia Baptist
Hospital

Patient Demographic Information

Last Name: Richardson First Name: Johnathon
Birthdate: 02/20/1988 Age: 24 Gender: Male
Height: 6 ft. 4 in. Weight: 265 BMI: 32.25
Address: 370 Henderson Court Newberry, SC 29108 Daytime Phone: 803-597-0610 Nighttime
Phone: 803-940-6537
Insurance: Secondary Insurance:
Insurance Comments:
Account Number: - New Social Security Number: 251-75-7243
Does the patient smoke? Yes

Symptoms

Chief Complaint: The pain is in the low back that radiates into both legs. Pain is also in the left hip.

Referring Diagnosis: N/A

Describe your spine symptoms: Pain

Where is your pain located? Low back, Hip, Leg

Pain is worst in: Low back

Pain rating (No pain=0, unbearable pain=10): 7

The pain is: Constant, Dull/Aching

Does the pain radiate or move to other parts of the body? Yes From low back to left leg

Where does the pain radiate? From low back to left leg, From low back to right leg

Does the pain radiate below your knee? No

How does the pain radiate to your leg? Back

Which part of your leg does the pain go to? Left Hip, Left Mid/upper thigh, Right Mid/upper thigh

Where is your numbness and/or tingling? Leg

Additional numbness information:

Does the numbness/tingling radiate or move to other parts of your body? No

These symptoms have been present for: >1 year

These symptoms started on (give specific date, if known): 2 years

These symptoms improve when you: Never improve

These symptoms get worse when you: Stand, Walk, Lie down

Are you able to perform your daily routine with these symptoms? Yes

What type of occupation do you have?

Other occupation information: Unemployed

Have you ever filed a Workers' Compensation claim related to a neck or back injury? No

The symptoms began: With no known cause

Since the onset of symptoms, have you experienced any new problems urinating or having bowel movements? No

What other doctors (non-chiropractors) have treated you for your spine problem?

Doctor's Name	Specialty	Month/Year
Bernardo MD, Darly	Family Practice	

L3-4
HNP
+
stenosis

Have you taken prescription medication for this problem? Yes

Are you using any now? Yes

Current medications for this illness or injury:

Prescribing MD's Name	Medication Name	Date Prescribed
Midlands Orthopaedic	Norco	

Medrol Dose Pak: None

Are you allergic to intravenous contrast dyes? No

Are you allergic to steroids? No

Do you have a latex allergy? No

Do you have any medication allergies? No

Medication allergy details:

Do you have any of the following (in case an MRI is ordered)? None

Prior Treatment/Testing

PT: None

Chiropractic: None

Injections: None

MRI: When: Where: Columbia Baptist Hospital

Plain Spine X-Rays: No X-Rays were done.

Past Medical History

Previously diagnosed with a spine deformity?

Prior neck or back surgery? No

Other Medical Conditions

Do you use any of the following assistance devices? None

Currently being treated for any other medical condition? No

Review Information

1st Review

Review Completed By:

Review Date:

Impression:

Disposition:

Comments/Instructions:

PCP	Referral Source	
Bernardo MD, Darly	Self Referred ,	
Family Healthcare-Newberry		
P: 803-405-1900		
F: 803-405-1919		
2605 Kinard Street		
Newberry, SC 29108		

Referral Assignment

Where was the original referral directed?

Spine Center

July 17, 2012

Darby Bernardo, MD
2605 Kinard Street
Suite 200
Newberry SC 29108

RE: Johnathon Richardson
DOB: 02/20/1988

Dear Dr. Bernardo:

I had the pleasure of seeing Johnathon Richardson in neurosurgical consultation. He is a 24-year-old male who has been really struggling with neurogenic claudication for such a young age for the past year and a half. His symptoms have progressed to the point where he has a hard time standing or walking for any length or distance. Extending his spine is worst for him and sleeping is similarly uncomfortable. He obtains at least some partial relief sitting down or leaning forward. His pain typically is a 7/10 on a daily basis and seems to be progressing rapidly. He does have some urinary hesitancy. Work at a lumber mill seemed to have aggravated his symptoms. He is otherwise healthy and has no history of directly injuring his back. He has had a car accident in the past but did not have symptoms following this.

MEDICATIONS:

His medications currently consist of Soma, Norco, and Motrin. Reports an ALLERGY TO MOBIC.

FAMILY HISTORY:

His family history is significant for diabetes and malignancies.

SOCIAL HISTORY:

The patient does not consume alcohol and he smokes a half pack to a pack a day.

Diplomate of the American Board of Neurological Surgery (Board Certified) *Fellow of the Royal College of Surgeons of Canada (Board Certified)

115 Academy Avenue • Greenwood, SC 29646 • Phone: (864) 943-1267 • (800) 611-0823 • Fax: (864) 943-1860

PATIENT: RICHARDSON, JOHNATHON

REVIEW OF SYSTEMS:

A 10 system review is significant of the above noted symptoms and conditions in addition to arthritis and restless leg syndrome.

PHYSICAL EXAMINATION:

On examination the patient appeared quite uncomfortable in the seated position. He did have a tendency to lean forward and flex his lumbar spine. Standing is very difficult for him due to his pain. No kyphosis, no scoliosis. Nontender spine to palpation. His gait was shuffling without evidence of spasticity. No cranial nerve deficits. Motor strength and sensation was normal. No clonus was elicited.

I reviewed his MRI scan of the lumbar spine performed on April 30, 2012. This has a surprising high degree of central stenosis at L3-4 and to a lesser extent L2-3 for such a young age. His central stenosis at L3-4 is what I would consider to be severe. This is no doubt causing his discomfort which does consist of neurogenic claudication. I discussed the various treatment options with the patient today. Because the stenosis is so severe, I think that surgery could be considered as an outright option. Other considerations would be towards epidural steroid injections and referral to pain management but and this would not address his severe stenosis and with his urinary issues, I would rather decompress the spine. I discussed the details of surgery with the patient along with the risks, benefits and alternatives and following our conversation, we are going to proceed with surgery.

Sincerely,

Gregory McLoughlin, MD

: Diplomate of the American Board of Neurological Surgery (Board Certified) *Fellow of the Royal College of Surgeons of Canada (Board Certified)

115 Academy Avenue • Greenwood, SC 29646 • Phone: (864) 943-1267 • (800) 611-0823 • Fax: (864) 943-1860

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1122307

JOHNATHON ASHLEY RICHARDSON,
Employee,

vs.

BEAL LUMBER COMPANY, INC.,
Employer,

and

PALMETTO TIMBER S.I. FUND
c/o WALKER, HUNTER & ASSOCIATES, INC.,
Carrier.

DEPOSITION OF GREGORY S. MCLOUGHLIN, M.D.

DATE TAKEN:	March 26, 2013
TIME BEGAN:	4:09 p.m.
TIME ENDED:	5:11 p.m.
LOCATION:	Carolina Neurosurgery & Spine Center, P.A. 115 Academy Avenue Greenwood, South Carolina
REPORTED BY:	Rusti Davis, Court Reporter GALLAGHER COURT REPORTING 864-234-5744

APPEARANCES

SAMUEL M. PRICE, JR., ESQUIRE
1413 Main
P.O. Drawer 836
Newberry, South Carolina 29108
Attorney for Employee.

E. SCOTT WINBURN, ESQUIRE
MCANGUS, GOUDELOCK & COURIE
Meridian, 10th Floor
1320 Main Street
Columbia, South Carolina 29201
Attorney for Employer/Carrier.

ALSO PRESENT: Johnathon A. Richardson
Catherine Austin

STIPULATIONS: The within deposition was taken pursuant to
the South Carolina Rules of Civil Procedure.

WAIVER: Examination and reading of the deposition are waived
by the witness and by the parties.

I N D E X

Examination by	Page
Mr. Winburn	4
	34
Mr. Price	20

E X H I B I T S

Number	Description	Page
1	Packet of Medical Records (25 pgs.)	5
2	Video (first half of the first of the three videos on the disc)	37

*Exhibit 1 attached to all transcripts.

*Exhibit 2 attached to original transcript only.

1 GREGORY S. MCLOUGHLIN, M.D., being duly sworn,
2 testified as follows:

3 EXAMINATION BY MR. WINBURN:

4 Q. Doctor, is it McLaughlin (phonetic)?

5 A. McLaucklin (phonetic).

6 Q. McLaucklin?

7 A. Correct.

8 Q. I want to pronounce it correctly. We met just a
9 second ago. My name is Scott Winburn, and I
10 represent Beal Lumber and their insurance carrier
11 in connection with Mr. Richardson's workers' comp
12 claim.

13 A. Sure.

14 Q. Have you ever had your deposition taken?

15 A. Yes.

16 Q. So you know the ground rules?

17 A. Yes.

18 Q. If I ask a poor question, which I'm likely to do,
19 just ask me to rephrase it.

20 A. Sure.

21 Q. And as I mentioned, I hope to go over some of
22 these documents that we have a question about and
23 hopefully piece together, I guess, the chronology
24 of this -- of these events.

25 Can you state your full name for the record?

1 A. Gregory Stuart McLoughlin.

2 Q. And Dr. McLoughlin, can you give us just a brief
3 recitation of your professional qualifications?

4 A. Okay. I did my undergraduate degrees in Canada,
5 Saskatoon, Saskatchewan. I did my medical school
6 there. I completed my neurosurgical residency
7 there. I became a board certified neurosurgeon.
8 At which point I came down to the United States,
9 and I completed a clinical fellowship at Johns
10 Hopkins in adult reconstructive spine surgery.
11 I've been here in this practice for almost three
12 years.

13 Q. Okay. And how long have you treated
14 Mr. Richardson?

15 A. I saw him one time.

16 MR. WINBURN:

17 Okay. If I can mark this for identification.

18 [Defendants' Deposition Exhibit No. 1 was marked.]

19 EXAMINATION RESUMED BY MR. WINBURN:

20 Q. I've marked this set of documents as Defense
21 Exhibit 1, and I just wanted to go through it
22 with you real quickly. And I'm turning to page
23 7, what we've marked as 7. I believe this is a
24 letter from you to Dr. Bernardo.

25 A. Yep.

1 Q. And you may have the same record.

2 A. I have that.

3 Q. Okay. Can you tell me what you diagnosed
4 Mr. Richardson with?

5 A. I -- going through my notes, I diagnosed him with
6 neurogenic claudication, which is a clinical
7 syndrome, manifests as back pain and leg pain,
8 due to an underlying condition called, spinal
9 stenosis. That was my ultimate diagnosis.

10 Q. Okay. Can you tell me what neurogenic
11 claudication is and how it's -- what causes it or
12 can cause it?

13 A. Neurogenic claudication is really a clinical
14 syndrome, so it's a constellation of symptoms due
15 to compression of the lumbar nerves. It often
16 manifests as pain in your back, often in the
17 legs, typically with standing and walking.
18 Patients also have pain when they're lying flat.
19 They typically feel better or have less symptoms
20 when they lean forward or sit down.

21 Q. Okay. Is it -- I know these are my words
22 obviously. Is it fair to say that standing and
23 walking can precipitate this condition or cause
24 this condition?

25 A. It doesn't cause the condition. The condition is

1 caused by spinal stenosis --

2 Q. Okay.

3 A. -- but standing and walking can cause the
4 symptoms.

5 Q. And can you tell me a little bit about -- can you
6 describe for me spinal stenosis?

7 A. Spinal stenosis is a term referred to narrowing
8 of the canal where the nerves exist. You
9 typically see that in an older population
10 associated with arthritis of the spine. And in
11 Johnathon's case, with his age, it is often in
12 part due to congenital spinal stenosis, which is
13 a little different. That refers to being born
14 with a narrow -- naturally narrow spinal canal.

15 Q. I may read a few excerpts from his deposition,
16 and I'd submit to you one of the issues, I think
17 it's fair to say, is when and how this -- his
18 back condition arose.

19 A. Sure.

20 Q. That's really why we're here. I don't think
21 that, you know, there's much dispute that the
22 condition exists.

23 In that same letter -- let me strike that.

24 Were you able to review any other records prior
25 to your seeing Mr. Richardson?

1 A. The only review that I see is one of our intake
2 forms --

3 Q. Uh-huh.

4 A. -- where one of our staff calls a patient for
5 preliminary information, and that really is the
6 only source of information that I had available
7 to me.

8 Q. Okay. And do you know -- I see you mentioned
9 that he has had a car accident in this case?

10 A. Uh-huh.

11 Q. Do you have any other understanding of the
12 severity of that car accident or any details?

13 A. I can't recall. If it was something significant
14 or something substantial, I probably would have
15 elaborated on that, but I can't recall.

16 Q. Okay. I'm going to go through -- backing up just
17 a minute. I'm turning now to a document I don't
18 believe you have. It's page 5 of the exhibit.
19 And if I may just read it into the record. This
20 is from Family Healthcare in Newberry, and the
21 date is January 26, 2012. And in that first
22 paragraph it reads, patient reports motor vehicle
23 accident, sorry, MVA, about two to three years
24 ago, was back-seat passenger, no seat belt, and
25 was thrown from the car, no medical treatment.

1 Patient reports, in quotes, I was young and
2 didn't think I was hurt, end quote. Patient
3 reports working at lumberyard stacking lumber.
4 Under history of present illness, throbbing pain
5 above the tailbone, times one year, with
6 radiation to B, slash, L - I guess, bilateral -
7 post thighs, stacks 16 foot wood for work, had
8 lumbar x-ray 2011, very mild height loss to L1.
9 And then it goes on. I think he's prescribed
10 Flexeril. Does that -- were you aware that he
11 was involved in an accident, according to this
12 record, where he was thrown from the vehicle?

13 A. No.

14 Q. All right. The next record I'm turning to, I
15 believe it is from Dr. LaMotta, and I can make
16 sure. Is it your understanding that Dr. LaMotta
17 saw Mr. Richardson prior to seeing you?

18 A. No.

19 Q. Okay. I think I've got my dates correct.

20 A. I don't know who Dr. LaMotta is.

21 Q. He is with Midlands Orthopaedics.

22 A. Okay.

23 MR. WINBURN:

24 Do you all have those notes?

25 MR. PRICE:

1 I don't know.

2 MR. WINBURN:

3 Just let me know if you need more time.

4 MR. PRICE:

5 Scott, any notion when he saw LaMotta?

6 MR. WINBURN:

7 It looks like he seen him in April of 2012.

8 Well, I may be wrong. Hang on. This may be

9 Bernardo. Let me look here.

10 MR. PRICE:

11 We've got April 2, 2012, Family Healthcare.

12 That's Bernardo.

13 MR. WINBURN:

14 Okay. This may be Bernardo. This looks like

15 Bernardo then.

16 MR. PRICE:

17 Then we've got April 27th, Moore Orthopaedic,

18 back pain, and then April 30, Palmetto Health

19 Baptist.

20 MS. AUSTIN:

21 MRI.

22 MR. WINBURN:

23 Okay. I believe this is a LaMotta record. It

24 looks a little different because it's -- let's go

25 off the record just a minute.

1 [Discussion off the record.]

2 EXAMINATION RESUMED BY MR. WINBURN:

3 Q. Doctor, I'll submit to you that this record, at
4 the bottom of the exhibit is page 6, which is
5 handwritten, and of course it appears that it's
6 entered 4/27/2012. And I would just read into
7 the record, the patient is a 24-year-old male,
8 who presents today for his initial evaluation of
9 low back pain. He states that he has been
10 suffering from this pain for two years now.
11 My question is, if this record was noted on April
12 27, 2012, and he has been experiencing this pain
13 for two years, is it fair to say that, according
14 to this record, he's been experiencing pain since
15 on or about April 27, 2010?

16 A. If that's what he stated.

17 Q. Okay. I'd like to turn your attention to
18 emergency room records, which is -- at the bottom
19 of the exhibit is handwritten page 12, and this
20 is dated, June 20, 2012. And the history of
21 present illness, present -- I'm sorry. Back pain
22 onset about two weeks and still present.
23 So, again, this would indicate that the onset was
24 in 2012?

25 A. Uh-huh.

1 Q. Does that appear to be consistent or inconsistent
2 with the previous record I just mentioned?

3 A. Sure.

4 Q. Is it fair to say it is inconsistent?

5 A. Yes.

6 Q. Okay. The next page, page 13, again, this is
7 from emergency room, a consultation. The
8 registration time is 5/27/2012, and past history
9 is noted for chronic back pain; is that correct?

10 A. Uh-huh.

11 Q. Okay. Chief complaint for this present injury,
12 according to this note, with the handwritten
13 number 13 on the bottom of Exhibit 1, injury to
14 the left hand. Injury happened just prior to
15 arrival. Also, this record indicates no other
16 injury; is that correct?

17 A. Uh-huh.

18 Q. Okay. On page 14 of Exhibit 1, with the
19 handwritten notation of page 14, emergency room
20 consultation in November 13, 2011, is it fair to
21 say that the chief complaint, according to the
22 record, is lower extremity pain and complaint,
23 problem in the left knee?

24 A. Right.

25 Q. Is that fair to say?

1 A. Yes.

2 Q. And again, chronic back pain is noted as a past
3 history?

4 A. Yes.

5 Q. Okay. Again, another emergency room record
6 dated, March 28, 2011. Is it fair to say that
7 the chief complaint listed on this note, with the
8 page number 15 of Exhibit 1, chief complaint,
9 back pain, onset about three months ago, and it
10 is still present?

11 The record goes on, patient notes the possibility
12 of an injury. Patient denies a recent injury.

13 Mechanism of injury, MVA. No other injury.

14 What would that record indicate to you?

15 I know this is not your record.

16 A. I'm not sure what he's referring to.

17 Q. Okay. Is it fair to say that they are
18 referencing what appears to be a motor vehicle
19 accident?

20 A. Yes.

21 Q. Okay. And again, this is the record dated --

22 MR. PRICE:

23 You know, I would object to this line of
24 testimony because actually these aren't his
25 records. I mean, what we're trying to do here is

1 establish he can read.

2 MR. WINBURN:

3 I note your objection, and I appreciate that.

4 I just want to make sure that Dr. McLoughlin is
5 at least provided with this information. It's
6 taken for information. Is that fair enough?

7 EXAMINATION RESUMED BY MR. WINBURN:

8 Q. Okay. Just a few more records, Dr. McLoughlin, I
9 wanted to turn your attention to.

10 And before I do that, if I may, one of the
11 questions -- do you know when he was hired by
12 Beal Lumber?

13 A. No.

14 Q. Do you know when Mr. Richardson first started to
15 complain of back pain to his -- according to his
16 testimony?

17 A. To me?

18 Q. Yes.

19 A. He said, for the past year and a half, from the
20 date I saw him. That's what he told me.

21 Q. And that's on -- that's the letter that we
22 referenced earlier?

23 A. Yeah.

24 Q. In a situation like this, are you ever able to
25 review all of the records in someone's file

1 before you see them or after you see them, or is
2 it more typically that you just see them without
3 the benefit of the records?

4 A. Those records typically aren't made available to
5 me.

6 Q. Right.

7 A. If it was a workers' compensation case, they
8 often are.

9 Q. Do you know, other than by what the claimant has
10 told you, when the onset of pain, back pain has
11 occurred or began?

12 A. Just what he told me.

13 Q. Okay. And if -- strike that.

14 Is it your understanding that the claimant was
15 not injured at all in the previous motor vehicle
16 accident?

17 A. What he told me is that he has had a car accident
18 in the past but did not -- but he did not have
19 symptoms following this. That's what he told me.

20 Q. Okay. And you're not aware of any records that
21 indicate to the contrary?

22 A. Huh-uh. No.

23 Q. Is that a no? Okay.

24 MR. WINBURN:

25 One of the things I have today is a video of the

1 claimant's work area and exactly what he did for
2 Beal Lumber. And I don't know if we can go off
3 the record and look at it and agree to it or
4 whether we need to just watch it now or what.
5 Do you want to go off the record just a second?

6 MR. PRICE:

7 Yeah, let's go off the record and look at it.

8 MR. WINBURN:

9 Okay. That's fine.

10 [Discussion off the record.]

11 [Watching video (later marked Defendants' Exhibit 2).]

12 EXAMINATION RESUMED BY MR. WINBURN:

13 Q. Dr. McLoughlin, we just looked at a video that we
14 provided to give you kind of an idea of what the
15 nature of the work is. And there may be a
16 dispute exactly as to the speed of the table or
17 the volume of work. And I'll ask you a couple --
18 I may ask you a couple of questions about that in
19 just a minute. I have a few other questions
20 about the exhibit that we've been going over
21 today.

22 On page 17 of Defendants' Exhibit 1, it looks
23 like a diagnostic imaging report from Newberry
24 County Memorial Hospital. Have you had a chance
25 to look at this --

1 A. No.

2 Q. -- before today?

3 Can you tell me what you make of this report?

4 And again, it's dated, 3/28/2011.

5 A. They are commenting on a minimal loss of height
6 of the --

7 [Reporter interruption.]

8 A. They are commenting on a minimal loss of height
9 of the anterior aspect of the L1 vertebral body.
10 whoever read this suspects it's chronic. They're
11 commenting that they see no evidence of this
12 representing an acute fracture. Otherwise, a
13 negative series.

14 Q. Okay. I suppose, I guess, my question would be,
15 can you tell from this report whether this lumbar
16 spine series would be indicative of chronic back
17 pain or acute -- an acute injury, or can you
18 tell?

19 A. I don't think you could diagnose back pain on a
20 radiograph study like this alone. They did
21 comment that there's no acute injury.

22 Q. I'm going to go back to your original letter,
23 which is, I think, on page 7 of the exhibit, and
24 then turning down to page 9. Are these your
25 records also --

1 A. Yes.

2 Q. -- from your office?

3 Okay. And if I could point out, it appears that
4 almost in the middle of the third, call it a
5 paragraph, on page 9, it says, these symptoms get
6 worse when you, end colon, stand, walk, and lie
7 down --

8 A. Yes.

9 Q. -- is that fair to say?

10 And is that essentially what you spoke of earlier
11 when you were describing the neurogenic
12 claudication? Is that --

13 A. That's consistent.

14 Q. -- consistent?

15 Okay. Just above that, two lines above, and I'll
16 read for the record, these symptoms started on,
17 and in parentheses, give specific date if known,
18 colon, two years. And that number is based upon
19 -- do you remember what that number is based
20 upon?

21 A. Two years. I think they're referring to two
22 years. The symptoms started on two years ago.
23 That's what I would take that as.

24 Q. So that would -- according to this, that might
25 mean on or about July of 2010?

1 A. Correct.

2 Q. All right. Going back to the original letter, my
3 question is -- you indicate that work at the
4 lumberyard seemed to have aggravated his
5 symptoms. We just showed you a video that we
6 allege indicates is indicative of the type of
7 work he was doing.

8 A. Right.

9 Q. My question is whether you can give an opinion as
10 to whether you believe the work at the lumberyard
11 aggravated a preexisting condition or whether you
12 can't, based upon the histories that we've been
13 talking about today?

14 A. I think my interpretation of what he described to
15 me is that working aggravated his pain. I think
16 that's what I would take that as is an
17 aggravation of, quite likely, a preexisting
18 condition.

19 Q. Right.

20 A. Specifically with the standing and walking,
21 symptoms that are often produced by that kind of
22 activity.

23 Q. All right. Can you tell whether or do you have
24 an opinion as to whether it was standing and
25 walking or whether it was maneuvering the lumber

1 as part of his work that caused that?

2 A. Typically it's the standing and walking. Lifting
3 doesn't typically cause these symptoms.

4 Q. All right. And we've had some discussion today,
5 and I suppose that unless we can consider the
6 previous medical records as the gospel -- it's
7 understood that he had a previous motor vehicle
8 accident approximately two years ago, give or
9 take. I'm sorry. I think when he was 18 or 19.
10 Is that your basic understanding?

11 A. I have to defer that to the other records. I
12 don't have a date when I talked to him. He just
13 told me he had a car accident in the past.

14 Q. Okay. Well, based on your testimony just a
15 minute ago, did I understand you correctly to say
16 that walking and standing is just as likely to
17 have caused these particular symptoms that are
18 associated with neurogenic claudication as
19 anything else?

20 A. Yes.

21 MR. WINBURN:

22 I think that's all I have.

23 EXAMINATION BY MR. PRICE:

24 Q. Doctor, as I understand it, part of your
25 examination consisted of an MRI?

1 A. Correct.

2 Q. Was that MRI -- do you have access to that?

3 A. Yes.

4 Q. Okay. How awkward would it be to pull that up
5 and let you show us what it is about his spine
6 that is abnormal?

7 A. You can try. Sometimes the software on this will
8 not work on a laptop, but it wouldn't be awkward
9 at all.

10 MR. PRICE:

11 We can go off the record while we do that.

12 [Discussion off the record.]

13 [Loading MRI disc on computer.]

14 THE DEPONENT:

15 I think there's two views that are most
16 representative. I'll pull them up side by side.
17 Do you just want me to describe what I see?

18 MR. PRICE:

19 Yes.

20 THE DEPONENT:

21 Okay. So this sequence of images on the left
22 side of the screen is sagittal, so it splits the
23 patient down the middle. So for reference, this
24 is the patient's back. This is the patient's
25 front. And these are the bones of the lumbar

1 spine, and we call them, five, four, three, two,
2 and one, referencing the lumbar spine. This is
3 the sacrum. And in between the back part of the
4 spine and the front part of the spine is this
5 canal that exists within the spinal nerves. And
6 so each of these individual strands that you can
7 see is an individual spinal nerve. Normally a
8 canal should be fairly open, such as this level,
9 where you have a white signal referring to
10 epidural fat and cerebrospinal fluid.

11 EXAMINATION RESUMED BY MR. PRICE:

12 Q. And you are looking at L1 now?

13 A. This would be five, four, three, two, one. 12,
14 T12 is a good reference of it.

15 Q. Okay.

16 A. As we come down into the lumbar spine, we can see
17 that some of that signal is lost. This would be
18 five, four, three, two -- L1, L2. Between L1 and
19 L2, it opens up again, and it gets pinched again
20 here in part because of some of the hypertrophied
21 ligament from the back of L3. And it's the worst
22 right here at L3-4, where there's clear loss of
23 that signal and compression of the nerves at this
24 level. Below that, again, it opens up. And if
25 we reference here in a cross-section, so for

1 example, this would be the patient's back. So
2 instead of split down the middle, we're doing a
3 cross-section.

4 Q. And where is the front, and where is the back?

5 A. This is the front.

6 Q. Okay.

7 A. And this is the back. And this is the canal
8 representing -- represented here on the sagittal,
9 and these individual dots are the nerves. And
10 this is a relatively normal-size canal. And the
11 compression that you see here is referencing
12 here. It's a little bit more narrow than like
13 that. That's relatively normal. And as we come
14 down, so we're starting to come down the spine,
15 we see it's relatively normal, some milder
16 compression there again. It's loading more
17 images. And it opens up again. And pretty soon
18 you're going to see the worst level, which is --
19 this is the worst level represented by here,
20 where you can see clear compression of the
21 nerves. And this is the worst level, then it
22 opens up again. It's a little bit compressed
23 there as well. So there are multiple levels of
24 spinal stenosis, some worse than others.

25 Q. Now, when you were talking about the strands of

- 1 nerves that come down the canal, how many strands
2 are we talking about?
- 3 A. There's five lumbar nerves and four or five
4 sacral nerves.
- 5 Q. So about 10 strands?
- 6 A. Yes. On average.
- 7 Q. Now, in the event there would be corrective
8 surgery --
- 9 A. Uh-huh.
- 10 Q. -- what do you actually do as you go in?
- 11 A. The purpose of the corrective surgery is to
12 decompress the nerves. And what I do is I take a
13 posterior approach, so I enter here from the
14 back.
- 15 Q. And you'd be entering about L where?
- 16 A. That's L3 and L4, between L3 and 4, right here.
- 17 Q. Okay. Where it's the worst?
- 18 A. Where it's the worst. And I literally unroof the
19 spine by removing this bone, called a
20 laminectomy. This bone is referred to as the
21 lamina, which stands for roof. You remove the
22 roof of the spine, something called a
23 laminectomy. Because he's got a disc protrusion
24 here, what I often do is I have to take that off
25 as well because it's part of the compression as

1 well. And I will do that as well, and I put an
2 interbody graft and often some screws to
3 stabilize the spine at that level.

4 Q. Now, when you were talking about what you take
5 off the backside, that's just a portion of the
6 vertebrae; is that --

7 A. Correct.

8 Q. Okay. So that would probably make him a little
9 shorter?

10 A. Not at all.

11 Q. Not at all. Okay.

12 A. No. In fact, when you put in an interbody graft,
13 you gain often 1 or 2 millimeters of height.

14 Q. And typically when that surgery is done, how long
15 does it take and what sort of recovery period is
16 there?

17 A. It takes about three months to recover before I
18 let somebody return to work typically. The
19 patient's walking the first day after surgery,
20 and their legs often feel better within 24 hours
21 of the surgery.

22 Q. And your knowledge from reading the literature,
23 what sort of success rate does that procedure
24 typically have?

25 A. The success rate varies from series to series.

1 I think with his stenosis and how much I can
2 decompress, I would say it's about 70 to 80
3 percent success rate.

4 Q. And your personal experience has reflected that
5 in your patients?

6 A. Yes.

7 Q. Okay. Now, I believe you were saying that when
8 you have a condition such as that, it could be
9 congenital?

10 A. Correct.

11 Q. What else could cause it if it is not congenital?

12 A. The other types of -- well, the other cause of
13 spinal stenosis is a wide variety. I mean, there
14 could be spinal stenosis caused from infection,
15 such as an epidural abscess. There can be spinal
16 stenosis caused by tumors that invade the spine.
17 More commonly, you develop spinal stenosis due to
18 arthritis of the spine. Or, with time, the
19 joints become enlarged, and the ligaments become
20 thick. And in doing so, they constrict the
21 canal. That's the most common cause.

22 Q. Can it be caused by trauma?

23 A. Spinal stenosis could definitely be caused by
24 trauma if it was a fracture with either loss of
25 alignment, instability, or a piece of the

1 fracture causing compression of the nerves.

2 Q. Okay. Now, on the video that we saw --

3 A. Yes.

4 Q. -- which was pleasant and reminded me of the days
5 that I worked at Columbia Lumberyard - if you
6 could imagine if the speed of the video was
7 increased by say three-fold, with boards stacking
8 up on themselves and the workers appearing to be
9 more like fighting fire to get the boards out,
10 could the motion that you saw, reaching for the
11 boards, trying to get control of the boards,
12 lifting the boards, twisting to get the boards
13 where they were, if it were on a high volume,
14 could that cause or aggravate the narrowing of
15 the canal?

16 MR. WINBURN:

17 Object to the form.

18 MR. PRICE:

19 So noted.

20 A. No.

21 Q. Doctor, on your letter of July 17, 2012 to Darly
22 Bernardo, just reading it in part, his pain is
23 typically 7, slash, 10 on a daily basis. It
24 seems to be progressing rapidly.

25 A. Correct.

1 Q. He does have some urinary hesitation.

2 Now, does the pain or the narrowing of the canal,
3 is that related to the urinary hesitancy?

4 A. It's possible.

5 Q. And could you expound on that?

6 A. The same nerves that exit the spine and innervate
7 the sensation and muscles of the legs also
8 innervate the bladder and bowel function, so the
9 same nerves are affected. And it could be a sign
10 of serious stenosis, and that was a concern that
11 I had when he mentioned that.

12 Q. And so I guess with some of your elderly patients
13 who have the same problems, if not worse, then
14 they have urinary and bowel problems related to
15 the constriction of the canal?

16 A. Correct.

17 Q. Okay. And it went on to say, work at the lumber
18 mill seems to have aggravated his symptoms. And
19 I'm sure at that time when you wrote that, you
20 believed that to be true. Tell us what you think
21 might have aggravated his symptoms.

22 A. It's difficult for me to say. I can't remember
23 specifically. If this was -- if I had known this
24 was a workers' compensation case, I probably
25 would have probed more, specifically to the

1 cause, the type of activity. From my
2 understanding, what I recollect is that he was
3 referring to the prolonged standing associated
4 with his job.

5 Q. Okay. So the standing might aggravate it, but
6 the twisting would not?

7 A. Typically not.

8 Q. All right. Referring to Mr. Winburn's Exhibit 1,
9 on page 6, if we could.

10 MR. PRICE:

11 Scott, if you could --

12 MR. WINBURN:

13 I'm sorry.

14 MR. PRICE:

15 Do you have page number 6?

16 MR. WINBURN:

17 I do.

18 EXAMINATION RESUMED BY MR. PRICE:

19 Q. And this is subject to my earlier objection, if I
20 can find what I'm looking for.

21 This -- these records seem to be in blocks.

22 A. Uh-huh.

23 Q. And when we see the narrative at the bottom, the
24 block above that is HPI.

25 A. Correct.

1 Q. Any notion what HPI stands for?

2 A. Typically in a medical record, HPI stands for
3 history of presenting illness.

4 Q. Okay. And we have here, about the fourth line
5 down, duration, one year, 2011. And I know these
6 aren't your records, but we also have in the
7 narrow -- in the narrative, been suffering from
8 this for two years now. Do you think the -- I
9 mean, what would you think would explain the
10 inconsistency, if you have any idea? And if you
11 don't, I understand why you wouldn't.

12 A. I can't comment on -- I don't think I can --

13 Q. Okay. That's fine. Now, when we look at page
14 17, that was the earlier diagnostic image
15 department --

16 A. Correct.

17 Q. -- can you tell from the report whether that was
18 an x-ray, an MRI, a CAT scan?

19 A. I believe it to be an x-ray.

20 Q. All right. Would that finding and impression -
21 that was done, looks like, March of 2011 - would
22 that be inconsistent with what you observed on
23 the MRI that we just looked at?

24 A. No.

25 Q. Because an x-ray, you just can't tell the detail?

1 A. Correct.

2 Q. Okay. Doctor, as I understand this, you know,
3 we've been given this exhibit that has a number
4 of medical records in it, which is a continuum of
5 time, and you're sort of like you came in and
6 took a snapshot in that continuum.

7 A. Correct.

8 Q. Is there any way that you can form a medical
9 opinion as to Mr. Richardson's situation as to,
10 did he have a preexisting condition, you know,
11 prior to his going to work? And the data on when
12 he went to work -- because he worked there twice.
13 You know, he worked for a while, and then he
14 stopped working. And then he went back to work.
15 But let's say for the last two-and-a-half years,
16 is there any way you can tell us whether or not
17 he had a preexisting condition prior to going to
18 work there?

19 A. My belief is congenital spinal stenosis can very
20 likely be a preexisting condition. The way your
21 spine is formed is a little abnormal, and you're
22 often born this way. So by definition, it's
23 almost a preexisting condition.

24 MR. PRICE:

25 Okay. May we go off the record?

1 MR. WINBURN:

2 Sure.

3 [Discussion off the record.]

4 EXAMINATION RESUMED BY MR. PRICE:

5 Q. As we were talking -- as we were looking at the
6 MRI and we were talking about the surgery, we
7 looked at a -- I forget whether it was L3 or L4
8 that seemed to have a protruding disc.

9 A. Correct.

10 Q. All right. Now, could that have been caused by
11 his work?

12 A. I believe that, based on my opinion, that to me
13 looks more of a chronic protrusion than an acute
14 disc herniation.

15 Q. Okay. And what -- is there anything about either
16 your examination or the MRI that would give you
17 that impression?

18 A. I don't see a large free fragment of a disc. To
19 me, this is more of a degenerative bulging of the
20 disc, more than a true disc herniation. And a
21 bulging disc is often of a chronic nature.

22 Q. All right, sir. Now, based on your examination
23 and study of the MRI, would you think that
24 Mr. Richardson's situation is going to get, as
25 far as his pain and the other -- well, that's

1 what he knows about, the pain. Do you believe
2 it's going to get better, stay the same, or get
3 worse with time if he does not get treatment?

4 A. Often gets worse.

5 Q. Do you think it could get to the point rendering
6 him totally disabled, without treatment?

7 MR. WINBURN:

8 Object to the form.

9 MR. PRICE:

10 So noted.

11 A. It depends how you define, totally disabled.

12 Q. As far as being able to work at any job at all
13 because --

14 A. It's possible.

15 Q. What would affect -- now, there seems -- as we go
16 through the emergency room records, we look at,
17 you know, he'll come in for a while, and then
18 time will go by.

19 Medically, what might cause this thing to hurt
20 for a period of time and then not hurt so bad?
21 Is that often the case with these types of --

22 A. It can happen, yes.

23 Q. And other than walking and standing, any other
24 things that you know that might aggravate the
25 pain?

1 A. Often lying flat can be painful.

2 MR. PRICE:

3 Okay. Doc, I thank you for your answers and your
4 candor. I have no further questions.

5 MR. WINBURN:

6 Just a couple of follow-ups, and I think we've
7 covered it.

8 EXAMINATION BY MR. WINBURN:

9 Q. Of course we're sympathetic to -- as I understand
10 your testimony, there's no question he has a, or
11 in your opinion, he has a congenital narrowing of
12 the spinal canal; is that right?

13 A. Correct.

14 Q. And I know we talked hypothetically on some of
15 the questions previously. If he had -- if he has
16 been experiencing similar pain, let's just say
17 for three years or four years, that he is
18 experiencing today, is there any way to know what
19 is aggravating his congenital -- congenital
20 spinal defect or spinal stenosis?

21 A. Could you repeat that question?

22 Q. Can I ask it another way, I guess?

23 If he is experiencing similar symptoms today that
24 he was, let's just say hypothetically, four years
25 ago, is there any way to know with any certainty

1 what exactly is aggravating his condition?

2 A. I don't think so.

3 Q. It could be -- it could be lying down, as I
4 understand your testimony?

5 A. Correct.

6 Q. Okay. would you recommend surgery in this case?

7 A. I'd have to reevaluate the patient, see what his
8 symptoms are, and most likely repeat his MRI.
9 what I have here is quite old.

10 Q. And are you providing any other opinions, other
11 than what we've discussed today, other than
12 what's in this letter, I suppose, and what we've
13 -- what we've been discussing as to the cause of
14 his complaints of pain? I mean, are you offering
15 any other opinions?

16 A. No.

17 MR. WINBURN:

18 I think that's all I have.

19 MR. PRICE:

20 Thank you, Doc. I don't have anything further.

21 [Discussion off the record.]

22 MR. WINBURN:

23 As we discussed just a minute ago, there are
24 three videos on this CD. We are -- I think by
25 agreement, we'll make the first half of the first

1 of the three videos the exhibit for the purposes
2 of the record, which will be Exhibit 2 for the
3 Defendants.

4 MR. PRICE:

5 And my agreement is that if the first video is
6 what we watched.

7 MR. WINBURN:

8 Sure. Sure.

9 MR. PRICE:

10 You know, it's to be whichever one we watched.

11 MR. WINBURN:

12 Sure. And of course, claimant is here, and he
13 can help us identify with that also.

14 MR. PRICE:

15 Right.

16 THE REPORTER:

17 Doctor, did you want to read or waive signature?

18 THE DEPONENT:

19 Pardon me?

20 THE REPORTER:

21 Did you want to read this deposition, or did you
22 want to waive signature?

23 THE DEPONENT:

24 I'll waive.

25 THE REPORTER:

1 And, Mr. Price, did you want a copy of the
2 deposition?

3 MR. PRICE:

4 Yes.

5 [Defendants' Deposition Exhibit No. 2 was marked.]

6 [Whereupon, at 5:11 p.m. the taking of the deposition
7 was concluded.]

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History & Physical Report #7

JOHNATHON A. RICHARDSON

12/7/2012 11:27 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White
Male

History of Present Illness (Alicia C Auton; 12/7/2012 11:36 AM)

The patient is a 24 year old male who presents with neck pain. Symptoms include neck pain, neck stiffness and impaired range of motion. Symptoms are located in the left posterior neck and right posterior neck. There is no radiation. The patient describes the pain as sharp and aching. Onset was gradual 6 month(s) ago. The patient describes symptoms as worsening. Note for "Neck Pain":

12/7/12 He is here today for a follow up on his neck pain. He states the pain medication makes the pain tolerable. He is short tempered and depressed.

Additional complaint:

Lower back pain is described as the following:

Note for "Lower back pain": Patient is here for a follow up on his lower back pain. He had a MRI done a year ago which showed he had 4 pinched nerves. He states he is having pain in his left hip due to the back pain. All he is able to do is lay around. He states he is between a rock and a hard place due to his insurance. He cannot have surgery due to having a pending workmans compensation case.

Allergies (Alicia C Auton; 12/7/2012 11:36 AM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (Alicia C Auton; 12/7/2012 11:36 AM)

Non Drinker/ No Alcohol Use

Caffeine Use

Current tobacco use. current every day smoker.

Medication History (Alicia C Auton; 12/7/2012 11:36 AM)

Soma (350MG Tablet 1 Oral at bedtime up to q 8 hours PRN muscle spasm, Taken starting 10/15/2012) Active.
Percocet (10-325MG Tablet 1 (one) Oral every six hours, as needed, Taken starting 11/14/2012) Active.

Review of Systems (JOHN H FERGUSON; 12/7/2012 12:02 PM)

General: Not Present- Fever.

Respiratory: Not Present- Difficulty Breathing.

Vitals (Alicia C Auton; 12/7/2012 11:37 AM)

12/7/2012 11:36 AM

Weight: 290 lb Height: 67.5 in

Body Surface Area: 2.5 m² Body Mass Index: 44.75 kg/m²

Temp.: 98.5° F

BP: 132/82 (Sitting, Left Arm, Standard)

Physical Exam (JOHN H FERGUSON; 12/7/2012 12:05 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative and Well groomed. **Posture** - Leaning forward. **Gait** - Slow and cautious and Stiff.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Head and Neck

Head - normocephalic; atraumatic with no lesions or palpable masses

Neck

Global Assessment - tender. no abnormal movements.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles.

Neuropsychiatric

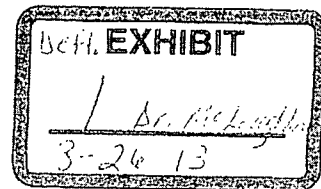
Orientation - oriented X3. The patient's mood and affect are described as - anxious and depressed.

Musculoskeletal

Spine/Ribs/Pelvis

Lumbosacral Spine:

Inspection and Palpation: **Tenderness** - moderate, generalized, medial low back and over spinal column. **Swelling** - none. Surrounding tissue tension/texture is - spasm.



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Functional Testing - Straight Leg Raising Test positive.

Lower Extremity

Ankle/Foot:

Phalanges:

Right:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Left:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Assessment & Plan (JOHN H FERGUSON; 12/7/2012 10:56 PM)

Lumbar disc disease (722.93)

Story: Due to insurance, must see neuro at Palmetto Health. Awaiting possible worker's comp.

Impression: Encouraged to ^ walking, decrease standing/sitting.

Current Plans

| Percocet 10-325MG, 1 (one) Tablet every six - eight hours, as needed, #100, 12/07/2012, No Refill. Active.

DISORDER, TOBACCO USE (305.1)

Current Plans

| Pt Education - Smoking: Ways to Quit: cigarettes

Depression with anxiety (300.4)

Current Plans

| PROzac 20MG, 1 Capsule daily in am, #30, 12/07/2012, Ref. x5. Active.

| FOLLOW-UP IN ONE MONTH.

| Rhiannon Larsen, LPN present during visit

Note: Accompanied by father

Signed electronically by JOHN H FERGUSON (12/7/2012 10:56 PM)

History & Physical Report #6

JOHNATHON A. RICHARDSON

10/15/2012 11:04 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White

Male

History of Present Illness (Alicia C Auton; 10/15/2012 11:07 AM)

The patient is a 24 year old male who presents with neck pain. Symptoms include neck pain, neck stiffness and impaired range of motion. Symptoms are located in the left posterior neck and right posterior neck. There is no radiation. The patient describes the pain as sharp and aching. Onset was gradual 6 month(s) ago. The patient describes symptoms as worsening. Note for "Neck Pain": Patient states his neck hurts worse until he pops it. He states it is worse in the am. His father states all he does is lay in the bed. He states his neck hurts all the time.

Allergies (Alicia C Auton; 10/15/2012 11:08 AM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (Alicia C Auton; 10/15/2012 11:08 AM)

~~Current tobacco use.~~ current every day smoker.

Caffeine Use

Non Drinker/No Alcohol Use

Medication History (Alicia C Auton; 10/15/2012 11:08 AM)

Naprosyn (500MG Tablet 1 Oral Two times daily, Taken starting 09/24/2012) Active.

Promethazine HCl (25MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/26/2012) Active. (Given by ER doctor.)

Norco (5-325MG Tablet 1 (one) Oral every 6-8 hours PRN severe pain, Taken starting 10/10/2012) Active.

Review of Systems (JOHN H FERGUSON; 10/15/2012 11:38 AM)

General: Not Present- Fever.

Respiratory: Not Present- Difficulty Breathing.

Gastrointestinal: Present- Constipation.

Vitals (Alicia C Auton; 10/15/2012 11:10 AM)

10/15/2012 11:08 AM

Weight: 284 lb Height: 67.5 in

Body Surface Area: 2.48 m² Body Mass Index: 43.82 kg/m²

Temp.: 98.1° F

BP: 132/86 (Sitting, Right Arm, Standard)

Physical Exam (JOHN H FERGUSON; 10/15/2012 11:37 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative and Well groomed. **Posture** - Leaning forward. **Gait** - Slow and cautious and Stiff.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Neuropsychiatric

Orientation - oriented X3. The patient's mood and affect are described as - anxious and depressed.

Musculoskeletal

Spine/Ribs/Pelvis

Lumbosacral Spine:

Inspection and Palpation: Tenderness - moderate, generalized; medial low back and over spinal column.

Functional Testing - Straight Leg Raising Test positive.

Lower Extremity

Ankle/Foot:

Phalanges:

Right:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Left:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060607381

Date 8/28/2012

Lexington Medical Center**Emergency Department Nursing Notes and Vital Sign**

Time Entered: 8/28/2012 20:15 Vitals Taken By: BAM

Temperature	Pulse	Blood Pressure	Respirations	Pulse Ox	Pain Scale
O	Right	R			Pain Level- Pt Accepts
T	Left	L			
R					

Nursing Notes

Time Note Entered	RN Initials	Note
8/28/2012 19:51	LKD	pt.; to rm with steady gait. C/O chronic back pain that increased yesterday. low back pain radiating to neck and head. Pt. denies recent injury. PERRL. equal bilat hand grasp. +PMS. full rom
8/28/2012 20:15	BAM	Discharge Ambulatory. D/C Instructions and Rx Given. Verbalizes Understanding
Primary Nurse Diagnosis		Primary Nurse Outcome
Comfort, Altered R/T cc		Relates Increased Comfort
Achieved		Yes
Primary RN (Print) Dachenhaus, Unda RN (LKD)		



FAMILY HEALTHCARE • NEWBERRY

Self Medical Group

DOCTYPE~

Patient: Johnathan A. Richardson
Encounter: Jan 26 2012 10:30AM

MRN: 542350

Chief Complaint

1. Back Pain

Patient is here to re-establish care--last visit 2008. Patient is here due to lower back pain. Patient reports went to ER at NCMH "a while back" and got voltaren and lortab. Patient reports MVA about 2-3 yrs ago was back seat passenger--no seatbelt and was thrown from car. No medical treatment patient reports "I was young and didn't think I was hurt" Patient reports working at lumberyard stacking lumber.

History of Present Illness

"throbbing pain to above talibone x 1 yr with radiation to b/l post. thighs"--"stack 18ft wood for work--had lumbar x-ray 2011--very mild height loss to L1, etodolac/lortab--helped. "no Incontinence" Flexeril made "restless legs worse, but controlled now"

Back Pain (Brief) - Family Medicine: The patient is being seen for an initial evaluation of back pain.

Symptoms: back stiffness, lower extremity numbness, lower extremity tingling and lower extremity weakness

The patient presents with complaints of bilateral lower back pain, described as sharp and throbbing, radiating to the bilateral lower leg. Symptoms are made worse by prolonged standing.

Review of Systems

Constitutional: Normal.
Eyes: Normal.
ENT: normal.
Cardiovascular: Normal.
Respiratory: Normal.
Gastrointestinal: Normal.
Genitourinary: Normal.
Musculoskeletal: back pain.

Allergies

1. No Known Allergies

Vitals

	26Jan2012 10:24AM
Temperature	97.4 F
Heart Rate	68
Systolic	148
Diastolic	76
BMI Calculated	36.33
BSA Calculated	2.41
Height	6 ft
Weight	269 lb 3.2 oz

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RICHARDSON, JOHNATHAN (id #2064420, dob: 02/20/1988)

NORCO 7.5 MG-325 MG TAB	04/27/12 entered
Take 1 tablet(s) every 6 hours by oral route.	
PARAFON FORTE DSC 500 MG TAB	04/27/12 entered
Take 1 tablet(s) 3 times a day by oral route.	

AllergiesReviewed allergy history (no data recorded) without changes
NKDA**Past Medical History**

Reviewed past medical history.

Family HistoryReviewed family history & made changes
Non-contributory.**Social History**

Reviewed Social History & made changes
 Ortho
 Alcohol intake: None.
 Number of children: 0.
 Marital status: Single.
 Diet: Regular.
 Chewing tobacco: none.
 Cigar/Pipe Use: N.
 Smoker (1 PPD).
 Smoking Status: Current every day smoker.
 Are you currently employed?: Y.
 Occupation: stocking lumber.
 Employer: Beal Lumbar Co..

Vitals

BP: 167/112	Ht: 6 ft 4 in	Wt: 270 lbs
BMI: 32.9		

HPI**Lower Back**

Reported by patient.

Location: left; midline; posterior

Quality: aching; constant

Severity: severe; pain level 10/10; worst pain 10/10

Duration: 1 years; 2011

Timing: gradual

Context: bending; lifting; twisting

Alleviating Factors: lying down

Aggravating Factors: sitting; standing; walking; twisting

Associated Symptoms: no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits; weakness; numbness

Previous Surgery: none

Prior Imaging: x ray

Previous Injections: none

Previous PT: none

Work Related: no

Working: no

Notes: Pt states hes in constant pain!

The patient is a 24-year-old male who presents today for his initial evaluation of low back pain. He states that he has been suffering from this pain for 2 years now. He has just obtained insurance to have it evaluated. He has been seen in Newberry for this. He has had x-rays performed. No significant findings were seen at that time. The pain is constant to the midline of the lower back. The patient points proximally over the fifth spinous process of the lumbar spine. The pain will intermittently radiate to the upper buttock usually with extending his back. He rates his back pain 10 on a 10. He rates his leg pain 8/10. There is no specific leg pain reported. There is no numbness, tingling, or weakness reported to the lower extremities. There is no bladder or bowel dysfunction reported. He has a prescription for an anti-inflammatory, muscle relaxers, and Lortab 7.5. He is about to run out of the pain medication. He takes at least one per day on average. There is no injury to report. His job requires lifting stacks of lumbar a repetitive basis.

ROS

July 17, 2012

Darby Bernardo, MD
2605 Kinard Street
Suite 200
Newberry SC 29108

RE: Johnathon Richardson
DOB: 02/20/1988

Dear Dr. Bernardo:

I had the pleasure of seeing Johnathon Richardson in neurosurgical consultation. He is a 24-year-old male who has been really struggling with neurogenic claudication for such a young age for the past year and a half. His symptoms have progressed to the point where he has a hard time standing or walking for any length or distance. Extending his spine is worst for him and sleeping is similarly uncomfortable. He obtains at least some partial relief sitting down or leaning forward. His pain typically is a 7/10 on a daily basis and seems to be progressing rapidly. He does have some urinary hesitancy. Work at a lumbar mill seemed to have aggravated his symptoms. He is otherwise healthy and has no history of directly injuring his back. He has had a car accident in the past but did not have symptoms following this.

MEDICATIONS:

His medications currently consist of Soma, Norco, and Motrin. Reports an ALLERGY TO MOBIC.

FAMILY HISTORY:

His family history is significant for diabetes and malignancies.

SOCIAL HISTORY:

The patient does not consume alcohol and he smokes a half pack to a pack a day.

Diplomate of the American Board of Neurological Surgery (Board Certified) *Fellow of the Royal College of Surgeons of Canada (Board Certified)

115 Academy Avenue • Greenwood, SC 29646 • Phone: (864) 943-1267 • (800) 611-0823 • Fax: (864) 943-1860

PATIENT: RICHARDSON, JOHNATHON

REVIEW OF SYSTEMS:

A 10 system review is significant of the above noted symptoms and conditions in addition to arthritis and restless leg syndrome.

PHYSICAL EXAMINATION:

On examination the patient appeared quite uncomfortable in the seated position. He did have a tendency to lean forward and flex his lumbar spine. Standing is very difficult for him due to his pain. No kyphosis, no scoliosis. Nontender spine to palpation. His gait was shuffling without evidence of spasticity. No cranial nerve deficits. Motor strength and sensation was normal. No clonus was elicited.

I reviewed his MRI scan of the lumbar spine performed on April 30, 2012. This has a surprising high degree of central stenosis at L3-4 and to a lesser extent L2-3 for such a young age. His central stenosis at L3-4 is what I would consider to be severe. This is no doubt causing his discomfort which does consist of neurogenic claudication. I discussed the various treatment options with the patient today. Because the stenosis is so severe, I think that surgery could be considered as an outright option. Other considerations would be towards epidural steroid injections and referral to pain management but and this would not address his severe stenosis and with his urinary issues, I would rather decompress the spine. I discussed the details of surgery with the patient along with the risks, benefits and alternatives and following our conversation, we are going to proceed with surgery.

Sincerely,

Gregory McLoughlin, MD

Requested disc
& report
6-18-12 HH

Dr. McLaughlin
MT Lumber

Priority
CONSULT

Print Date: 06/18/2012 Intake Date:
Spine History Form

Columbia Baptist
Hospital

Patient Demographic Information

Last Name: Richardson First Name: Johnathon
Birthdate: 02/20/1988 Age: 24 Gender: Male
Height: 6 ft. 4 in. Weight: 265 BMI: 32.25
Address: 370 Henderson Court Newberry, SC 29108 Daytime Phone: 803-597-0610 Nighttime
Phone: 803-940-6537
Insurance: Secondary Insurance:
Insurance Comments:
Account Number: - New Social Security Number: 251-75-7243
Does the patient smoke? Yes

Symptoms

Chief Complaint: The pain is in the low back that radiates into both legs. Pain is also in the left hip.

Referring Diagnosis: N/A

Describe your spine symptoms: Pain

Where is your pain located? Low back, Hip, Leg

Pain is worst in: Low back

Pain rating (No pain=0, unbearable pain=10): 7

The pain is: Constant, Dull/Aching

Does the pain radiate or move to other parts of the body? Yes From low back to left leg

Where does the pain radiate? From low back to left leg, From low back to right leg

Does the pain radiate below your knee? No

How does the pain radiate to your leg? Back

Which part of your leg does the pain go to? Left Hip, Left Mid/upper thigh, Right Mid/upper thigh

Where is your numbness and/or tingling? Leg

Additional numbness information:

Does the numbness/tingling radiate or move to other parts of your body? No

These symptoms have been present for: >1 year

These symptoms started on (give specific date, if known): 2 years

These symptoms improve when you: Never improve

These symptoms get worse when you: Stand, Walk, Lie down

Are you able to perform your daily routine with these symptoms? Yes

What type of occupation do you have?

Other occupation information: Unemployed

Have you ever filed a Workers' Compensation claim related to a neck or back injury? No

The symptoms began: With no known cause

Since the onset of symptoms, have you experienced any new problems urinating or having bowel movements? No

What other doctors (non-chiropractors) have treated you for your spine problem?

Doctor's Name	Specialty	Month/Year
Bernardo MD, Darly	Family Practice	

L3-4
HNP
+
stenosis

Have you taken prescription medication for this problem? Yes

Are you using any now? Yes

Current medications for this illness or injury:

Prescribing MD's Name	Medication Name	Date Prescribed
Midlands Orthopaedic	Norco	

Medrol Dose Pak: None

Are you allergic to intravenous contrast dyes? No

Are you allergic to steroids? No

Do you have a latex allergy? No

Do you have any medication allergies? No

Medication allergy details:

Do you have any of the following (in case an MRI is ordered)? None

Prior Treatment/Testing

PT: None

Chiropractic: None

Injections: None

MRI: When: Where: Columbia Baptist Hospital

Plain Spine X-Rays: No X-Rays were done.

Past Medical History

Previously diagnosed with a spine deformity?

Prior neck or back surgery? No

Other Medical Conditions

Do you use any of the following assistance devices? None

Currently being treated for any other medical condition? No

Review Information

1st Review

Review Completed By:

Review Date:

Impression:

Disposition:

Comments/Instructions:

PCP	Referral Source	
Bernardo MD, Darly	Self Referred ,	
Family Healthcare-Newberry		
P: 803-405-1900		
F: 803-405-1919		
2805 Kinard Street		
Newberry, SC 29108		

Referral Assignment

Where was the original referral directed?

Spine Center

Other General Comments

Other pertinent information/general comments:

Care Coordinator Information

Care Coordinator: CC Unassigned

Staff Comments

Intake Specialist Comments:

6/18/2012 9:59:28 AM [Renee Hill]: Requested disc and report from Columbia Baptist Hospital.

Date of first intake attempt:

Date of second intake attempt:

Films/Reports Comments:

Films Pickup Letter Sent Date:
Electronically Signed on

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000483209

2669 Kinard Street, Newberry, SC 29108 803-276-7570

24y, M

Registration Date/Time: 06/20/2012 16:47

Time Seen: 17:46 Jun 20 2012.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

BACK PAIN. Onset- about 2 weeks and it is still present (states has been seeing orthopedist for back pain (felt to be related to work at a lumbar yard) states has had x rays and MRI

states lost job since being placed on light duty, then got fired hasnt been able to see orthopedist). It is described as being moderate in degree and in the area of the lower lumbar spine. The quality is noted to be dull and similar to prior episodes. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.

Similar symptoms previously:

REVIEW OF SYSTEMS

No fever, chills, difficulty with urination, abdominal pain or nausea. No vomiting.

PAST HISTORY

See nurses notes.

Additional Surgeries:

no known surgeries.

Medications:

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).

Mobic Oral (Tablet 7.5 mg) 1 tablet, DAILY.

Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY..

Allergies:

No Known Drug Allergy..

SOCIAL HISTORY

Nonsmoker - unknown if ever smoked. No alcohol use or drug use.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. No acute distress.

Vital Signs: Have been reviewed and appear to be correct.

HEENT: Normal external inspection.

ENT: Pharynx normal.

Neck: Painless ROM.

VS: Heart sounds normal.

Respiratory: No respiratory distress. Breath sounds normal.

Back: Normal inspection. Soft tissue tenderness. Limited ROM in the back.

LOST JOB



EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000479189

2669 Kinard Street, Newberry, SC 29108 803-276-7570

24y, M

Registration Date/Time: 05/27/2012 22:30

Time Seen: 01:20.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

Chief Complaint- Injury to the left hand. The injury happened just prior to arrival.

The patient sustained a laceration from a knife. Occurred at home.

Patient is experiencing moderate pain. No other injury.

REVIEW OF SYSTEMS

The patient sustained a laceration to the left hand. No swelling, tingling, numbness, weakness or foreign body.

PAST HISTORY

Chronic back pain.

Additional Surgeries:

no known surgeries.

Medications:

CLORZOXAZON 500 MG 2 X DAILY.

Mobic Oral (Tablet 7.5 mg) 1 tablet, DAILY.

Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY..

SOCIAL HISTORY

Smoker - current status unknown. Occasional alcohol use.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. Oriented X3.

Vital Signs: Have been reviewed.

Respiratory: No respiratory distress.

Skin: Skin warm and dry.

Extremities: Left hand: mild tenderness and 4.0 cm laceration localized to the distal and radial aspect of the hand. Neurovascular intact distally. No deformity. No wrist injury. Extremities otherwise negative.

Neuro, Vascular and Tendons: Vascular status intact. Sensation intact.

Motor intact. Tendon function intact.

Neuro: Oriented X 3. No motor deficit.

PROGRESS AND PROCEDURES

Laceration Repair: Time: 01:25. Location: left hand. Length: 4 cm.

Complexity: simple (local anesthesia used and sutured).

Wound depth/shape- subcutaneous and involving fascia. Distal

Charing At Fish

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000448056

2669 Kinard Street, Newberry, SC 29108 803-276-7570

23y, M

Registration Date/Time: 11/13/2011 11:45

Sunday

Time Seen: 13:15.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

Chief complaint- LOWER EXTREMITY PAIN and complaint; PROBLEM IN THE LEFT KNEE. This started last night and is still present (persistent). The quality is noted to be sharp. Severity is described as being moderate (7-8 with ambulation). No radiation. Flexion- worsened by flexion and walking. Relieved by remaining still. He has had moderate difficulty walking. It has been associated with pain in the left leg. The patient has not had redness. No swelling, bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Patient denies an injury.

Similar symptoms previously: None.

Recent medical care: Not recently seen/assessed.

REVIEW OF SYSTEMS

No cough, chest pain, difficulty breathing or fever.

PAST HISTORY

See nurses notes. Chronic back pain.

Surgeries: No history of previous surgery.

Additional Surgeries:
no known surgeries.

Medications:

None..

Allergies:

No Known Drug Allergy..

SOCIAL HISTORY

Current smoker (cigarettes)- 1 pack per day. No alcohol use or drug use.

PHYSICAL EXAM

Appearance: Alert. Oriented X3. No acute distress.

CVS: Normal heart rate and rhythm. Heart sounds normal.

Respiratory: No respiratory distress. Breath sounds normal.

Back: Normal inspection. No tenderness.

Skin: Skin intact. Skin warm and dry. Normal skin color. Normal skin turgor.

Extremities: Left knee: mild tenderness located in the suprapatellar area and medial joint line. Neurovascular intact distally. No ligamentous laxity of the anterior cruciate, posterior cruciate, medial collateral or lateral collateral. No joint effusion. No erythema, swelling, laceration, abrasion or ecchymosis. No puncture wound, foreign body or deformity. No limitation in

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000412496

2669 Knard Drive, Newberry, SC 29108 803-276-7570

23y, M

Registration Date/Time: 03/28/2011 10:37

Time Seen: 13:24; initial patient contact.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

Chief Complaint: BACK PAIN. Onset- about 3 months ago and it is still present. It has been constant. It is described as being severe and in the area of the lower lumbar spine. The quality is noted to be "pain". No radiation. Modifying factors- worsened by sitting. Relieved by standing.

Associated symptoms - No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.

Additional history - No recent injury, pain worse over the past 3 months. Pain meds helped some but did not totally relieve the pain. Says has not f/u with PCP b/c of no insurance.

Patient notes the possibility of an injury. Patient denies a recent injury. Mechanism of injury (MVA). No other injury.

Similar symptoms previously: He has had similar symptoms previously. These are chronic. Evaluation/treatment: x-rays and pain medication, NSAID and muscle relaxer prescribed.

Recent medical care: The patient was seen recently at this facility. Seen for similar symptoms. Diagnosis: back strain.

REVIEW OF SYSTEMS

No fever, chills, difficulty with urination; urinary frequency or hematuria.

PAST HISTORY

Negative. See nurses notes.

Surgeries: No history of previous surgery.

Medications:

None..

Allergies:

NKDA..

SOCIAL HISTORY

Current smoker (cigarettes)- 1 pack per day. No alcohol use or drug use.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. Appears to be in pain.

Vital Signs: Have been reviewed (BP: 115 / 66. HR: 65. RR: 16. Temp: 98.3

TRIAGE

Triage time 1046 AM.

Chief Complaint: BACK PAIN and (PATIENT STATES " I HAVE BEEN HERE FOR THIS SAME THING. DR HOLADAY TOLD ME TO COME BACK FOR AN XRAY IF IT DIDNT GET ANY BETTER, SO I AM HERE FOR AN XRAY ").

BP: 115 / 66. HR: 65. RR: 16. Temp: 98.3 oral. O2 saturation: 99 % room air. Alert. No acute distress. --10:50 Sinclair, Kimberly, L.P.N..

Medications

None. --1049 (03/28/11) Kimberly Sinclair, L.P.N..

Allergies

NKDA. --1049 (03/28/11) Kimberly Sinclair, L.P.N..

History

Onset (SEVERAL MONTHS AGO). Pain level now: 7/10. History of recent trauma (PATIENT STATES " ABOUT TWO YEARS AGO I WAS IN A CAR ACCIDENT, MY BACK HURT THEN FOR ABOUT 3 WEEKS THEN GOT BETTER. NOW I AM WORKING @ THE LUMBAR YARD (6 MONTH EMPLOYMENT) IN PAST THREE MONTHS I HAVE HAD TERRIBLE PAIN. IT GETS SOME BETTER OVER WEEKEND WHEN OFF"). ("I CANNOT SIT LONG AT ALL, THIS IS AWFUL").

Treatment PTA:

None.

PAST MEDICAL HX: Negative. Immunizations: up-to-date.

SURGERY HX: No history of previous surgery.

SOCIAL HX: Current smoker (cigarette)- 1 pack per day. No alcohol use or drug use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. No report of abuse. No infectious disease exposure.

Arrived by private vehicle and accompanied by family. Historian: patient.

Primary physician (BERNARDO). --10:50 Sinclair, Kimberly, L.P.N..

Assessment

Alert. Oriented X 4. Appears in no acute distress. Patient appears calm and cooperative. Respirations not labored. Breath sounds within normal limits. Abdomen soft and nontender. Vertebral point tenderness over the lumbar spine. Capillary refill less than 2 seconds. Mucous membranes are pink. Skin is warm and dry. --10:51 Sinclair, Kimberly, L.P.N..

Interventions

ID band on patient. To waiting room. --10:50 Sinclair, Kimberly, L.P.N..

PHYSICAL ASSESSMENT

Alert. Oriented X 4. Appears in no acute distress. (pt walks normally and moves without difficulty). Respirations not labored. Abdomen soft. Bowel sounds within normal limits. Normal inspection of the neck and back. Vertebral point tenderness over the lumbar spine. Capillary refill less than 2 seconds. ROM of extremities within normal limits. --13:56 Enlow, Deana, R.N..

NURSING PROGRESS NOTES

SEATED BACK IN WAITING AREA UNTIL BED AVAILABLE.. --10:51 Sinclair, Kimberly, L.P.N.

PATIENT STANDING IN WAITING AREA, NAD NOTED. PATIENT STATES " I CANNOT SIT DOWN FOR THIS LONG ". --12:39 Sinclair, Kimberly, L.P.N.

Three patient Identifiers checked. (pt ambulated to ft room 3 without

NEWBERRY COUNTY MEMORIAL HOSPITAL
2669 Kinard Street
Newberry, South Carolina 29108

DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name:	RICHARDSON, JCHNATHAN ASHLEY	MR#:	M001384084
Address:	370 HENDERSON CT	Anot#:	V00000412196
City/State/Zip:	NEWBERRY, SC 29108	Patient Type:	DEP ER
DOR:	02/20/1988	Room#:	
Age/Sex:	23/ M	Ordering Physician:	WHITE, MICHAEL MD
		Admitting Physician:	
Technologist(s):	SBE	Family Physician:	BERNARDO, MICHAEL MD

Procedure Date: 03/28/11
Requisition Number(s): 11-0007315
Procedure(s): LUMBAR SPINE 2 OR 3 VWS
CPT Code(s): 72100

Reason for Exam: Back Pain
Report Released: 03/28/11 1652
Alt. Rpt. Distrib:

INDICATION: Back pain.

TECHNIQUE: Lumbar spine series three views.

FINDINGS: Lumbar vertebral bodies show anatomic alignment. There is very slight loss of height of the anterior aspect of the L1 vertebral body that likely is chronic. I see no radiographic evidence if this is acute. The intervertebral disc space is well maintained in height.

IMPRESSION: Minimal loss of height of the anterior aspect of the L1 vertebral body which I suspect is chronic. I see no radiographic evidence that this is acute. Otherwise negative lumbar spine series.

Read By: LOUGH, LAWRENCE R MD

Electronically Signed By: LOUGH, LAWRENCE R MD

03/28/11 1632

JC

Report #: 0328-0061
CC:

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNATHAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000404840

2669 Kinard Drive, Newberry, SC 29108 803-276-7570

22y, M

Registration Date/Time: 02/08/2011 11:58

Time Seen: 12:46.

Arrived- By private vehicle.

HISTORY OF PRESENT ILLNESS

Chief Complaint: BACK PAIN. Onset was yesterday and it is still present. It is described as being moderate in degree and in the area of the lower lumbar spine. The quality is noted to be aching. No radiation.

Associated symptoms - No bladder dysfunction or bowel dysfunction.

Similar symptoms previously: He has had similar symptoms previously. (back pain priorly 2 y ago after mvc).

Recent medical care: Not recently seen/assessed.

REVIEW OF SYSTEMS

No fever, difficulty with urination, urinary frequency, headache or sore throat. No cough, abdominal pain or nausea. All systems otherwise negative, except as recorded above.

PAST HISTORY

Has had back injury after mvc 2 y ago. The patient has had prior back pain.

SOCIAL HISTORY

Residence: Dad. LMD= NFHC.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert.

Vital Signs: Have been reviewed.

Neck: Neck nontender.

CVS: Heart sounds normal. Pulses normal.

Respiratory: No respiratory distress.

Abdomen: Soft and nontender.

Back: Soft tissue tenderness in the right lower, left lower and mid central lumbar area. No vertebral point tenderness.

Skin: Normal skin color. Normal skin turgor.

Extremities: Extremities exhibit normal ROM.

Neuro: Oriented X 3. Mood/affect normal. No motor deficit.

PROGRESS AND PROCEDURES

Patient/family counseled.

Disposition: Condition: good and stable. Discharged.

CLINICAL IMPRESSION

Back pain.
Lumbar strain.

INSTRUCTIONS

Do not work (2/8 - 2/11/11).

Warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise.

Prescription Medications:

Lortab 5 mg: take 1 to 2 orally every 6 hours as needed for pain. Dispense fifteen (15). No refills. Generic substitute OK.

Ibuprofen 600mg tablets: take 1 tablet orally every 8 hours as needed for pain. Dispense 30. No refills.

Flexeril 10 mg: Take 1 orally every 8 hours as needed for muscle spasm. Dispense twenty (20). No refills. Generic substitute OK.

(Electronically signed by Holaday, Duncan, M.D. 02/08/2011 13:58)

Patient: RICHARDSON, JOHNATHAN ASHLEY Clinical Report - Nurses
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000404840 2669 Kinard Drive, Newberry, SC 29108 803-276-7570
22y, M Registration Date/Time: 02/08/2011 11:58

TRIAGE

Triage time 12:02. Acuity: LEVEL 3.

Chief Complaint: BACK PAIN.

BP: 141 / 88. HR: 66. RR: 16. Temp: 98.1 oral. O2 saturation: 99 % room air. Alert. No acute distress. --12:06 Davis, Amy, R.N..

Medications

None. --1205 (02/08/11) Amy Davis, R.N..

Allergies

NKDA. --1205 (02/08/11) Amy Davis, R.N..

History

This is a recurrent problem. Pain level now: 7/10. (pain increases with deep breath). History of recent trauma (pt does heavy lifting).

Treatment PTA:
(aleve).

PAST MEDICAL HX: Negative.

SURGERY HX: No history of previo. . surgery.
SOCIAL HX: Nonsmoker. No alcohol use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. No report of abuse. No infectious disease exposure.
Arrived by private vehicle. Historian: patient. Patient has a primary care physician. Primary physician (bernardo). --12:06 Davis, Amy, R.N..

Interventions

ID band on patient. To room. --12:06 Davis, Amy, R.N..

PHYSICAL ASSESSMENT

Alert. Oriented X 3, Appears in no acute distress. The patient appears uncomfortable. (pt does not want to sit in triage, due to pain increases). Respirations not labored. Abdomen soft and nontender. Soft tissue tenderness in the lumbar paraspinous region. Capillary refill less than 2 seconds. Sensation intact in extremities. ROM of extremities within normal limits. --12:07 Davis, Amy, R.N..

NURSING PROGRESS NOTES

Two patient identifiers checked. Call light placed in reach. Bed placed in lowest position. Brakes of bed on. Patient ready for evaluation- chart flagged. --12:26 Rowlette, Stacey, R.N.

DR. HOLADAY AT PATIENTS BEDSIDE FOR EXAMINATION.. --12:46 Sinclair, Kimberly, L.P.N.

TORADOL 60mg IM right gluteus maximus. --13:03 Davis, Amy, R.N.

Reassessment after medication administered. The patient has had no adverse reaction. Patient reports current pain level as 3/10. The patient reports back pain is still present and is currently mild in severity. Skin is warm and dry. --13:22 Sinclair, Kimberly, L.P.N..

DISPOSITION / DISCHARGE

BP: 129 / 82. HR: 78. RR: 16. Temp: 98.2 oral. O2 saturation: 99 % room air. Condition at departure: Improved and stable. Patient reports pain level on departure as 3/10. The goals identified in the patient's plan of care were met. Fall risk assessment completed. No fall risk identified. No learning barriers present. Discharge instructions reviewed with the patient. Reviewed warnings. Reviewed medication (LORTAB TAKE AS ORDERED / IBUPROFEN TAKE AS ORDERED / FLEXERIL TAKE AS ORDERED). Treatments reviewed. Reviewed referrals. Work note given (NO WORK ON 2/8-2/11). Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and accompanied by family. The patient left the Emergency Department ambulatory and via private vehicle. Family member driving. --13:23 Sinclair, Kimberly, L.P.N..

Locked/Released at 02/08/2011 13:23 by Sinclair, Kimberly, L.P.N.

CODING SUMMARY

Patient: RICHARDSON, JOHNATHAN ASHLEY

DOS: 02/08/2011

MR#: M001384084

Age/sex: 22y/M

Doctor: Holaday, Duncan, M.D.

Visit ID: V00000404840

Template: 08 Low Back Pain or Injury

--- CASE COMPLEXITY (marked items only)

Clinical Impression: Lumbar strain (847.2). Back pain (724.5#).

Symptoms: Chief Complaint: back pain.
all systems neg. except as marked

Past History: prior back injury prior back pain

Tests & Data:

Data Score = 0 (Low)

Procedures:

Disposition: Condition: good and stable. Discharged.

--- HISTORY AND PHYSICAL SUMMARY (marked items only)

H & P Analysis: 5 (does not include medical decision-making considerations).
level 5 ONLY if pertinent negative and positive systems in ROS have been
individually recorded.

HPI: 6 elements: Location Timing Duration Associated Symptoms
Severity Quality Free Text

ROS: 6 elements: Neurologic Pulmonary ENT GI Constitutional
GU

'All systems negative except as marked' is circled.

PFSH: 2 elements: Social Hx Past Hx Free Text

Physical Exam Systems: 8 systems: Neurologic Musculoskeletal GI
Respiratory CVS Psychiatric Constitutional Skin

Physical Exam Areas: 3 areas: Neck Back/spine Abdomen

--- CPT CODE ASSIGNMENTS

Assigned Level 1 2 3 4 5

Procedures:

Coder Signature: _____

This is a partial abstract of information documented in the full record.
Coder must use independent judgement in selecting codes.

(Electronically signed by Holaday, Duncan, M.D. 02/08/2011 13:58)

EMERGENCY ROOM CONSULTATION:

.....

Patient: RICHARDSON, JOHANNATHAN ASHLEY OrderSheet
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000404840 2669 Kinard Drive, Newberry, SC 29108 803-276-7570
22y, M Registration Date/Time: 02/08/2011 11:58

ORDER SHEET

Weight:

Allergies: NKDA

GENERAL ORDERS:

MEDICATION ORDERS:

Toradol IM 60 mg (12:53 02/08/2011 DHoladay M.D.) (Ack 13:00 ADavis R.N.)
(13:03 ADavis R.N.)

IV FLUIDS:

ORDER SHEET NOTES:

[Electronically signed by Holaday, Duncan M.D. (13:58 02/08/2011)]

[Electronically locked/signed by Sinclair, Kimberly L.P.N. (13:23
02/08/2011)]

EMERGENCY ROOM CONSULTATION:

Patient: RICHARDSON, JOHANNATHAN ASHLEY
Levels

Clinical Report - Physicians/Mid

MRN: M001384084

Newberry County Memorial Hospital

VisitID: V00000483689

2669 Kinard Street, Newberry, SC 29108 803-276-7570

24y, M

Registration Date/Time: 06/24/2012 16:54

Time Seen: 18:00.

Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS

BACK PAIN. It is still present. It is described as being in the area of the lower lumbar spine and radiating to the right lower extremity and to the left lower extremity. Modifying factors- worsened by standing, walking, rotation of the body, bending over or lifting. Relieved by remaining still or taking prescription medications. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.

Additional history - C/O financial issues slowing ortho injection TX..

Patient notes an injury (1 month ago). Occurred at work.

Recent medical care: (Dr. Bernardo: MRI, ortho referral.).

REVIEW OF SYSTEMS

No fever, chills, headache, sore throat or cough. No difficulty breathing, chest pain, abdominal pain, nausea or vomiting. No diarrhea, difficulty with urination or urinary frequency. Stopped taking Mobic..

PAST HISTORY

See nurses notes. Has had back injury.

Medications:

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).

Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY..

Allergies:

No Known Drug Allergy..

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. No acute distress.

Vital Signs: Have been reviewed.

HEENT: Normal external inspection.

Eyes: Pupils equal, round and reactive to light.

Neck: Normal inspection.

CVS: Normal heart rate and rhythm. Heart sounds normal.

Respiratory: No respiratory distress. Breath sounds normal.

Abdomen: Normal inspection. Soft and nontender.

Back: Mild vertebral point tenderness over the lower lumbar spine. No soft tissue tenderness, muscle spasm, limitation in ROM or CVA tenderness.

Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor.

Neuro: Straight leg raising: positive on the right at 60 degrees and positive on the left at 60 degrees.

PROGRESS AND PROCEDURES

Course of Care: 18:01. Patient called on reduced effectiveness of narcotic medications and risks of abuse. Stressed importance of orthopedic care and continuing care through Dr. Bernardo..

Disposition: Condition: good and stable.

CLINICAL IMPRESSION

Back pain: lumbar area with sciatica.

INSTRUCTIONS

Prescription Medications:

Soma 350 mg: Take 1 orally every 6 hours as needed for muscle spasm. Dispense twenty (20). No refills. Generic substitute OK.

Norco 10 mg tablets: take 1 orally every 6 hours as needed for pain. Dispense fifteen (15). No refill. Generic substitute OK.

OTC Medications:

Motrin (available over the counter): take according to label instructions.

Follow-up:

Return to the emergency department as needed.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by William Laugherty, F.N.P 06/24/2012 23:34)

Patient: RICHARDSON, JOHNATHAN ASHLEY Clinical Report - Nurses
MRN: M001384084 Newberry County Memorial Hospital
VisitID: V00000483689 2669 Kinard Street, Newberry, SC 29108 803-276-7570
24y, M Registration Date/Time: 06/24/2012 16:54

TRIAGE

Triage time 17:23. Acuity: LEVEL 4.

Chief Complaint: BACK PAIN (lower lumbar).

BP: 140 / 79 sitting L arm auto (reg adult cuff). HR: 59 (regular and normal rate). RR: 16 (regular, unlabored and normal). Temp: 98 F (oral). O2 saturation: -100 percent on room air. Alert. No acute distress. Pain level now: 9/10. --17:28 Stan Atkinson, R.N..

Medications

CLORZOXAZON 500 MG 2 X DAILY (stopped taking this due to stomach upset).
Norco Oral (Tablet 5-325 mg) 1 tablet, 4 X DAILY. --1727 (06/24/12) Norman Atkinson, R.N.

The following entry was struck by: "Liam Laugherty, F.N.P., 1759 (06/24/12)"
Reason - other.

<<STRICKEN ENTRY-- Mobic Oral (Tablet 7.5 mg) 1 tablet, DAILY. --1727
Norman Atkinson, R.N. --END STRIKE>>.

Allergies

No Known Drug Allergy. --1727 (06/24/12) Norman Atkinson, R.N..

Medication/allergy information source: the patient and patient's imported external medical record. --17:28 Stan Atkinson, R.N..

History

Onset (chronic back pain 2 years ago). (constant, radiates to lower legs, numbness, tingling).

Treatment PTA:

(loratab 1100 am today).

PAST MEDICAL HX: Immunizations: up-to-date.

SOCIAL HX: Smoker - current status unknown (cigarette)- 1 pack per day. No alcohol use or drug use. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. The learning needs assessment revealed no barriers. No report of abuse. No infectious disease exposure.

Arrived by private vehicle and accompanied by friend. Historian: patient. --17:28 Stan Atkinson, R.N.

(seen here 6/20 for same s/s). --17:30 Stan Atkinson, R.N..

Interventions

ID band on patient. To treatment room. Ambulatory by hospital staff. Patient instructions given. Notify nurse if condition changes or pain increases or prior to voiding. er 12. --17:28 Stan Atkinson, R.N..

PHYSICAL ASSESSMENT

Ambulatory to room. Alert. Oriented X 4. Appears in no acute distress. Pupils equal, round and reactive to light. No facial asymmetry noted. Respirations not labored. Chest nontender. Breath sounds within normal limits. Abdomen soft and nontender and normal bowel sounds. Capillary refill less than 2 seconds. Pulses within normal limits. Skin intact. Mucous membranes are pink. Skin is warm and dry. Normal skin turgor. --17:29 Stan Atkinson, R.N..

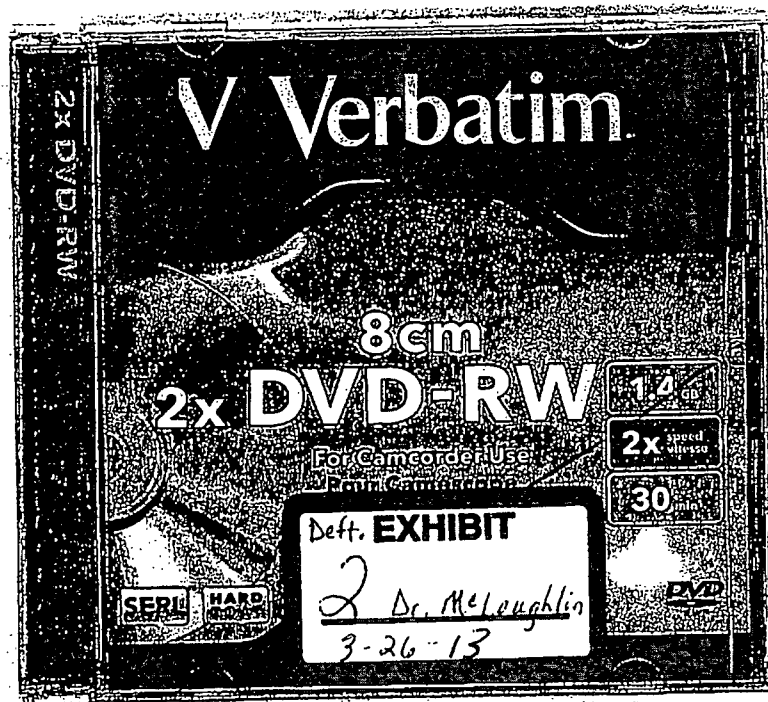
NURSING PROGRESS NOTES

Patient identifiers checked. The plan of care for this patient has been created. Head of bed elevated. Call light placed in reach. Side rails up x 1. Bed placed in lowest position. Brakes of bed on. Patient ready for evaluation. --17:29 Stan Atkinson, R.N.

(pt exam by w laugherty np). --18:21 Stan Atkinson, R.N..

DISPOSITION / DISCHARGE

BP: na. HR: na. RR: na. Temp: na. O2 saturation: na. Condition at departure: unchanged and stable. Patient reports pain level on departure as 9/10. No learning barriers present. Discharge instructions provided and reviewed with the patient. Reviewed medication side effects, precautions, dosing and course; prescription given to the patient. Reviewed referral to family practice for followup. Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and accompanied by companion. The patient left the Emergency Department ambulatory and via private vehicle. Companion driving. --18:22 Stan Atkinson, R.N..



ATTACHED TO ORIGINAL TRANSCRIPT
ONLY

Johnathan Ashley Richardson
Date of Birth: February 20, 1988

YES NO

- ☒ 1. Johnathan A. Richardson was examined by me after having an MRI scan of his lumbar spine performed on April 30, 2012.
- ☒ 2. After reviewing the MRI and a physical examination of Johnathan A. Richardson, my findings were set forth in a letter dated July 17, 2012.
- ☒ 3. I found that Johnathan A. Richardson has a surprising high degree of central stenosis at L3-4 and to a lesser extent L2-3.
- ☒ 4. Johnathan A. Richardson has a preexisting/genetic condition that caused him to be predisposed to the spinal stenosis.
- ☒ 5. Johnathan A. Richardson's job, which consisted of repetitively handling heavy rough cut hardwood lumber, taking the individual boards off the chain line and stacking the lumber requiring standing, walking, lifting, twisting, and grabbing, CAUSED the central stenosis of L3-4 and to a lesser extent L2-3.
- ☒ 6. Johnathan A. Richardson's job, which consisted of repetitively handling heavy rough cut hardwood lumber, taking the individual boards off the chain line and stacking the lumber requiring standing, walking, lifting, twisting, and grabbing, AGGRAVATED the central stenosis of L3-4 and to a lesser extent L2-3.

CAROLINA NEUROSURGERY AND
SPINE CENTER, P.A.


GREGORY S. MCLOUGHLIN, M.D.

Date: 12.12.13

The above opinions are stated to a reasonable degree of medical certainty.

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060507381

Date 8/28/2012

Lexington Medical Center

ID H00060507381

Emergency Department Record

History of Present Illness

PS

24 Year Old Male Patient Presents with back pain lumbar for 1 week(s). The Onset is gradual. The symptoms are Moderate. Additional Symptoms or Pertinent History also involve neck pain, back pain. Furthermore, the Patient/Family Denies BB Incont. leg pain or weakness. Patient states exacerbating Factors that occur are movement. ROS positive for neck pain, back pain..

Review of Systems

(Symptoms and Signs not covered in the HPI)

GU Neg	Neuro Neg	ENT	Resp Neg	Musculoskeletal Pos	Hematologic/Lymphatic
Skin Neg	Psych	Heart Neg	GI Neg	Endocrine	Allergic/Immunologic
Constitutional Sxs Neg				Eyes	

✓ All other ROS negative

✓ Vital Signs/Triage/Nursing Notes Reviewed and Agree

☐ Hx unobtainable due to Tx urgency or poor historian(s)

✓ Additional Information from Police, Ambulance, Nursing Home or Relatives

✓ Old Medical Records Reviewed

Past Medical History

chronic back pain.

Social History

worked as laborer in lumber yard

Family History

None

Physical Exam

Exam Time 19:50

PS

General Appearance WD WN A&O in NAD cooperative c good affect
 HEENT NO/AT, PERRL, EOMI, MMM, TM's NL, Pharynx NL
 Chest RRR s MRG Lungs CTA s tachypnea Chest wall NT
 Abdomen Abd wall s hernias:abn findings NL BS s bruits Soft, NT s HSM:mass
 GU
 Extremities Throughout all extremities Appearance normal Pulses 2+ (=) Full AROM Nontender
 Neuro CN2-12 intact. Motor (=) S5 Gross sensory intact Gait NL s ataxia
 Skin No pallor/rashes/bruising/petechiae/edema/jaundice. W & D
 Back NT, No CVAT, NL ROM, Spine paraspinal lumbar back pain
 Neck midline neck pain, Thyroid nonpalp. No JVD, Supple, No abnormalities noted
 Lymphatics

Repeat or Additional Clinical Notes

MD	Notes	Time
PS	.Shahbahrami MD-Primary ED Provider. Any lab test results, plain radiographs, ABG's, EKG's, and Pulse Oximetry were independently visualized and interpreted by this provider	8/28/2012 20:01
PS	Acute on Chronic LBP and neck pain, pt states will be seeing Rambo soon, normal neuro exam, no evidence of CES, will control pain	8/28/2012 20:02
PS	Pt Sx(s) improving. No Sx(s) or Objective findings that are life or limb threatening. Medically Screened and Stable for disposition(Transfer) from the ED	8/28/2012 20:03

04/02/2013 14:14 SAMUEL M - Jr. ATTY_AT_LAW

(F)

P.005/027

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060507381

Date 8/28/2012

Diagnostics

Specimen Collected / ECG Rad Ordered

MD Initials Time	Diagnostic Ordered	Result Interpretation	Result Reviewed By	RN Initials Time
RJK 8/28/2012 19:20	Pulse Ox	97%		RJK 19:20

Medical Orders

MD Initials Time	Order	RN Initials Time	Location-Response-Quantity	RN Remarks
PS 8/28/2012 20:03	Prednisone 60mg PO	BAM 20:12	nka	

MD Procedures

Procedure Description	Comments
Time 20:02 MD PS Continuous Pulse Ox	94762-26 CPT
Time 20:03 MD RJK Pulse Ox	

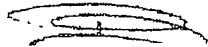
Recommended LOS/CPT/ICD-9 Code

Physician's LOS = 4 99294-25

Nurse's LOS = 3 611 APC

Diagnoses

back pain	724.5 ICD-9
Neck Strain	847.0 ICD-9
Back Strain	847.9 ICD-9

	MD	MD Time		RN	RN Date/ Time	Admit to
Disposition	PS	20:03	Discharge Home	BAM	8/28/2012	20:15
Condition	PS	20:03	Good	BAM	20:15	
Physician (Print)	Shahbahrani, Paul MD (PS)			Other Physicians		
Physician Signature				Shahbahrani, Paul MD (PS)		
Primary RN (Print)	Dachenhaus, Linda RN (LKD)			Other Nurses		
				Kerzan, Ryan J RN (RJK)-Dachenhaus, Linda RN (LKD)-McDonald, Beth A. LPN (BAM)-Meitze John Allen EDT (JAM)-Reed, Donald A EDT (DAR)-Harmon, Rodney Joe RN (JHR)		
				This chart has been electronically signed via the Empower software		

Patient Name **RICHARDSON, JOHNATHON**

Medical Record Number M000503385

Account Number H00060507381

Date 8/28/2012

**Lexington Medical Center
Emergency Department**

Discharge Instructions

Date/Time 8/28/2012 8:31:28 PM

Diagnoses

back pain

Neck Strain

Back Strain

You have been evaluated today by a healthcare provider practicing Emergency Medicine. In most cases follow-up care is recommended with your regular Doctor, HMO or Clinic.

Within 2 days WF Doctor EA HMO ED Clinic

Call for appointment as soon as possible. IDENTIFY Yourself as an ER Patient. If you don't have a doctor or need a specialist follow up with.

Physician;Specialist

Address

Phone

Additional Instructions:

If the symptoms worsen or new symptoms develop return to the Emergency Department (ED) immediately. Call your doctor for additional questions.

ED phone number: 803-791-2350

Return or call for worsening symptoms or any concerns.

Recheck Blood Pressure in 7-10 days.

Additional instructions were given on the following conditions:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|-----------------------------|
| ☒ | Abdominal Pain | ☒ | Neck Strain |
| ☒ | Allergic Reaction/ Rash | ☒ | Nose Bleed |
| ☒ | Asthma/ Wheezing/COPD | ☒ | Middle Ear Infection |
| ☒ | Back Pain | ☒ | PID/STD |
| ☒ | Chest Pain | ☒ | Sore Throat/Pharyngitis |
| ☒ | Conjunctivitis | ☒ | Threatened Abortion |
| ☒ | Corneal Abrasion/Eye Injury | ☒ | Toothache |
| ☒ | Fever | ☒ | Upper Respiratory Infection |
| ☒ | Fracture/Sprain/Contusion | ☒ | UTI/Kidney Infection |
| ☒ | Gastritis/Ulcer | ☒ | Vaginal Bleeding |
| ☒ | Head Injury | ☒ | Vomiting/Diarrhea |
| ☒ | Headache | ☒ | Wound Care/Sutures |
| ☒ | High Blood Pressure | | |
| ☒ | Kidney Stone | | |

Work/School Restriction:

- ☒ You may return to work/school today.
- You may return to work/school
- This information may be released to my school or employer
- ☒ If you had x-rays or blood tests, please note that these don't always show what's wrong. Sometimes x-rays don't show broken bones. After review by a specialist you will be notified if there is an abnormality.
- ☒ You may not drive or operate heavy machinery because the medicines you have may make you sleepy

Physician (Print)

Shahbahrani, Paul MD (PS)

Nurse Signature: _____

X

Patient Signature

x

Lexington Medical Center

Date Printed 8/28/2012

Emergency Department

Patient Name **RICHARDSON, JOHNATHON**

Phone: 803-701-2350

DOB 02/20/1988

Prescriptions

[illegible]

04/02/2013 14:15 SAMUEL M Jr. ATTY_AT_LAW

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P.007/027

Patient Name RICHARDSON, JOHNATHON

Medical Record Number M000503385

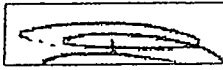
Account Number H00060507381

Date 8/28/2012

This Prescription is VOID if submitted to a Pharmacy 72 hours after the Date and Time listed above.

Physician (Print)

Shahbahrani, Paul MD (



DEA# BS927655

SUBSTITUTION PERMISSIBLE IN ORDER FOR BRAND NAME TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND MEDICALLY NECESSARY" ON
PRESCRIPTION

04/02/2013 14:15 SAMUEL M' _ Jr. ATTY_AT_LAW

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P.008/027

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060507381

Date 8/28/2012

Lexington Medical Center

Emergency Department Nursing Notes and Vital Sign

Time Entered: 8/28/2012 20:15 Vitals Taken By: BAM

Temperature	Pulse	Blood Pressure	Respirations	Pulse Ox	Pain Scale
O	Right	R			Pain Level- Pt Accepts
T	Left	L			
R					

Nursing Notes

Time Note Entered	RN Initials	Note
8/28/2012	19:51 LKD	pt.; to rm with steady gait. C/O chronic back pain that increased yesterday. low back pain radiating to neck and head. Pt. denies recent injury. PERRL equal bilat hand grasp. +PMS. full rom
8/28/2012	20:15 BAM	Discharge Ambulatory. D/C Instructions and Rx Given. Verbalizes Understanding
Primary Nurse Diagnosis		Primary Nurse Outcome
Comfort, Altered R/T cc		Relates Increased Comfort
		Achieved
		Yes
Primary RN (Print)	Dachenhaus, Linda RN (LKD)	

Lexington Medical Center

Medication Reconciliation

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060507381

Date of ED Visit 8/28/2012

Allergies

NKDA

Home Medications**Medications Administered in the Emergency Department**

Prednisone 60mg PO

Medication Prescription provided on Discharge

Norco 5/325 1 tab PO q4-6 hours prn pain #20 (twenty)

Phenergan 25mg p.o. QID prn N/V #20 (twenty)

Prednisone 10mg Disp QS Take PO QAM #6,5,4,3,2,1

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060676962

Date 9/6/2012

Lexington Medical Center

ID H00060676962

Emergency Department Record**History of Present Illness** PS

24 Year Old Male Patient Presents with back pain lumbar. The Onset is gradual. The symptoms are Moderate. Additional Symptoms or Pertinent History also involve LBP, LLE pain. Furthermore, the Patient/Family Denies BB incont, weakness. Patient states exacerbating Factors that occur are movement. ROS positive for back pain.

Review of Systems

(Symptoms and Signs not covered in the HPI)

GU Neg	Neuro Neg	ENT Neg	Resp Neg	Musculoskeletal Pos	Hematologic/Lymphatic
Skin Neg	Psych	Heart Neg	GI Neg	Endocrine	Allergic/Immunologic
☒ All other ROS negative				Constitutional Sxs Neg	Eyes Neg

☒ Vital Signs/Triage/Nursing Notes Reviewed and Agree☐ Hx unobtainable due to Tx urgency or poor historian(s)☒ Additional Information from Police, Ambulance, Nursing Home or Relatives☒ Old Medical Records Reviewed**Past Medical History**

chronic back pain.

Social History

worked as laborer in lumber yard

Family History

None

Physical Exam

Exam Time 12:43 PS

General Appearance WD WNL A&O in NAD cooperative c good affect
 HEENT NC/AT, PERRL EOML MMM TM's NL Pharynx NL
 Chest RRR s MRG Lungs CTA s tachypnea Chest wall NT
 Abdomen Abd wall s hernias; abn findings NL BS s bruits Soft. NT s HSM/mass
 GU
 Extremities Throughout all extremities Appearance normal Pulses 2+ (=) Full AROM Nontender
 Neuro CN2-12 intact, Motor (-) 5/5 Gross sensory intact Gait NL s ataxia
 Skin No pallor/rashes/bruising/petechiae/edema/jaundice. W & D
 Back NT. No CVAT, NL ROM. Spine unremarkable throughout
 Neck NT, FROM, Thyroid nonpalp No JVD, Supple No abnormalities noted
 Lymphatics

Repeat or Additional Clinical Notes

MD	Notes	Time
PS	.Shahbahrami MD-Primary ED Provider Any lab test results, plain radiographs, ABG's, EKG's, and Pulse Oximetry were independently visualized and interpreted by this provider	9/6/2012 13:04
PS	MRI reviewed from 4/30/12 (Baptist), Conus terminates L1-2 Broad Disc Annular Bulge/protrusion AP Canal 10-11mm, L3-4 large BBDB centrally and facet hypertrophy, effaces sac, AP Canal 6-7mm	9/6/2012 13:04
PS	Obese pt with know Lumbar disc disease primarily L3-4 presents again for continued pain, pain has continued Lumbar Spine, RLE pain, denies weakness, denies BB incont, normal neuro exam, no evidence of CES. Pt is pending Rambo eval in October 4th.	9/6/2012 13:00

04/02/2013 14:18 SAMUEL M F Jr. ATTY_AT_LAW

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P.017/027

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060676962

Date 9/6/2012

PS	Muscle strenth IP, Quad, Hams, Dors/plantarflexion foot symmetircal 5/5, EHL, LT symmetrical, Reflexes Patelar, Achilles symmetrical 2/2, normal perianal sensation, normal rectal tone, normal PVR, no saddle parasthesia	9/6/2012	14:14
PS	Spoke to neursurgery (Jay), will set for ESI and I/u in office	9/6/2012	14:15
PS	Pt Sx(s) improving. No Sx(s) or Objective findings that are life or limb threatening. Medically Screened and Stable for disposition(Transfer) from the ED.	9/6/2012	14:17

04/02/2013 14:19 SAMUEL M F Jr. ATTY_AT_LAW

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P.018/027

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060676962

Date 9/6/2012

Diagnostics

Specimen Collected / ECG Rad Ordered

MD Initials	Time	Diagnostic Ordered	Result Interpretation	Result Reviewed By	RN Initials	Time
JAM	9/6/2012 13:55	Pulse Ox	98%		JAM	13:55

Medical Orders

MD Initials	Time	Order	RN Initials	Time	Location-Response-Quantity	RN Remarks
PS	9/6/2012 12:51	Obtain records from Baptist MRI lumbar Spine	JAM	13:04	GIVEN TO MD	
PS	9/6/2012 12:51	Dilaudid 2mg IM	DDJ	13:05	Gluteal Left, allergies verified, ride at bedside	
PS	9/6/2012 12:51	Phenergan 25mg IM	DDJ	13:05	Gluteal Right, allergies verified, ride at bedside	
PS	9/6/2012 12:51	Undress Patient & Place in Hospital Gown	DDJ	12:53		
PS	9/6/2012 13:05	perform post void residual	DDJ	13:30	100mL void, 20mL post void cath	

MD Procedures

Procedure Description Comments

Time 14:17 MD JAM

Pulse Ox

Recommended LOS/CPT/ICD-9 Code

Physician's LOS = 4 99284-25

Nurse's LOS = 4 612 APC

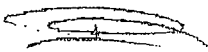
Diagnoses

back pain 724.5 ICD-9
Lumbar Disc Herniation 722.10 ICD-9

Notifications

MD Notified	Time Notified	MD Init
RAMBO, WILLIAM M JR, MD Discussed Relevant Hx, Exam. Diagnostic Evaluation & Disposition-Agrees c Plan.	13:41	PS

MD	MD Time	Disposition	RN	RN Date/ Time	Admit to
PS	14:17	Discharge Home	DDJ	9/6/2012	14:35
PS	14:17	Good	DDJ	14:35	

Physician (Print) Shahbahrani, Paul MD (PS)
Physician Signature 

Other Physicians
Shahbahrani, Paul MD (PS)

04/02/2013 14:20 SAMUEL M F Jr. ATTY_AT_LAW

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P.021/027

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060676962

Date 9/6/2012

Lexington Medical Center

Emergency Department Nursing Notes and Vital Sign

Time Entered: 9/6/2012 14:23 Vitals Taken By: DDJ

Temperature	Pulse	Blood Pressure	Respirations	Pulse Ox	Pain Scale
O ***	Right 70	R ***/**	16	98%	Pain Level- Pt Accepts
T	Left	L			
R					

Nursing Notes

Time Note Entered	RN Initials	Note
9/6/2012 12:44	DKR	Assessment: Mental Status-Alert Oriented X 3, Skin Integrity-W&D s rash or bruising, Musculoskeletal-mae, reports lower back pain, here for same on 8/28. Pt c slow gait, ambulatory.
9/6/2012 13:31	DDJ	In & Out cath performed using aseptic technique with 20 mL of clear yellow urine return
9/6/2012 14:35	DDJ	Discharged ambulatory with slow steady gait, D/C instructions and RXs given, verbalizes understanding.
Primary Nurse Diagnosis		Primary Nurse Outcome
Comfort. Altered R/T back pain		Relates Increased Comfort
		Achieved
		Yes
Primary RN (Print) Rhoney, Deana K RN (DKR)		

Lexington Medical Center

Medication Reconciliation

Patient Name RICHARDSON, JOHNATHON

Medical Record No. M000503385

Account Number H00060676962

Date of ED Visit 9/6/2012

Allergies

NKDA

Home Medications**Medications Administered in the Emergency Department**

Phenergan 25mg IM

Dilaudid 2mg IM

Medication Prescription provided on Discharge

morco 5/325 1 tab PO q4-6 hours prn pain #30(thirty)

phenergan 25mg p.o. QID prn N/V #30(thirty)

History & Physical Report #1

JOHNATHON A. RICHARDSON

9/17/2012 1:16 PM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White

Male

History of Present Illness (JOHN H FERGUSON; 9/18/2012 11:08 AM)

The patient is a 24 year old male who presents with a complaint of Transition into care. The patient most recently received care from an emergency room. Note for "Transition into care": Patient went to Lexington ER on September 6th due to neck and back pain. He has 2 pinched nerves in his back that was diagnosed 8 months ago by Moore Orthopaedic and then switched to Dr. McLaughlin out of Greenwood. He was to have surgery on his back but his insurance would not cover unless he was having surgery out of Palmetto Health Hospitals. Since then he has had neck pain and he states it is the same pain as the pinched nerves in his lower back. The ER doctor stated he could only give him enough medication until he could see a family doctor. He has an appointment with Dr. Rambo.

Allergies (Alicia C Auton; 9/17/2012 1:30 PM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (Alicia C Auton; 9/17/2012 1:30 PM)

Current tobacco use. current every day smoker.

Non Drinker/ No Alcohol Use

Caffeine Use

Medication History (Alicia C Auton; 9/17/2012 1:34 PM)

Norco (5-325MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/06/2012) Active. (Given by ER doctor.)

Promethazine HCl (25MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/06/2012) Active. (Given by ER doctor.)

PrednisONE (10MG Tablet 1 Oral daily, Taken starting 09/06/2012) Active. (Given by ER doctor.)

Medications Reconciled.

Review of Systems (JOHN H FERGUSON; 9/17/2012 2:30 PM)

General: Not Present- Fever.

Respiratory: Not Present- Difficulty Breathing.

Vitals (Alicia C Auton; 9/17/2012 1:35 PM)

9/17/2012 1:34 PM

Weight: 285 lb Height: 67.5 in

Body Surface Area: 2.48 m² Body Mass Index: 43.98 kg/m²

Temp.: 98.2° F

BP: 138/92 (Sitting, Left Arm, Standard)

Physical Exam (JOHN H FERGUSON; 9/17/2012 2:39 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative and Well groomed. **Build & Nutrition** - Muscular, Well nourished and Well developed. **Posture** - Normal posture. **Gait** - Slow and cautious.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Neuropsychiatric

Orientation - oriented X3. The patient's mood and affect are described as - depressed.

Musculoskeletal

Spine/Ribs/Pelvic

Cervical Spine: Examination of the cervical spine reveals - normal cervical spine movements.

Inspection and Palpation: **Tenderness** - moderate and generalized. **Swelling** - none.

Thoracic (Dorsal) Spine:

Inspection and Palpation: **Tenderness** - moderate and medial back.

Lumbosacral Spine:

Inspection and Palpation: **Tenderness** - moderate, generalized and over spinal column. **Swelling** - none.

Functional Testing - Straight Leg Raising Test positive.

Assessment & Plan (JOHN H FERGUSON; 9/17/2012 2:38 PM)

Lumbar disc disease (722.93)

Impression: Appt to see Dr. Rambo, will get notes.

Current Plans

- | Norco 7.5-32.5MG, 1 (one) Tablet every 6-8 hours PRN severe pain, #60, 09/17/2012, No Refill. Active.
- | Soma 350MG, 1 Tablet at bedtime up to q 8 hours PRN muscle spasm, #36, 09/17/2012, Ref. x1. Active.
- | Call the office if no improvement or symptoms worsen
- | Rhiannon Larsen, LPN present during visit

Signed electronically by JOHN H FERGUSON (9/18/2012 11:08 AM)

History & Physical Report #2

JOHNATHAN A. RICHARDSON
9/24/2012 4:55 PM
Location: PINNER CLINIC
Patient #: 30847-JR
DOB: 2/20/1988
Single / Language: English / Race: White
Male

The patient is a 24 year old Male.

Assessment & Plan (Hope Sinclair-Price; 9/24/2012 4:56 PM)

Back pain (724.5)

Current Plans

| Naprosyn 500MG, 1 Tablet Two times daily, #60, 30 days starting 09/24/2012, No Refill. Active.

Signed electronically by Hope Sinclair-Price (9/24/2012 4:57 PM)

History & Physical Report #3

JOHNATHAN A. RICHARDSON

9/26/2012 11:17 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White
Male

History of Present Illness (Rhiannon F Larsen; 9/26/2012 11:28 AM)

Patient words: Concerned about back pain, no better. Positive MRI, has appointment with Dr. Rambo 10/8/12. Currently in bed, unable to work. Taking Norco 2 tablets every 8 hours, Soma, and Naprosyn with little relief. Instructed to contact JHF if no improvement with meds.

940-6537 (father)

The patient is a 24 year old male

Allergies (Rhiannon F Larsen; 9/26/2012 11:22 AM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (Rhiannon F Larsen; 9/26/2012 11:22 AM)

Current tobacco use. current every day smoker.

Medication History (Rhiannon F Larsen; 9/26/2012 11:28 AM)

Norco (7.5-325MG Tablet 1 (one) Oral every 6-8 hours PRN severe pain, Taken starting 09/17/2012) Active.

Soma (350MG Tablet 1 Oral at bedtime up to q 8 hours PRN muscle spasm, Taken starting 09/17/2012) Active.

Naprosyn (500MG Tablet 1 Oral Two times daily, Taken starting 09/24/2012) Active.

Promethazine HCl (25MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/06/2012) Active. (Given by ER doctor.)

PredniSONE (10MG Tablet 1 Oral daily, Taken starting 09/06/2012) Active. (Given by ER doctor.)

Assessment & Plan (JOHN H FERGUSON; 9/26/2012 11:45 AM)

Lumbar disc disease (722.93)

Impression: Appt to see Dr. Rambo, will get notes.

Current Plans

1 Percocet 10-325MG, 1 - 2 Tablet every six hours, as needed, #60, 09/26/2012, No Refill. Active.

1 Promethazine HCl 25MG, 1 Tablet every four to six hours, as needed, #60, 09/26/2012, No Refill. Active.
Given by ER doctor.

Signed electronically by JOHN H FERGUSON (9/26/2012 11:50 AM)

History & Physical Report #4

JOHNATHAN A. RICHARDSON

10/3/2012 11:14 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White

Male

History of Present Illness (JOHN H FERGUSON; 10/3/2012 11:42 AM)

Patient words: Percocet will run out tomorrow. Has appt Monday with Dr. Rambo. Requesting refill through Monday. Pt with father. 940-6537, father 528-3995, pt

The patient is a 24 year old male

Allergies (JOHN H FERGUSON; 10/3/2012 11:29 AM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (JOHN H FERGUSON; 10/3/2012 11:29 AM)

Current tobacco use. current every day smoker.

Medication History (JOHN H FERGUSON; 10/3/2012 11:29 AM)

Norco (7.5-325MG Tablet 1 (one) Oral every 6-8 hours PRN severe pain, Taken starting 09/17/2012) Active.
Soma (350MG Tablet 1 Oral at bedtime up to q 8 hours PRN muscle spasm, Taken starting 09/17/2012) Active.
Naprosyn (500MG Tablet 1 Oral Two times daily, Taken starting 09/24/2012) Active.
Percocet (10-325MG Tablet 1 - 2 Oral every six hours, as needed, Taken starting 09/26/2012) Active.
Promethazine HCl (25MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/26/2012) Active. (Given by ER doctor.)
PrednisONE (10MG Tablet 1 Oral daily, Taken starting 09/06/2012) Active. (Given by ER doctor.)

Assessment & Plan (JOHN H FERGUSON; 10/3/2012 11:41 AM)

Lumbar disc disease (722.93)

Impression: Appt to see Dr. Rambo, will get notes.

Current Plans

1 Percocet 10-325MG, 1 - 2 Tablet every six hours, as needed, #60, 10/03/2012, No Refill. Active.

Signed electronically by Hope Sinclair-Price (10/3/2012 2:14 PM)

History & Physical Report #5

JOHNATHON A. RICHARDSON

10/10/2012 10:51 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White

Male

History of Present Illness (Hope Sinclair-Price; 10/10/2012 2:34 PM)

Patient words: Pt's father called, stated pt will be out of Percocet this afternoon. Pt had appointment with Dr. Rambo, 10/8/12, stated because it was Worker's Comp, Dr. Rambo would not see him. Father, Mark, stated he dropped off a copy of the MRI report to their attorney this am.

Sandra (Pinner Clinic) contacted Dr. Rambo's office to confirm story.
Per Dr. Rambo's staff, pt cancelled appointment, and they will see Worker's Comp cases.

940-6537, father

528-3995, pt

The patient is a 24 year old male

Allergies (JOHN H FERGUSON; 10/10/2012 11:07 AM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (JOHN H FERGUSON; 10/10/2012 11:07 AM)

Current tobacco use. current every day smoker.

Medication History (JOHN H FERGUSON; 10/10/2012 11:07 AM)

Norco (7.5-325MG Tablet 1 (one) Oral every 6-8 hours PRN severe pain, Taken starting 09/17/2012) Active.

Soma (350MG Tablet 1 Oral at bedtime up to q 8 hours PRN muscle spasm, Taken starting 09/17/2012) Active.

Naprosyn (500MG Tablet 1 Oral Two times daily, Taken starting 09/24/2012) Active.

Percocet (10-325MG Tablet 1 - 2 Oral every six hours, as needed, Taken starting 10/03/2012) Active.

Promethazine HCl (25MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/26/2012) Active. (Given by ER doctor.)

PrednisONE (10MG Tablet 1 Oral daily, Taken starting 09/06/2012) Active. (Given by ER doctor.)

Assessment & Plan (JOHN H FERGUSON; 10/10/2012 1:45 PM)

Lumbar disc disease (722.93)

Current Plans

| Percocet 10-325MG, 1 - 2 Tablet every six hours, as needed, #60, 10/10/2012, No Refill. Discontinued.

| Norco 5-325MG, 1 (one) Tablet every 6-8 hours PRN severe pain, #60, 10/10/2012, No Refill. Active.

Note: Nothing seems to be helping and the "story" is not consistent, so we will wean off the Stronger Medication.

Signed electronically by Hope Sinclair-Price (10/10/2012 2:37 PM)

History & Physical Report #6

JOHNATHAN A. RICHARDSON

10/15/2012 11:04 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White

Male

History of Present Illness (Alicia C Auton; 10/15/2012 11:07 AM)

The patient is a 24 year old male who presents with neck pain. Symptoms include neck pain, neck stiffness and impaired range of motion. Symptoms are located in the left posterior neck and right posterior neck. There is no radiation. The patient describes the pain as sharp and aching. Onset was gradual 6 month(s) ago. The patient describes symptoms as worsening. Note for "Neck Pain": Patient states his neck hurts worse until he pops it. He states it is worse in the am. His father states all he does is lay in the bed. He states his neck hurts all the time.

Allergies (Alicia C Auton; 10/15/2012 11:08 AM)

~~Flexeril~~ *MUSCULOSKELETAL THERAPY AGENTS*

Social History (Alicia C Auton; 10/15/2012 11:08 AM)

Current tobacco use. current every day smoker.

Caffeine Use

Non Drinker/ No Alcohol Use

Medication History (Alicia C Auton; 10/15/2012 11:08 AM)

Naprosyn (500MG Tablet 1 Oral Two times daily, Taken starting 09/24/2012) Active.

Promethazine HCl (25MG Tablet 1 Oral every four to six hours, as needed, Taken starting 09/26/2012) Active. (Given by ER doctor.)

Hydrocodone (5-325MG Tablet 1 (one) Oral every 6-8 hours PRN severe pain, Taken starting 10/10/2012) Active.

Review of Systems (JOHN H FERGUSON; 10/15/2012 11:38 AM)

General: Not Present- Fever.

Respiratory: Not Present- Difficulty Breathing.

Gastrointestinal: Present- Constipation.

Vitals (Alicia C Auton; 10/15/2012 11:10 AM)

10/15/2012 11:08 AM

Weight: 284 lb Height: 67.5 in

Body Surface Area: 2.48 m² Body Mass Index: 43.82 kg/m²

Temp.: 98.1° F

BP: 132/86 (Sitting, Right Arm, Standard)

Physical Exam (JOHN H FERGUSON; 10/15/2012 11:37 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. General Appearance - Cooperative and Well groomed. Posture - Leaning forward. Gait - Slow and cautious and Stiff.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Neuropsychiatric

Orientation - oriented X3. The patient's mood and affect are described as - anxious and depressed.

Musculoskeletal

Spine/Ribs/Pelvis

Lumbosacral Spine:

Inspection and Palpation: Tenderness - moderate, generalized, medial low back and over spinal column.

Functional Testing - Straight Leg Raising Test positive.

Lower Extremity

Ankle/Foot:

Phalanges:

Right:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Left:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Assessment & Plan (JOHN H FERGUSON; 10/15/2012 11:48 AM)

Lumbar disc disease (722.93)

Story: Due to insurance, must see neuro at Palmetto Health. Awaiting possible worker's comp.

Impression: Increase walking, decrease sitting. Will change NSAID, add muscle relaxer and restart Percocet.

Current Plans

- | Naprosyn 500MG, 1 Tablet two times daily, #60, 30 days starting 10/15/2012, No Refill. Discontinued.
- | Soma 350MG, 1 Tablet at bedtime up to q 8 hours PRN muscle spasm, #60, 10/15/2012, Ref. x1. Active.
- | Mobic 15MG, 1 Tablet daily with food, #30, 10/15/2012, Ref. x5. Active.
- | Percocet 10-325MG, 1 (one) Tablet every six hours, as needed, #120, 10/15/2012, No Refill. Active.
- | FOLLOW-UP IN ONE MONTH.
- | Rhannon Larsen, LPN present during visit

Signed electronically by JOHN H FERGUSON (10/16/2012 12:15 PM)

History & Physical Report #7

JOHNATHON A. RICHARDSON

12/7/2012 11:27 AM

Location: PINNER CLINIC

Patient #: 30847-JR

DOB: 2/20/1988

Single / Language: English / Race: White

Male

History of Present Illness (Alicia C Auton; 12/7/2012 11:36 AM)

The patient is a 24 year old male who presents with neck pain. Symptoms include neck pain, neck stiffness and impaired range of motion. Symptoms are located in the left posterior neck and right posterior neck. There is no radiation. The patient describes the pain as sharp and aching. Onset was gradual 6 month(s) ago. The patient describes symptoms as worsening. Note for "Neck Pain":

12/7/12 He is here today for a follow up on his neck pain. He states the pain medication makes the pain tolerable. He is short tempered and depressed.

Additional complaint:

Lower back pain is described as the following:

Note for "Lower back pain": Patient is here for a follow up on his lower back pain. He had a MRI done a year ago which showed he had 4 pinched nerves. He states he is having pain in his left hip due to the back pain. All he is able to do is lay around. He states he is between a rock and a hard place due to his insurance. He cannot have surgery due to having a pending workmans compensation case.

Allergies (Alicia C Auton; 12/7/2012 11:36 AM)

Flexeril *MUSCULOSKELETAL THERAPY AGENTS*

Social History (Alicia C Auton; 12/7/2012 11:36 AM)

Non Drinker/ No Alcohol Use

Caffeine Use

Current tobacco use. current every day smoker.

Medication History (Alicia C Auton; 12/7/2012 11:36 AM)

Soma (350MG Tablet 1 Oral at bedtime up to q 8 hours PRN muscle spasm, Taken starting 10/15/2012) Active.
Percocet (10-325MG Tablet 1 (one) Oral every six hours, as needed, Taken starting 11/14/2012) Active.

Review of Systems (JOHN H FERGUSON; 12/7/2012 12:02 PM)

General: Not Present- Fever.

Respiratory: Not Present- Difficulty Breathing.

Vitals (Alicia C Auton; 12/7/2012 11:37 AM)

12/7/2012 11:36 AM

Weight: 290 lb Height: 67.5 in

Body Surface Area: 2.5 m² Body Mass Index: 44.75 kg/m²

Temp.: 98.5° F

BP: 132/82 (Sitting, Left Arm, Standard)

Physical Exam (JOHN H FERGUSON; 12/7/2012 12:05 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. General Appearance - Cooperative and Well groomed. Posture - Leaning forward. Gait - Slow and cautious and Stiff.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses

Neck

Global Assessment - tender. no abnormal movements.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles

Neuropsychiatric

Orientation - oriented X3. The patient's mood and affect are described as - anxious and depressed.

Musculoskeletal

Spine/Ribs/Pelvis

Lumbosacral Spine:

Inspection and Palpation: Tenderness - moderate, generalized, medial low back and over spinal column. Swelling - none. Surrounding tissue tension/texture is - spasm.

Functional Testing - Straight Leg Raising Test positive.

Lower Extremity

Ankle/Foot:

Phalanges:

Right:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Left:

2nd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

3rd Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

4th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

5th Digit: Deformities/Malalignments/Discrepancies - hammer-toe deformity.

Assessment & Plan (JOHN H FERGUSON; 12/7/2012 10:56 PM)

Lumbar disc disease (722.93)

Story: Due to insurance, must see neuro at Palmetto Health. Awaiting possible worker's comp.

Impression: Encouraged to ^ walking, decrease standing/sitting.

Current Plans

| Percocet 10-325MG, 1 (one) Tablet every six - eight hours, as needed, #100, 12/07/2012, No Refill. Active.

DISORDER, TOBACCO USE (305.1)

Current Plans

| PE Education - Smoking: Ways to Quit: cigarettes

Depression with anxiety (300.4)

Current Plans

| PROzac 20MG, 1 Capsule daily in am, #30, 12/07/2012, Ref. x5. Active.

| FOLLOW-UP IN ONE MONTH.

| Rhiannon Larsen, LPN present during visit

Note: Accompanied by father

Signed electronically by JOHN H FERGUSON (12/7/2012 10:56 PM)



09/21/2012 07:31

Sep. 13. 2012 8:06AM Cola Neurosurgical Scheduling

(FAX)

P.001/001

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Bruce B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Dyer, MD Karl A. Lozano, MD

720 Ruben Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-6432

Pain Medicine

Eva J. Ram, MD

132 Sunset Court
W. Columbia, SC 29189
(803) 794-8700 - (F) 794-0322

DELIVER IMMEDIATELY

TO: DR. VANDAM	FROM: Amanda Barton, CMA
FAX: 227-8229	OF: Dr. William Rambo's office PH 803-462-3631 Fax 803-462-3649
	DATE: 9-12-12
	TIME:

NUMBER OF PAGES (INCLUDING COVER SHEET) _____

SUBJECT: JOHNATHAN RICHARDSON

MESSAGE:

Dr. Rambo hasn't seen this patient yet. He has an appointment with Dr. Rambo 10/08/12 for eval for low back pain. He would like to see if Dr. VanDam would evaluate for lesi for pain relief prior to this appointment.

Amanda (803)462-3631

Return Fax (803)462-3649

~~XXXXXXXXXXXXXXXXXXXX~~

Pt Declined
9-20-12
AR

This facsimile contains PRIVILEGED INFORMATION intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify our office immediately.

288

2011 ATTENDANCE CALENDAR

Employee Name Richardson Johnathon
 Last First Middle
 Employee Identification Number _____ Dept. 115
 Hire Date Oct 11-10 Telephone (____) _____
July 6 11
 Vacation Days _____ Personal Days _____
 Sick Days _____ Leave 28.5

ABSENCE CODES	
A - Accident	P - Personal
B - Birthday	PH - Partial Hours Worked
D - Discipline	R - Recognition
DF - Death in Family	S - Sick
FH - Floating Holiday	T - Tardy
FI - Family Illness	TR - Transportation
FM - Family Medical Leave	UN - Unexcused
H - Holiday	V - Vacation
J - Jury Duty	W - Weather
L - Lack of Work	
LA - Leave of Absence	
M - Military	
MA - Medical Appointment	

JANUARY 514/19-2011

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MAY

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FEBRUARY

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JUNE

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OCTOBER

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MARCH

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JULY

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NOVEMBER

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AUGUST

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Total Days With Codes: _____

DECEMBER

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Total Days With Codes: _____

2012 Attendance Calendar

Absence Codes		No.	Reason	No.	Reason
A Absent	V Vacation	1	Lack of Work	11	Death in Family
T Tardy	H Holiday	2	Sick (Employee)	12	Jury Duty/Court
L Layoff	P Partial Hrs. Worked	3	Family Sickmess	13	Birthday
LE Left Early		4	Accident - Self or family - off site	14	Military
O Other		5	Injury on Job	15	Weather
		6	Personal	16	Medical Appt.
		7	Discipline	17	Recognition
		8	Leave of Absence	18	Floating Holiday
		9	Transportation	19	Comp. Time
		10	Unknown	20	FMLA
				21	

TIP: Use red ink to denote an **UNRECORDED** absence.

Name Johnathon Richardson

Dept. _____ Hire Date 10-11-10 Emp. # 115

Position Green Chain

Address _____ Street _____ City _____ Phone (803) 597 0610

State _____ ZIP Code _____

Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
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22	23	24	25	26	27	28	
29	30	31					

Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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22	23	24	25	26	27	28	
29	30	31					

Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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22	23	24	25	26	27	28	
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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22	23	24	25	26	27	28	
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Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL
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29	30	31					

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM WORKERS' COMPENSATION COMMISSION

Case No. 2014-002572

Johnathon Ashley Richardson, Employee, Appellant,

v.

Beal Lumber Company, Inc., Employer, and Palmetto
Timber S.I. Fund c/o Walker, Hunter Associates, Inc.,
Carrier/Respondents.

RECEIVED

JUN 15 2015

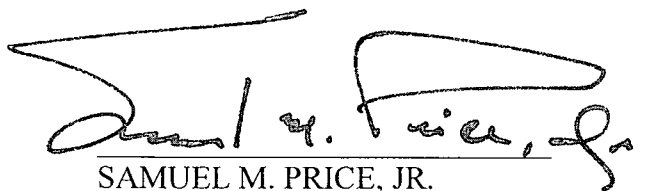
SC Court of Appeals

Trial Court Case No. 1122307

CERTIFICATE OF APPELLANT

The undersigned counsel of appellant does hereby certify that the Record on Appeal is in compliance with Rule 210.

June 15th, 2015



SAMUEL M. PRICE, JR.

Bar No. 04566

Attorney for Employee/Appellant

1413 Main Street, P. O. Drawer 836

Newberry, South Carolina 29108

(803) 276-0796

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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JUN 15 2015

APPEAL FROM WORKERS' COMPENSATION COMMISSION

SC Court of Appeals

Case No. 2014-002572

Johnathon Ashley Richardson, Employee, Appellant,

v.

Beal Lumber Company, Inc., Employer, and Palmetto
Timber S.I. Fund c/o Walker, Hunter Associates, Inc.,
Carrier/Respondents.

Trial Court Case No. 1122307

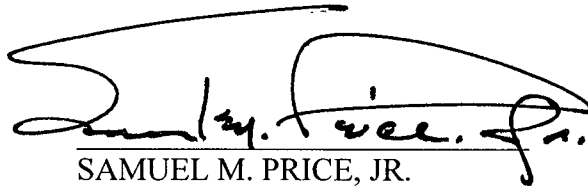
CERTIFICATE OF SERVICE BY MAIL

The undersigned attorney for Employee, Appellant hereby certifies that he is a person of such age and discretion to be competent to serve papers. That on June 15, 2015, he served a copy of the Record on Appeal by placing said copy in a postpaid envelope addressed to the persons hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and contents in the United States Mail at Newberry, South Carolina.

ADDRESSEES: McAngus Goudelock & Courie, LLC
Attention Helen F. Hiser, Esquire
735 Johnnie Dodds Boulevard, Suite 200
P. O. Box 650007
Mt. Pleasant, South Carolina 29465

McAngus Goudelock & Courie, LLC
Attention Elizabeth F. Render, Esquire
1320 Main Street, 10th Floor
Columbia, South Carolina 29211

McAngus Goudelock & Courie, LLC
Attention Weston Adams, III, Esquire
1320 Main Street, 10th Floor
Columbia, South Carolina 29211

A handwritten signature in black ink, appearing to read "Samuel M. Price, Jr.", written over a horizontal line.

SAMUEL M. PRICE, JR.

Bar No. 04566

Attorney for Employee/Appellant
1413 Main Street, P. O. Drawer 836
Newberry, South Carolina 29108
(803) 276-0796

Law Office
of
Samuel M. Price, Jr.
1413 Main Street
P. O. Drawer 836
Newberry, South Carolina 29108

Fax
Area Code 803
276-9495

Telephone
Area Code 803
276-0796

June 15, 2015

The Honorable Jenny Abbott Kitchings
South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

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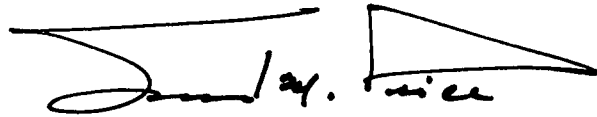
RE: Johnathon Ashley Richardson vs. Beal Lumber Company, Inc. and Palmetto
Timber S.I. Fund c/o Walker, Hunter & Associates, Inc.
WCC File No.: 1122307
Appellate Case No. 2014-002572

SC Court of Appeals

Dear Ms. Kitchings:

Please find enclosed herewith the original unbound Record on Appeal together with fifteen (15) bound copies of the Record on Appeal in regard to the above captioned matter. I also enclose Certificate of Service by Mail regarding same. If you have any questions or need additional information, please do not hesitate to contact me.

Respectfully,



Samuel M. Price, Jr.

rfs

Enclosures

*Hand Delivered 15th day
of June, 2015.*

