

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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APPEAL FROM THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner

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Case No. 2015-002505

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John Faubert, Employee.....Respondent.

v.

University of SC Apprentice Students, Employer, and State Accident Fund,  
Carrier.....Appellants.

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RECORD ON APPEAL

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**RECEIVED**

AUG 11 2017

**SC Court of Appeals**

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**APPELLATE PANEL DECISION AND ORDER**  
OF THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
SCWCC FILE NO. 1402080

John Faubert,

Employee,

Claimant/Respondent,

vs.

University of S.C. Apprentice Students,

Employer,

State Accident Fund,

Carrier,

Defendants/Appellants.

HEARING: Held in Columbia, South Carolina on July 20, 2015.

APPEARANCES: Attorney for Claimant/Respondent: Zandra L. Johnson of The Law Firm  
of Zandra L. Johnson, LLC

Attorney for Defendants/Appellants: Peter V. Leventis, IV of McKay,  
Cauthen, Settana & Stubley, P.A.

COURT REPORTER: Gigi Davis

PURPOSE OF HEARING: To determine whether there were any errors of the Hearing  
Commissioner in her Decision and Order filed March 19, 2015.

DECISION AND ORDER ISSUED:

November 3rd, 2015



### STATEMENT OF THE CASE

This matter comes before the Appellate Panel by way of Defendants/Appellants' ("Appellants") appeal of the Hearing Commissioner's Decision and Order finding that the Claimant/Respondent ("Respondent") was entitled to combine wages from both his internship and his work at McDonald's and further awarding him temporary total disability benefits at the combined wages rate for any and all weeks during which he was either unable to attend classes and other activities in connection with his internship or work for McDonald's.

On appeal, the Appellants contend that the Hearing Commissioner erred in finding Smith v. Barnwell Co., 384 S.C. 520, 682 S.E.2d 828 (Ct. App. 2009) inapplicable. Specifically, the Appellants argue that Smith v. Barnwell dictates that the Respondent's average weekly wage be limited solely to the average weekly wage assigned to "students of high schools, state technical schools, and state-supported colleges and universities while engaged in work study..." by S.C. Code Ann. § 42-7-65. Pointing to the language utilized in the statute itself and citing legislative intent, the Respondent replies, that the Appellants' reliance on Smith v. Barnwell is misplaced and further that S.C. Code Ann. § 42-7-65 does not prohibit the increasing of a student intern's average weekly wage by combining wages from the student intern's regular employment. The Respondent points out that the legislature, in S.C. Code Ann. § 42-7-65, specifically informs, by express identification, that the average weekly wage of certain employees "may not be increased as a basis for any computation of benefits for [other employment]" and students nor interns were included among those identified.

### EVIDENCE OF THE CASE

The Respondent was the only witness to testify at the hearing before the Hearing Commissioner. The Respondent testified that he was a third year student at University of South Carolina pursuing a Masters in Social Work and expected to graduate May 2015. He possesses a Bachelor's degree in Human

Service, which he obtained from Southern Wesleyan University two years prior as well as an Associate's degree in Human Services from Georgia Tech.

On January 29, 2014, the Respondent was walking along a causeway at Marshall I. Pickens Hospital to complete hours for his internship as required by University of South Carolina when his right foot got caught on one of the slate stone pavers causing him to fall, hitting the right side of his body first. As a result of the fall, the Respondent suffered injuries to his neck, shoulder and right arm.

For several years prior to his fall on January 29, 2014, the Respondent had been being followed by Dr. Robert LeBlond, a pain management doctor at Upstate Medical Rehabilitation, for his pre-existing medical conditions. His pre-existing medical conditions include a 2007 diagnosis of multiple sclerosis (MS) which required prescriptions for MS Contin in addition to Nexium for Barrett's Esophagus and medications prescribed by his pain management doctor which had increased or changed over time due to extensive back issues that existed prior to the fall.

As a result of the injuries he sustained in the fall, the Respondent had been written out of work by both his pain management doctor (who was treating him for MS prior to the fall) and the physician authorized by the Appellant Carrier. At the time of the Respondent's fall, the Respondent was attending school and completing hours for his internship and working as an Assistant Manager for McDonald's. The Respondent testified that he last worked at McDonald's right after the fall and on his last day, he was sent home because of being in apparent, or obvious, distress.

Due to some delay on the part of Appellants in sending the Respondent for care, he presented to his primary care physician two days after the fall, at which time he complained of a swollen knee, pain in his right wrist and an increase in his back pain since the fall, and was ultimately x-rayed and told to follow up with his pain management doctor, Dr. LeBlond, who had already been following him for six years or pain related to his MS. Dr. LeBlond increased Respondent's prescription for Hydrocodone (for back pain) from 4 pills per day to 5 pills per day.

Ultimately, the Appellants authorized treatment with Doctors Care (on February 27, 2014) and the Respondent was first seen there February 28, 2014 by Dr. Forrest Pommerenke who diagnosed the Respondent with a back sprain and instructed the Respondent to continue with pain management, ordered a course of physical therapy and instructed Respondent to follow up with him in 1 to 2 weeks. At that time, Dr. Pommerenke indicated that the Respondent "need[ed] rehab in major way". With respect to work, Dr. Pommerenke released the Respondent to "part time, sedentary work at his MSW program" but concluded that the Respondent was "unable to work at all at McDonalds." The Respondent testified that, as an intern at Marshall I. Pickens, the Respondent worked two days (8 to 10 hours) per week during which time he engaged with patients in group therapy, admissions and evaluations. Physically, he engaged in these activities and teaching from a seated and/or standing position. His McDonalds work, however, required working seven to eight hour shifts, involving a lot of standing, completing paperwork and some bending, lifting and climbing.

Respondent returned to Doctors Care on March 14, 2014 as instructed but this time saw Dr. Paul Kellett. At that time, he was having the same difficulties—back pain, pain in both legs, right sided neck pain, right shoulder pain, right wrist pain and a swollen right knee as well as increased lower back pain. Dr. Kellett wrote the Respondent out of work and noted that he was unable to estimate his return to work. He then instructed the Respondent to return for re-evaluation in ten days at which time he would have completed the previously ordered course of physical therapy.

Upon Respondent's return for re-evaluation (March 24, 2014), he was seen by Dr. Pommerenke who instructed the Respondent that he could return to his internship on a limited basis but still could not return to McDonalds. He also referred Respondent to neurological surgery upon his belief that surgery may have been Respondent's best option. Respondent was instructed to return to re-evaluation in three weeks which he did on April 10, 2014 at which time he was seen by Dr. Kellett who indicated that he didn't understand why he was back as it was his understanding that he was referred to a

neurosurgeon. It was noted that the workers compensation carrier had denied the Respondent's referral to neurosurgery. Consequently, Dr. Kellett again indicated that the Respondent was to remain out of work for an indefinite period of time and noted that the Respondent was to be followed by neurosurgery.

As of the date of the hearing before the single Commissioner, Appellants had not authorized Respondent's referral to a neurosurgeon. Nonetheless, the Respondent continued to follow up with Dr. LeBlond, his pain management doctor by whom he was being followed prior to his injury. Since that time and through the date of the Hearing Commissioner's Order, Dr. LeBlond had written the Respondent out of work. Consequently, the Respondent remained out of work with respect to his job at McDonalds through the date of the Hearing Commissioner's Order.

After hearing the able arguments of counsel, reviewing the APA Exhibits and, testimony and the transcript of record, we, the Appellate Panel, **AFFIRM IN ALL RESPECTS**, the Decision and Order of Commissioner Taylor filed in this matter March 19, 2015, thereby adopting in full the following Findings of Fact:

1. Smith v. Barnwell County, 384 S.C. 520, 682 S.E.2d 828 (2009) does not apply to this case as it specifically holds, "[t]he General Assembly did not intend for an inmate to be able to combine wages in determining his average weekly wage." In the present case, the Claimant is a student intern with University of South Carolina, not an inmate. As such, Smith v. Barnwell County, is inapplicable.

2. S.C. Code Ann. § 42-7-65 does not prohibit the Claimant, a student intern, from combining wages for purposes of calculating his average weekly wage. Section 42-7-65 states in part, "[t]he wages provided in items (2), (3), (4) and (5) of this section may not be increased as a basis for any computation of benefits because of employment other than as a volunteer. This part of the statute refers to voluntary fireman, volunteer rescue squads, volunteer deputy sheriffs, and volunteer state constables. The statute goes on to address student interns in the final paragraph; however, there is no provision restricting the

combining of a student intern's wages. The Act is silent as to a specific prohibition on combining wages for a student intern. As such, I find S.C. Code § 42-1-40 and Steele v. Self-Serve, Inc., 335 S.C. 323, 516 S.E.2d 674 (Ct. App. 1999) apply to this claim and Claimant is allowed to combine his wages from both his internship and his work at McDonald's.

3. Respondent's average weekly wage as a student, per the Form 20 prepared and submitted by Appellant Employer, set forth an average weekly wage of \$371.86 with a corresponding compensation rate of \$250.73.

4. Respondent's concurrent employer, McDonald's prepared and submitted a Form 20 which set forth an average weekly wage of \$378.93 with a corresponding compensation rate of \$252.63.

5. Respondent's combined average weekly wage, taking into account both his employment as a student and his concurrent employment with McDonald's is \$750.79, yielding a compensation rate of \$500.55.

6. Respondent is entitled to back payment of temporary total disability benefits for the period March 6, 2014 through March 24, 2014, the period during which he was written out of and unable to both complete work in connection with his internship with University of South Carolina and unable to work for McDonald's.

7. Although Respondent was able, at one point, to return to complete work in connection with his internship, he was never released and/or able to return to work at McDonald's as a result of this injury. Consequently, we find that Respondent is entitled to back payment of temporary partial disability payment for the period beginning March 25, 2014 through the date of the Hearing Commissioner's Order and continuing for those weeks that he was not able to return to work at McDonald's to be paid in a lump sum.

8. Respondent has not yet reached maximum medical improvement.
9. Respondent's current medical condition is worse than his pre-existing condition and he is entitled to additional causally-related medical treatment to include a neurosurgical evaluation as well as prescription medications, which have increased since the work injury. This finding is based on the evidence as a whole, including the referral to a neurosurgeon from Doctor's Care, the authorized provider, as well as the credible testimony of the Respondent concerning his pre-existing condition.

#### CONCLUSIONS OF LAW

Having thoroughly reviewed the testimony before the Hearing Commissioner, the documentary evidence filed pursuant to the Administrative Procedures Act, the position of the parties as well as the relevant statutes and case law, we conclude, in affirmation of the Hearing Commissioner, that the following Code sections are applicable:

1. Section 42-1-40 defines "average weekly wages";
2. Section 42-1-120 defines "disability";
3. Section 42-7-65 designates "average weekly wage...for certain categories of employees";
4. Section 42-9-35 governs "evidence of preexisting injury or condition";
5. Section 42-9-350 governs "payment of compensation of employee working for several employers at time of injury"; and
6. Section 42-15-60 governs "medical".

#### ORDER

**IT IS THEREFORE ORDERED** that the Order of the Hearing Commissioner is **AFFIRMED IN FULL** as follows:

**IT IS ORDERED** that the Hearing Commissioner's Order requiring Appellants to pay to the Respondent, in a lump sum, temporary total disability benefits at the rate of \$500.55 per week for any and

all weeks during which he was either unable to attend classes and other activities in connection with his internship with University of South Carolina or work for McDonald's is AFFIRMED.

IT IS FURTHER ORDERED that the Hearing Commissioner's Order requiring Appellants to direct Claimant's medical treatment in accordance with the mandates of S.C. Code Ann. § 42-15-60 is AFFIRMED.

IT IS FURTHER ORDERED that the Hearing Commissioner's Order requiring Appellants to resume temporary total disability and/or temporary partial disability for any weeks during which the Respondent continues to be written out of work by any authorized treating physician is AFFIRMED.

IT IS FURTHER ORDERED that the Hearing Commissioner's Order that no hearing costs are assessed in this matter is AFFIRMED.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

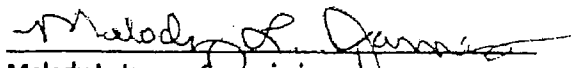
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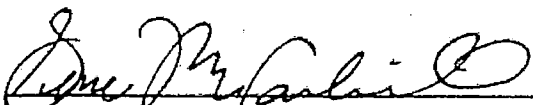
  
T. Scott Beck, Commissioner, Chair

Date:

Nov. 3, 2015

WE CONCUR:

  
Melody L. James, Commissioner

  
Gene McCaskill, Commissioner

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, 2015

DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
SCWCC FILE NO. 1402080

John Faubert,

Employee,  
Claimant,

vs.

University of S.C. Apprentice Students,

Employer,

State Accident Fund,

Carrier,  
Defendants

HEARING: Held in Greenville, South Carolina on September 23, 2014.

APPEARANCES: The Claimant appeared, represented by Zandra L. Johnson of The Law Firm of Zandra L. Johnson, LLC

The Defendants, University of SC Apprentice Students, Employer, and State Accident Fund, Carrier, were represented by Peter V. Leventis, IV of McKay, Cauthen, Settana & Stublely, P.A.

PURPOSE OF HEARING: To determined issues set forth on Forms 50 and 51.

DECISION AND ORDER BY: The Honorable Aisha Taylor, Commissioner.

FILED: March 19, 2015



### STIPULATIONS

At the call of the case, the parties stipulated as follows:

1. The purpose of the hearing was to determine issues as set forth on Forms 50 and 51.
2. Notice of the hearing was timely and properly served upon all parties of interest.
3. That both the Claimant and Defendants were subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.
4. That venue was properly set in Greenville County, South Carolina.
5. That the Claimant sustained a compensable injury on January 29, 2014.

### APA SUBMISSIONS

The following APAs were submitted on behalf of the Employee/Claimant:

| <u>APA</u> | <u>Name of Provider</u>            | <u>Date of Report</u>   | <u>No. of Pages</u> |
|------------|------------------------------------|-------------------------|---------------------|
| 1          | GHS Upstate Medical Rehabilitation | 01/09/2014 - 07/03/2014 | 25                  |
| 2          | Doctor's Care                      | 02/28/2014 - 04/10/2014 | 25                  |
| 3          | Progressive Physical Therapy       | 03/07/2014 - 03/21/2014 | 10                  |
| 11         | Greenville Medical Associates      | 02/03/2014 - 02/25/2014 | 7                   |

The following Exhibits were submitted on behalf of the Employee/Claimant:

| <u>Exhibit</u> | <u>Exhibit Description</u>                                                     | <u>Date of Exhibit</u> | <u>No. of Pages</u> |
|----------------|--------------------------------------------------------------------------------|------------------------|---------------------|
| 4              | USC Apprentice Students Form 20                                                | N/A                    | 1                   |
| 5              | McDonald's Form 20                                                             | N/A                    | 1                   |
| 6              | Claimant's 2013 W-2                                                            | 2013                   | 1                   |
| 7              | USC Apprentice Students Form 15                                                | 03/21/2014             | 1                   |
| 8              | State Accident Fund Check to Claimant for TT benefits                          | 03/21/2014             | 1                   |
| 9              | Letter/Memo from McDonald's                                                    | 08/28/2014             | 1                   |
| 10             | Letter/Memo from McDonald's regarding Return to Work Policy w/ Job Description | 09/14/2014             | 3                   |

The following APAs were submitted on behalf of the Employer/Carrier:

| <u>APA</u> | <u>Name of Provider</u>      | <u>Date of Report</u>   | <u>No. of Pages</u> |
|------------|------------------------------|-------------------------|---------------------|
| 10         | Mauldin Medical Associates   | 03/09/2008 - 08/21/2009 | 15                  |
| 11         | Greenville Memorial Hospital | 08/07/2009 - 02/25/2014 | 11                  |

|    |                                 |                         |    |
|----|---------------------------------|-------------------------|----|
| 12 | Greenville Medical Associates   | 03/02/2011 – 06/18/2014 | 12 |
| 13 | Greenville Health System        | 05/11/2011 – 02/14/2014 | 94 |
| 14 | Upstate Medical Rehabilitation  | 06/13/2012 – 03/08/2013 | 5  |
| 15 | Carolina Cardiology Consultants | 06/04/2013 – 06/25/2013 | 7  |
| 16 | Doctors Care                    | 01/29/2014 – 02/28/2014 | 4  |
| 17 | Progressive Physical Therapy    | 02/28/2014 – 03/24/2014 | 7  |

The following Exhibits were submitted on behalf of the Employer/Carrier:

| <u>Exhibit</u> | <u>Exhibit Description</u>                                                              | <u>Date of Exhibit</u> | <u>No. of Pages</u> |
|----------------|-----------------------------------------------------------------------------------------|------------------------|---------------------|
| 18             | Petition for Approval of Compromise Settlement and Order Approving Settlement Agreement | 03/18/2011             | 4                   |
| 19             | Deposition Transcript of Claimant                                                       | 09/04/2014             | 73                  |

#### STATEMENT OF THE CASE

In this matter, the Claimant, John Faubert, contends that Defendants have improperly calculated his average weekly wage and, thus, his compensation rate, by failing to include and/or combine the earnings from his concurrent employment at McDonalds. The Claimant further contends that the Defendants' cessation of temporary benefits was improper since he has not yet been returned to work for his other employer (McDonalds). In that regard, the Claimant argues that he is entitled to reinstatement of those benefits and that same should continue until such time as he has been returned to full duty work for or at both employers or has reached maximum medical improvement and received a permanent impairment rating. The Claimant also takes the position that he is in need of additional medical treatment since he is not yet at MMI. Finally, the Claimant seeks reimbursement of expenses personally incurred by him during the periods that medical treatment was not provided or authorized by Defendant Carrier.

In response, Defendants argue that Smith v. Barnwell Co., 384 S.C. 520, 682 S.E.2d 828 (Ct. App. 2009) dictates that Claimant's earnings from his concurrent employment with McDonalds is not to be considered when determining his average weekly wage and compensation rate and further that Claimant is not entitled to payment of temporary total disability benefits beyond the date on which he

was returned to work as a student in internship since that is the work on which his benefits were based. Additionally, Defendants contend that Claimant's back injury (which it admits), is the result of aggravation of a pre-existing injury, that Claimant did not sustain any injury to any other body part other than his back and that Claimant is not entitled to further medical treatment.

#### EVIDENCE OF THE CASE

The Claimant testified as the only witness in the matter. The Claimant is a third year student at University of South Carolina pursuing a Masters in Social Work and expects to graduate this upcoming May. He currently possesses a Bachelor's degree in Human Service, which he obtained from Southern Wesleyan University two years ago as well as an Associate's degree in Human Services from Georgia Tech.

The Claimant testified that on January 29, 2014, he was walking along a causeway at Marshall I. Pickens Hospital to complete hours for his internship as required by University of South Carolina when his right foot got caught on one of the slate stone pavers causing him to fall, hitting the right side of his body first. As a result of the fall, the Claimant suffered injuries to his neck, shoulder and right arm.

The Claimant testified that for several years prior to his fall on January 29, 2014, he was being followed by Dr. Robert LeBlond, a pain management doctor at Upstate Medical Rehabilitation, for his pre-existing medical conditions. His pre-existing medical conditions include a 2007 diagnosis of multiple sclerosis (MS) which required prescriptions for MS Contin in addition to Nexium for Barrett's Esophagus and medications prescribed by his pain management doctor which had increased or changed over time due to extensive back issues that existed prior to the fall.

As a result of the injuries he sustained in the fall, the Claimant was written out of work by both his pain management doctor (who was treating him for MS prior to the fall) and the physician authorized by the Carrier. At the time of the Claimant's fall, the Claimant was attending school and completing hours for his internship and working as an Assistant Manager for McDonald's. The Claimant

last worked at McDonald's right after the fall and that on his last day, he was sent home because of being in apparent, or obvious, distress.

Due to some delay on the part of Defendants in sending the Claimant for care, he presented to his primary care physician two days after the fall, at which time he complained of a swollen knee, pain in his right wrist and an increase in his back pain since the fall, and was ultimately x-rayed and told to follow up with his pain management doctor, Dr. LeBlond, who had already been following him for six years or pain related to his MS. Dr. LeBlond increased Claimant's prescription for Hydrocodone (for back pain) from 4 pills per day to 5 pills per day.

Ultimately, Defendants authorized treatment with Doctors Care (on February 27, 2014) and the Claimant was first seen there February 28, 2014 by Dr. Forrest Pommerenke who diagnosed the Claimant with a back sprain and instructed the Claimant to continue with pain management, ordered a course of physical therapy and instructed Claimant to follow up with him in 1 to 2 weeks. At that time, Dr. Pommerenke indicated that the Claimant "need[ed] rehab in major way". With respect to work, Dr. Pommerenke released the Claimant to "part time, sedentary work at his MSW program" but concluded that the Claimant was "unable to work at all at McDonalds." The Claimant testified that, as an intern at Marshall I. Pickens, the Claimant worked two days (8 to 10 hours) per week during which time he engaged with patients in group therapy, admissions and evaluations. Physically, he engaged in these activities and teaching from a seated and/or standing position. His McDonalds work, however, required working seven to eight hour shifts, involving a lot of standing, completing paperwork and some bending, lifting and climbing.

Claimant returned to Doctors Care on March 14, 2014 as instructed but this time saw Dr. Paul Kellett. At that time, he was having the same difficulties—back pain, pain in both legs, right sided neck pain, right shoulder pain, right wrist pain and a swollen right knee as well as increased lower back pain. Dr. Kellett wrote the Claimant out of work and noted that he was unable to estimate his return to work.

He then instructed the Claimant to return for re-evaluation in ten days at which time he would have completed the previously ordered course of physical therapy.

Upon Claimant's return for re-evaluation (March 24, 2014), he was seen by Dr. Pommerenke who instructed the Claimant that he could return to his internship on a limited basis but still could not return to McDonalds. He also referred Claimant to neurological surgery upon his belief that surgery may have been Claimant's best option. Claimant was instructed to return to re-evaluation in three weeks which he did on April 10, 2014 at which time he was seen by Dr. Kellett who indicated that he didn't understand why he was back as it was his understanding that he was referred to a neurosurgeon. It was noted that the workers compensation carrier had denied the Claimant's referral to neurosurgery. Consequently, Dr. Kellett again indicated that the Claimant was to remain out of work for an indefinite period of time and noted that the Claimant was to be followed by neurosurgery.

As of the date of the hearing, Defendant Carrier had not authorized Claimant's referral to a neurosurgeon. Nonetheless, the Claimant continued to follow up with Dr. LeBlond, his pain management doctor by whom he was being followed prior to his injury. Since that time and currently, Dr. LeBlond has written the Claimant out of work. Consequently, the Claimant remains out of work with respect to his job at McDonalds.

#### FINDINGS OF FACT

Having carefully considered all testimony, evidence and arguments presented at the hearing in this matter, I make the following Findings of Fact by a preponderance of the evidence:

1. Smith v. Barnwell County, 384 S.C. 520, 682 S.E.2d 828 (2009) does not apply to this case as it specifically holds, "[t]he General Assembly did not intend for an inmate to be able to combine wages in determining his average weekly wage." In the present case, the Claimant is a student intern with University of South Carolina, not an inmate. As such, Smith v. Barnwell County, is inapplicable.
2. S.C. Code Ann. § 42-7-65 does not prohibit the Claimant, a student intern, from combining

wages for purposes of calculating his average weekly wage. Section 42-7-65 states in part, "[t]he wages provided in items (2), (3), (4) and (5) of this section may not be increased as a basis for any computation of benefits because of employment other than as a volunteer. This part of the statute refers to voluntary fireman, volunteer rescue squads, volunteer deputy sheriffs, and volunteer state constables. The statute goes on to address student interns in the final paragraph; however, there is no provision restricting the combining of a student intern's wages. The Act is silent as to a specific prohibition on combining wages for a student intern. As such, I find S.C. Code § 42-1-40 and Steele v. Self-Serve, Inc., 335 S.C. 323, 516 S.E.2d 674 (Ct. App. 1999) apply to this claim and Claimant is allowed to combine his wages from both his internship and his work at McDonald's.

3. Claimant's average weekly wage as a student, per the Form 20 prepared and submitted by Defendant Employer, set forth an average weekly wage of \$371.86 with a corresponding compensation rate of \$250.73.

4. Claimant's concurrent employer, McDonald's prepared and submitted a Form 20 which set forth an average weekly wage of \$378.93 with a corresponding compensation rate of \$252.63.

5. Claimant's combined average weekly wage, taking into account both his employment as a student and his concurrent employment with McDonald's is \$750.79, yielding a compensation rate of \$500.55.

6. Claimant is entitled to back payment of temporary total disability benefits for the period March 6, 2014 through March 24, 2014, the period during which he was written out of and unable to both complete work in connection with his internship with University of South Carolina and unable to work for McDonald's.

7. Although Claimant was able, at one point, to return to complete work in connection with his internship, he was never released and/or able to return to work at McDonald's as a result of this injury. Consequently, I find that Claimant is entitled to back payment of temporary partial disability payment

for the period beginning March 25, 2014 through the present and continuing for those weeks that he was not able to return to work at McDonald's to be paid in a lump sum.

8. Claimant has not yet reached maximum medical improvement.

9. Claimants' current medical condition is worse than his pre-existing condition and he is entitled to additional causally-related medical treatment to include a neurosurgical evaluation as well as prescription medications, which have increased since the work injury. This finding is based on the evidence as a whole, including the referral to a neurosurgeon from Doctor's Care, the authorized provider, as well as the credible testimony of the Claimant concerning his pre-existing condition.

#### CONCLUSIONS OF LAW

Upon the foregoing Findings of Fact and under the Code of Laws of South Carolina, as amended, it is concluded that the following Code sections are applicable:

1. Section 42-1-40 defines "average weekly wages";
2. Section 42-1-120 defines "disability";
3. Section 42-7-65 designates "average weekly wage...for certain categories of employees";
4. Section 42-9-35 governs "evidence of preexisting injury or condition";
5. Section 42-9-350 governs "payment of compensation of employee working for several employers at time of injury"; and
6. Section 42-15-60 governs "medical".

#### AWARD

IT IS THEREFORE ORDERED that the Defendant Carrier shall pay to the Claimant, in a lump sum, temporary total disability benefits at the rate of \$500.55 per week for any and all weeks during which he was either unable to attend classes and other activities in connection with his internship with University of South Carolina or work for McDonald's.

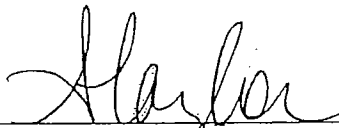
IT IS FURTHER ORDERED that the Defendant Carrier shall direct Claimant's medical treatment in accordance with the mandates of S.C. Code Ann. § 42-15-60.

IT IS ALSO ORDERED that Defendant Carrier shall resume temporary total disability and/or temporary partial disability for any weeks during which the Claimant continues to be written out of work by any authorized treating physician.

IT IS FURTHER ORDERED that no hearing costs are assessed in this matter.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION



Commissioner Aisha Taylor

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).

March 20, 2015

By: Renee Smith, Administrative Assistant to Commissioner Taylor





THE LAW FIRM OF  
ZANDRA L. JOHNSON, LLC

330 East Coffee Street | Greenville, SC 29601 | Phone: 864.527.5915 | Fax: 864.527.3153 | Email: zandra@zfirm.com

July 8, 2015

New Fax Number: (864) 551-2913

**VIA OVERNIGHT DELIVERY TO:**

The Honorable Amy Bracy, Judicial Director  
S.C. Workers' Compensation Commission  
P.O. Box 1715  
Columbia, S.C. 29202-1715

Re: John Faubert v. USC Apprentice Students and State Accident Fund

**SERVICE OF CLAIMANT/RESPONDENT'S BRIEF**

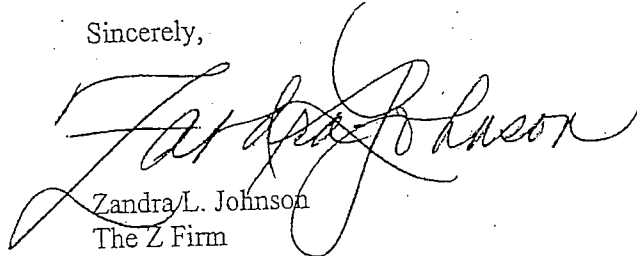
Dear Ms. Bracy

Please find enclosed the original and four (4) copies of Respondent's Brief, along with my firm's Certificate of Service, evidencing service of same upon Defendants/Respondents. After filing, please return a clocked copy to me in the self-addressed, stamped envelope provided.

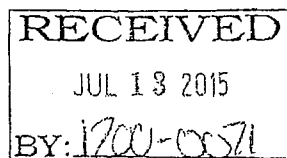
Should you have any questions or concerns regarding this filing, please feel free to give me a call.

With kindest regards, I remain

Sincerely,

  
Zandra L. Johnson  
The Z Firm

zfirm  
enclosures (as noted)  
cc: Mr. Peter S. Leventis, Esquire (with enclosures)



STATE OF SOUTH CAROLINA  
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
APPELLATE PANEL  
WWW FILE NO.: 1402080

John Faubert,

Claimant/Respondent,

vs.

University of S.C. Apprentice Students,

Employer,

and

State Accident Fund,

Carrier,

Defendants/Appellants.

**BRIEF OF RESPONDENT**

**STATEMENT OF THE CASE**

Claimant/Respondent, John Faubert ("Claimant"), suffered a compensable injury January 29, 2014 while a student engaged in a work study program in pursuit of his master's degree at the University of South Carolina. Specifically, the Claimant fell when his right foot tripped on an uneven surface and/or the edge of a paver while walking along the causeway in an attempt to access the facility at which he was completing his clinical work study hours. Respondent's injuries were to his right leg, right knee, neck, right shoulder, right wrist and lower back. At the time of this injury, the Claimant was employed by McDonald's as an Assistant Manager.

After almost a month had passed, the Employer sent Claimant for treatment at Doctors Care where he was ultimately treated and/or followed by two different treating physicians. Claimant's first appointment there was February 28, 2014. At that time, the Claimant was "[r]eleased to part time, completely sedentary work at his MSW program" by Dr. Forrest Pommerenke who further noted that

he was "unable to work at all at McDonalds." (Claimant's APA No. 2 at p.30). As instructed at the end of that visit, the Claimant engaged in physical therapy for the next two weeks and returned to Doctors Care March 14, 2014 for follow up at which time he was treated by Dr. Paul Kellett. At the conclusion of this visit, the doctor kept the Claimant out of work and noted that he was unable to determine when the Claimant could return to work in any capacity. (Claimant's APA No. 2 at p. 40). In accordance with Dr. Kellett's instructions, the Claimant returned March 24, 2014 at which time it was noted by Dr. Pommerenke that he could return to work "part time – completely sedentary." It was also noted by Dr. Pommerenke at that time that he would refer the Claimant to neurosurgery. (Claimant's APA No. 2 at p. 44). The Claimant returned three weeks later, on April 10, 2014, for a re-evaluation as scheduled by Dr. Pommerenke. Dr. Kellett, after the April 10, 2014 visit, wrote the Claimant out of work and again noted that he could not determine when he could return to any work and referred the Claimant to be followed by neurosurgery. (Claimant's APA No. 2 at p. 49).

The Claimant served his Form 50 Notice of Claim March 24, 2014, seeking temporary total benefits beginning January 29, 2014 through the present and continuing as well as medical examination and treatment for the body parts injured. (Form 50). By a Form 50 dated April 14, 2015, Claimant requested a hearing seeking a determination on these issues after being informed that Defendants had denied the referral to neurosurgery. A hearing was held on these issues September 23, 2014, at which time the Claimant had not yet reached maximum medical improvement and had not yet returned to his employment at McDonald's. By Order dated March 19, 2015, Commissioner Taylor awarded the Claimant temporary total benefits at the rate of \$500.55 per week for any and all weeks during which he was either unable to attend classes and other activities in connection with his internship with University of South Carolina or work for McDonald's, ordered Defendant Carrier to direct Claimant's medical treatment and further ordered the resumption and continuation of temporary total and/or temporary partial benefits for any weeks during which the Claimant continued to be written

out of work by any authorized treating physician. (Order of Commissioner Aisha Taylor dated March 19, 2015).

### QUESTION PRESENTED

Whether the Single Commissioner properly calculated Claimant's average weekly wage to include earnings from his concurrent employment with McDonald's.

### ARGUMENT

S.C. Code Ann. § 42-1-40 dictates that Claimant's wages from his regular employment with McDonald's is to be combined with the statutorily designated average weekly wage of a student intern when determining his compensation.

Despite Appellants' argument to the contrary, S.C. Code Ann. § 42-1-40, which governs calculation of an employee's average weekly wage, has been interpreted to specifically allow the combination of Claimant's regular employment with the rate provided him as a student intern. S.C. Code Ann. § 42-1-40 expressly allows for deviation from the normal calculation for "exceptional reasons." Our courts have routinely decided that exceptional reasons justifying a deviation exist where an employee holds concurrent employment at the time of his injury. Foreman v. Jackson Minit Markets, Inc., 265 S.C. 164, 217 S.E.2d 214 (1975). Under such circumstances, any other method may be resorted to that will most nearly approximate the amount which an employee would be making if he or she had not been injured. *Id.* quoting Section 72-4 of the 1962 Code of Laws (predecessor to S.C. Code Ann. § 42-1-40).

In the case currently before the Commission, exceptional reasons do exist which warrant a deviation such as that allowed by the Single Commissioner; specifically, the Claimant was pursuing a master's Degree in Social Work, at the time he sustained his injury. The Claimant's intentions to pursue a career in his chosen field after graduation are akin to the "exceptional reasons" found in Forrest v. A.S. Price Mech., 373 S.C. 303, 644 S.E.2d 784 (2007). In that case, the court rationalized its affirmation by pointing to the Commission's following findings of exceptional circumstances: the

Claimant's young age; the Claimant's demonstrated work ethic and work pattern; the employer's knowledge of the Claimant's work history and pattern; and the severity of the Claimant's injury. Forrest, 373 S.C. at 309, 644 S.E.2d at 787. The Claimant in the matter currently before the Panel, although not young, demonstrated a strong work ethic and desire to better his general employability by pursuing a Master's degree in social work. Additionally, as a result of the injury suffered, the Claimant has not been able to resume his regular employment in any fashion. Moreover, given the limitations resulting from the injury suffered, it is highly questionable as to whether the Claimant's pursuit of his master's degree will have been in vain.

The Appellants ignore the existence of exceptional circumstances in the instant case and instead attempt to distract the Commission by pointing to the 2009 case of Smith v. Barnwell Co., 384 S.C. 520, 682 S.E.2d 828 (2009) where the Supreme Court, reversing the circuit court and thereby affirming the single Commissioner, held that an inmate could not combine wages to determine his average weekly wage. Id. In arriving at that conclusion, the Supreme Court resorted to a review of the legislative history and noted that the average weekly wage of prisoners was originally addressed in S.C. Code Ann. § 42-1-40, which contained the "exceptional reasons" provision. Id. at 523-524, 830. The Court interpreted the legislature's removal of "prisoners" from S.C. Code Ann. § 42-1-40 and placement of them in S.C. Code Ann. § 42-1-40 to limit their total average weekly wage to \$40 per week.

What was ignored by the court at that time and what is currently being ignored by the Appellants is the clear intent of the legislature, as evidenced by the language used in S.C. Code Ann. § 42-7-65. In "modifying" or "designating" the average weekly wage for certain categories of employees, the legislature referred to "the total average weekly wage" when addressing those employees enumerated and identified in subparagraphs (1), (2), (3), (4) and (5). S.C. Code Ann. § 42-7-65. Additionally, the legislature intentionally informed—as to specific categories of employees

identified by number—that their total average weekly wage “may not be increased as a basis for any computation of benefits because of employment other than as a volunteer.” Id.

A careful reading of the statute informs the reader that no such limitations have been placed on those categories of employees referenced in the final paragraph. First, the legislature elects to refer to the wage as the “average weekly wage” rather than the “total average weekly wage” as it did for those employees identified in the enumerated subparagraphs. Additionally and even more telling is the legislature’s election to not include the language it used for those employees included in the enumerated subparagraphs. As indicated, the legislature specifically identified those employees and expressly indicated that their total average weekly wage was not to be increased on account of other employment. There was no such effort taken on the part of the legislature for those employees appearing in the final paragraph—a clear indication that no such limitation was being imposed. It appears that it was the intent of the legislature to provide workers’ compensation coverage where none previously existed to the benefit of those employees—not to limit it to those persons.<sup>1</sup>

As indicated by Commissioner Taylor in her Order, Appellants’ reliance on Smith v. Barnwell is misplaced. The portion of the statute addressing student interns does not prohibit the increasing of a student intern’s average weekly wage by combining wages from the student intern’s regular employment. As such, S.C. Code Ann. § 42-1-40, Foreman, supra, Boles, supra, and Steele v. Self-Serve, Inc., 335 S.C. 232, 516 S.E.2d 674 (Ct. App. 1999)<sup>2</sup> are applicable and dictate that the Commissioner’s Order be affirmed allowing the combining of the Claimant’s wages from his regular employment with that provided him on account of his student intern status.

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<sup>1</sup> A review of the legislative history of the Act amending S.C. Code Ann. §§ 1-11-140, 42-7-60 and 42-1-40 indicates that they were amended to authorize the State Budget and Control Board to provide insurance to students. See 1983 Act. No. 424

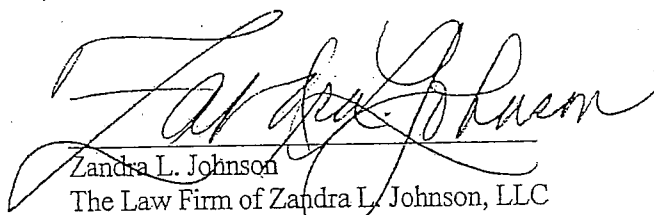
<sup>2</sup> Appellants’ claim that Claimant failed to file and serve a Form 20 from McDonald’s is without merit as can be confirmed by review of the Commission’s file. Same was filed and served on Ms. Page Snyder, sometime prior to counsel for Appellants’ involvement. As such, the additional arguments regarding Steele precluding combination for failure to file and serve the Form 20 are not being addressed in this brief.

### CONCLUSION

At the time he sustained his injury, the Claimant was both pursuing his master's degree and working as an Assistant Manager at McDonald's. As such, his average weekly wage was properly calculated by the hearing Commissioner by combining the wages from his regular employment with those wages provided him as an intern under S.C. Code Ann. § 42-7-65. Such a result is demanded by the clear intent of the state legislature as expressed in both S.C. Code Ann. § 42-1-40 and S.C. Code Ann. § 42-7-65. Consequently, the Decision and Order of the hearing Commissioner should be **AFFIRMED**.

Respectfully submitted,

 THE LAW FIRM OF  
ZANDRA L. JOHNSON, LLC

  
Zandra L. Johnson  
The Law Firm of Zandra L. Johnson, LLC

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Attorney for Respondent

July 8, 2015

STATE OF SOUTH CAROLINA  
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
APPELLATE PANEL  
WWW FILE NO.: 1402080

John Faubert,

Claimant/Respondent,

vs.

University of S.C. Apprentice Students,

Employer,

and

State Accident Fund,

Carrier,

Defendants/Appellants.

**CERTIFICATE OF SERVICE**

IT IS HEREBY CERTIFIED THAT a copy of the foregoing **Respondent's Brief** was served upon the Defendants/Appellants, by placing a copy of same in the United States Mail, postage prepaid, on the 8th day of July, 2015, addressed as follows:

**VIA OVERNIGHT DELIVERY TO:**  
The Honorable Amy Bracy, Judicial Director  
S.C. Workers' Compensation Commission  
P.O. Box 1715  
Columbia, S.C. 29202

**VIA U.S. MAIL & E-MAIL TO:**  
Mr. Peter S. Leventis, IV  
McKay, Cauthen, Settana & Stublely, P.A.  
P.O. Box 7817  
Columbia, S.C. 29202-7217  
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+ Also licensed in N.C.

George D. Gallagher\*  
Temus C. Miles, Jr.  
David M. Bornemann  
Brandon P. Jones  
James E. L. Fickling+  
Richard E. Marsh, III  
Courtney R. Pawley  
Charles A. Kinney Jr.

June 12, 2015

The Honorable Amy Bracy  
Judicial Director  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202

**RE: John Faubert v. USC Apprentice Students**  
WCC No.: 1402080  
Claim No.: 2014-000331  
DOA: 01/29/2014  
Our File No.: 1200-0071

Dear Ms. Bracy:

Enclosed for filing are an original and four (4) copies of the Appellants' Brief with attached Order, from which the appeal arises, in the above-mentioned claim. Please forward a clocked in copy to our office in the enclosed self-addressed stamped envelope.

By copy of this letter to the claimant's attorney Zandra L. Johnson, Esquire, I am serving her with a copy of the Brief.

Sincerely,



Peter P. Leventis, IV

PPL/ecs

Enclosures

cc: Zandra L. Johnson, Esquire (w/encl)  
Meggan Cooper (w/encl)

STATE OF SOUTH CAROLINA  
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION  
COMMISSION APPELLATE PANEL  
WCC FILE NO: 1402080

John Faubert,

Claimant/Respondent

vs.

University of S.C. Apprentice Students,

Employer,

and

State Accident Fund,

Carrier,

Defendants/Appellants.

**APPELLANTS' BRIEF ON  
BEHALF OF THE EMPLOYER/  
CARRIER TO THE APPELLATE  
PANEL**

**STATEMENT OF THE CASE**

This matter is before the Appellate Panel upon a Form 30 appeal filed by the Appellant Employer/Carrier, from the Order of the single Commissioner after a Form 50/51 hearing for a determination of benefits. The original Form 50/51 hearing was for a determination of, among other issues, the Claimant's entitlement to increase the calculation of his average weekly wage and compensation rate to include both, his statutorily determined wages as an apprentice through the University of South Carolina, as well as the wages he earned from his job as a manager at McDonalds. The Defendants are represented by Peter P. Leventis, IV, Esquire of The McKay Firm (McKay, Cauthen, Settana, & Stublely, P.A.). The Claimant, John Faubert, is represented by Zandra Johnson of the law firm Zandra L. Johnson, LLC.

The Claimant suffered an admitted compensable work accident when he tripped and fell on or about January 29, 2014, causing bodily injury. At the time of the injury, he was in a work study program for the purpose of completing course work for his graduate program through a satellite campus of the University of South Carolina. The Claimant was also employed at McDonalds as a manager at this time. After the accident on January 29, 2014, the Claimant was unable to return to his work study/graduate program until March 24, 2014. However, the Claimant alleges that he has never been able to return to work at McDonalds. As of the time of the hearing on September 23, 2014 in this matter, the Claimant had not yet reached maximum medical improvement for his injuries. Of note, on November 10, 2014, the Claimant suffered a second injury during the internship program when he fell out of a chair, suffering further injury.

Graduate students in work study programs, such as Mr. Faubert, are not actually paid wages for the work study projects they participate in, in order to complete credit hours for course work, and otherwise would not be considered employees. However, by virtue of S.C. Code Ann. §42-7-65, these students have been provided limited workers' compensation benefits by the legislature. "The average weekly wage for students of [...] state-supported colleges and universities while engaged in [...] apprentice programs [...] is fifty percent of the average weekly wage in the State for the preceding fiscal year" See Generally S.C. Code Ann. §42-7-65.

One of the primary purposes for the Form 50/51 hearing requested by the Claimant was for a determination of his average weekly wage and compensation rate for this claim to include his additional earnings from McDonalds into this calculation. In an Order issued on March 19, 2015, Commissioner Taylor held that S.C. Code Ann. §42-1-40 controlled the calculation of the average weekly wage and compensation rate in this matter, and that the case of *Smith v. Barnwell County*, 384 S.C. 520, 682 S.E.2d 828 (2009) was not applicable to this claim. (See Taylor

Order, Findings of Fact No's. 1-2 at pp. 6-7). As such, the Claimant was entitled to include his earnings from McDonalds into his average weekly wage and compensation rate for both the purpose of his award of temporary total and partial, as well permanent total or partial wage loss.

The Commissioner further ruled that the Claimant was entitled to temporary partial disability benefits, after his return to the graduate studies and apprentice program on March 24, 2014 and ongoing. The amount of the temporary partial compensation was awarded at the rate of two thirds of the difference between his newly calculated average weekly wage (which included the McDonalds earnings), and the statutorily assigned wage from the legislature to qualifying apprentices under S.C. Code Ann. §42-7-65. (See Taylor Order at Finding of Fact No. 7, at pp. 7-8).

Within the applicable time period, Defendants/Appellants filed a Form 30 appeal to the full Commission citing four (4) grounds for exception and judicial review of the single Commissioner's Order issued March 19, 2015.

#### ISSUES ON APPEAL

1. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the applicable statute for determination of the appropriate average weekly wage of the Claimant was controlled, or partially controlled by S.C. Code Ann. §42-1-40, when such a finding was against the greater weight of the evidence and contrary to South Carolina law?
2. Did the trial Commissioner err in failing to finding as an issue of fact, and/or failing to concluding as a matter of law, that §42-7-65 alone, and/or the case of *Smith v. Barnwell County*, 384 S.C. 520, 682 S.E.2d 828 (2009) were the controlling authority applicable to the determination and calculation of the average weekly wage and corresponding compensation rate in this matter, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?

3. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was permitted to 'stack' his wages from a second job in order to determine the calculation of his average weekly wage and corresponding compensation rate in this matter, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?
4. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was entitled to the difference in temporary total, or temporary partial disability, benefits for any time period or periods, based on the additional wages he made while working at McDonalds, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?

### ARGUMENT

1. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the applicable statute for determination of the appropriate average weekly wage of the Claimant was controlled, or partially controlled by S.C. Code Ann. §42-1-40, when such a finding was against the greater weight of the evidence and contrary to South Carolina law?
2. Did the trial Commissioner err in failing to finding as an issue of fact, and/or failing to concluding as a matter of law, that §42-7-65 alone, and/or the case of *Smith v. Barnwell County*, 384 S.C. 520, 682 S.E.2d 828 (2009) were the controlling authority applicable to the determination and calculation of the average weekly wage and corresponding compensation rate in this matter, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?

Defendants contend that as to the question of stacking additional wages in this matter from a second job, onto the wages statutorily provided for by the legislature under S.C. Code Ann. §42-7-65 is a clear cut issue, and is not permitted. This question has already been decided in South Carolina, through binding legal precedent of the Supreme Court in the case of *Smith v. Barnwell County*, 384 S.C. 520, 682 S.E.2d 828 (2009). Therefore, the case of *Smith* is worth

quoting at length. Claimant Smith, was an inmate, who was entitled to workers' compensation benefits, and an assignment of a statutorily prescribed average weekly wage for his workers' compensation claims in the amount of \$40.00 per week, through the introduction of S.C. Code Ann. §42-7-65. "Average weekly wage designated for certain categories of employees."

In that case, Claimant Smith sought to increase the statutorily derived \$40.00 average weekly wage through the inclusion of additional wages. Smith worked at another job during the work, but had fallen and hurt his back while on a work assignment during his time serving out a sentence, on the weekends, for a prior conviction. In reversing the lower court's ruling, which had provided Smith was permitted to combine his wages, the Supreme Court made the following determinations and interpretation of the differences between S.C. Code Ann. §42-7-65 and §42-1-40:

S.C. Code Ann. § 42-1-40 provides the method for calculating the average weekly wage, but allows for deviation from the method "for exceptional reasons. . . ." S.C. Code Ann. § 42-1-40 (2005). This Court has held that concurrent employment is one such exceptional reason. See *Foreman v. Jackson Minit Markets, Inc.*, 265 S.C. 164, 217 S.E.2d 214 (1975).

Barnwell County argues on appeal that Smith was not an "employee" of Barnwell County and therefore, since Smith was not working for two or more employers when the injury occurred, Smith may not recover compensation for concurrent employment. We need not reach this issue because we agree with the County that, even assuming Smith is an "employee" for workers' compensation purposes, he may not combine wages under § 42-1-40.

Originally, the average weekly wage for prisoners was addressed in § 42-1-40, which contained the "exceptional reasons" provision. In 1983, after this Court's decision in *Foreman*, the General Assembly removed the inmate section from § 42-1-40 and included it in the newly-created §42-7-65, which contains no "exceptional reasons" provision. Section [§]42-7-65 is entitled "Average weekly wage designated for certain categories of employees" and provides in part, "[t]he average weekly wage for county and municipal prisoners is forty dollars a week."

By removing inmates from §42-1-40, designating a specific weekly wage for inmates, and not providing an "exceptional reasons" provision in §42-7-65, we find that the General Assembly intended that inmates not be allowed to combine

wages in determining their average weekly wage. If the General Assembly had not intended such a result, there would have been no reason to remove inmates from §42-1-40.

Given the above, we find that the General Assembly intended to deny inmates the ability to combine wages in determining their average weekly wage.

*Smith v. Barnwell* at *Id.* (internal citations omitted).

In addition to the evaluation of these two different average weekly wages statutes by the *Smith* Court, Defendants would further assert that the language of §42-7-65 indicates in the preamble to the listing of wages – in the very first sentence – that “the total average weekly wage of the following categories of employees is the following:” (emphasis supplied).

In the single Commissioner’s ruling on this issue, finding that Claimant Faubert was permitted to stack his wages, Commissioner Taylor’s Order delineated different sections of §42-7-65 for which the trial Commissioner believed stacking of wages may, or may not, be applicable for exceptional reasons. The Commissioner’s Order went on to hold that while *Smith* was applicable to inmates, it was therefore inapplicable students in apprentice programs for the purposes of construing the ability to combine wages. (See Taylor Order at Findings of Fact No’s 1-2, at pp. 6-7). In response, these Defendants would simply assert that there is no support for this finding or the delineation of the different subsections of such employees – for purposes of attempting to distinguish the *Smith* claim and the instant case. Inmates and school apprentice/work programs fall under the exact same paragraph and subsection of §42-7-65. Therefore, the analysis in *Smith* falls foursquare on the facts of this case.

The average weekly wage for inmates of the State Department of Corrections as defined in Section 42-1-480 is forty dollars a week. However, the average weekly wage for an inmate who works in a federally approved Prison Industries Enhancement Certification Program must be based upon the inmate's actual net earnings after any statutory reductions. **The average weekly wage for county and municipal prisoners is forty dollars a week. The average weekly wage for students of high schools, state technical schools, and state-supported colleges**

and universities while engaged in work study, marketing education, or apprentice programs on the premises of private companies or while engaged in the Tech Prep or other structured school-to-work programs on the premises of a sponsoring employer is fifty percent of the average weekly wage in the State for the preceding fiscal year.

S.C. Code Ann. §42-7-65 (emphasis supplied)

The single Commissioner further held that §42-1-40 and the reasoning of the Court in *Steele v. Self Serve, Inc.*, 335 S.C. 323, 516 S.E.2d674 (Ct. App.) are controlling, as opposed to §42-7-65 and *Smith, supra*. (See Taylor Order Finding of Fact No. 2, at p. 7). Two further contentions of the Defendants/Appellants on this ruling. First, §42-7-65 must be controlling and compelling in this matter. But for the dictates of §42-7-65 providing certain workers' compensation benefits to the Claimant by virtue of his status in a study apprenticeship, while earning graduate college credit hours, he would not even be entitled to workers' compensation benefits in the first instance. Moreover, the case of *Steele v. Self-Serve, Inc.* was actually a claim whereby the Court actually *upheld* the lower tribunals' denial of Steele's surviving dependents' request to increase decedent's/Claimant's Steele's average weekly wage and compensation rate.

In the *Steele* case, for which §42-1-40 was the applicable wage calculation statute, Steele had provided a W-2 and other wage information from his second job, but had failed to obtain and provide an actual Form 20 from his second employer. Therefore, Steele had not met his burden or complied with S.C. Code of Regs. §67-1603 (H) of providing a Form 20 from his second employer, despite providing other wage records, and ultimately was denied a combination of the wages.

Citing First to the Regulation, the Steel Court reasoned as follows:

If the claimant alleges he or she worked for two or more employers at the time the injury occurred, the claimant may obtain a completed Form 20 for each additional job. The claimant shall file with the Commission's Claim Department the Forms 20, completed



by the employer of the additional jobs, and shall provide a copy to the employer on whose job the claimant was injured.

S.C.Code Ann.Reg. 67-1603(B) (1990) (amended 1997)

Clearly, from the above-cited regulation, the claimant has the burden of proving wages earned from jobs other than the one where the accident occurred. See *Moore v. North Am. Van Lines*, 310 S.C. 236, 239-40, 423 S.E.2d 116, 118 (1992) ("Workers' compensation laws are to be liberally construed in favor of coverage. Nevertheless, the claimant is not relieved of his burden of providing evidence sufficient to support the award." (citations omitted)); *Shealy v. Algernon Blair, Inc.*, 250 S.C. 106, 110, 156 S.E.2d 646, 648 (1967) ("[A] claimant has the burden of proving the facts essential to his right to compensation, and an award may not be based upon conjecture or speculation."); *McDowell v. Stilley Plywood Co.*, 210 S.C. 173, 41 S.E.2d 872 (1947).

*Steele at Id.*

Of particular note, the Claimant in this case never actually filed a Form 20 from McDonalds corporation. While other wage records, were submitted, even assuming arguendo that S.C. Code Ann. §42-1-40 actually applied, as well as *Steele*, the resultant outcome would still be the same as an application of §42-7-65. That is, that the McDonalds wages would still not be added to the prescribed statutory wage for student apprentices, because the Claimant has failed to comply with S.C. Code of Regs. §67-1603(H). Therefore, the calculation of wages would necessarily rest on speculation and surmise as to the exact nature of the additional wages to be included on a weekly basis. Even if unable to timely obtain the Form 20 from the second employer prior to the Form 50 hearing, which is the responsibility of the Claimant, he was the moving party for this hearing. It was within the Claimant's own discretion to move forward on that issue at that time.

3. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was permitted to 'stack' his wages from a second job in order to determine the calculation of his average weekly wage and corresponding compensation rate in this matter, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?
4. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was entitled to the difference in temporary total, or temporary partial disability, benefits for any time period or periods, based on the additional wages he made while working at McDonalds, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?

For the reasons outlined in arguments sections "1" and "2" hereinabove, Defendants assert that a higher average weekly wage and compensation rate is inapplicable to this claim for benefits. Therefore, the single Commissioner's Order and award of additional temporary total and partial benefits, utilizing a calculation of any wages or earnings from secondary employment, is similarly inapplicable and should be reversed.

#### CONCLUSION

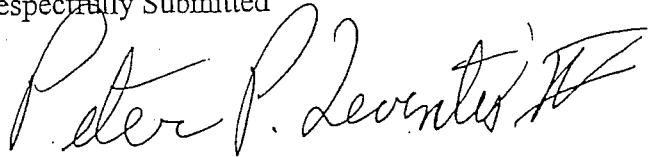
Based on the forgoing arguments, these Appellants, request that the Appellate Panel reverse and modify the findings and conclusions of the single Commissioner as outlined herein above, by:

- (a) In that S.C. Coded Ann. §42-7-65 is the appropriate and controlling statute in this matter for calculation of average weekly wage and weekly compensation rate benefits.

(b) In that *Smith v. Barnwell*, supra, is the appropriate and controlling analysis for determination of average weekly wage and compensation rate determination in this matter.

(c) And that any finding of additional/further temporary or permanent, partial or total, disability benefits, prefaced on secondary employment awarded by the single Commissioner should reversed.

Respectfully Submitted



---

Peter P. Leventis, IV  
McKay, Cauthen, Settana & Stublely  
Post Office Box 7217  
Columbia, South Carolina 29202-7217  
(803) 256-4645  
Attorney for the Defendants/Appellants  
University of South Carolina Apprentice  
Students, and the S.C. State Accident Fund

Columbia, South Carolina  
June 12, 2015

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](http://www.wcc.sc.gov)



WCC File #: 1402080  
Carrier File #: 2014-000331  
Carrier Code #: 500-SF  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: John Faubert SSN: [REDACTED] Employer's Name: USC Apprentice Students  
Address: 203 [REDACTED] Drive Address: 1600 Hampton Street  
City: Greenville State: SC Zip: 29607 City: Columbia State: SC Zip: 29201  
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: State Accident Fund  
Preparer's Name: Peter P. Leventis, IV, Esquire Law Firm: Mckay Law Firm Preparer's Phone #: (803) 256-4645

### REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 1/29/14

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).

Please see attached Addendum.

**SCWCC**

**APR 06 2015**

**JUDICIAL**

(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](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Zandra L. Johnson, Esquire, 330 East Coffee Street, Greenville, SC 29601 on the 2nd day of April 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

Peter P. Leventis Attorney for Defendants pleventis@mckayfirm.com April 2, 2015  
Preparer's Signature Title Email 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](mailto:appeals@wcc.sc.gov).

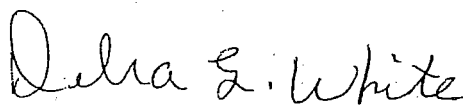
If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner 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.

CERTIFICATE OF SERVICE

I, Emily C. Spradley, being first duly sworn, states that she is a paralegal for the firm of McKay, Cauthen, Settana & Stubley, P.A, with offices in Columbia, South Carolina. This is to certify that a copy of the foregoing Appellant's Brief has been served upon the following by placing a copy of the same in the United States mail, first class postage prepaid, addressed as shown below this the 12 day of June, 2015.

The Honorable Amy Bracy  
Judicial Director  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202

Zandra L. Johnson, Esquire  
The Law Firm of Zandra Johnson, LLC  
330 East Coffee Street  
Greenville, SC 29601



Debra L. White, Paralegal  
McKay, Cauthen, Settana & Stubley, P.A.  
Post Office Box 7817  
Columbia, South Carolina 29202-7217  
(803) 256-4645

Attorneys for Defendants

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

WCC FILE NO. 1402080

FORM 30 ADDENDUM TO  
APPEAL OF THE DEFENDANTS

University of S.C. Apprentice Students,

and

Carrier,

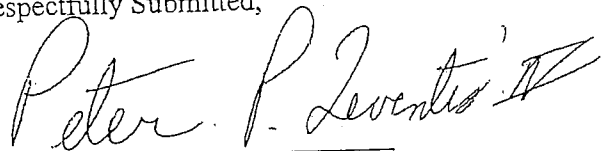
TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND  
ZANDRA L. JOHNSON, ESQUIRE, ATTORNEY FOR CLAIMANT:

1. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the applicable statute for determination of the appropriate average weekly wage of the Claimant was controlled, or partially controlled by S.C. Code Ann. §42-1-40, when such a finding was against the greater weight of the evidence and contrary to South Carolina law?
2. Did the trial Commissioner err in failing to finding as an issue of fact, and/or failing to concluding as a matter of law, that §42-7-65 alone, and/or the case of *Smith v. Barnwell*

*County*, 384 S.C. 520, 682 S.E.2d 828 (2009) were the controlling authority applicable to the determination and calculation of the average weekly wage and corresponding compensation rate in this matter, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?

3. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was permitted to 'stack' his wages from a second job in order to determine the calculation of his average weekly wage and corresponding compensation rate in this matter, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?
4. Did the trial Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was entitled to the difference in temporary total, or temporary partial disability, benefits for any time period or periods, based on the additional wages he made while working at McDonalds, when such a holding was against the greater weight of the evidence and contrary to South Carolina law?

Respectfully Submitted,



Peter P. Leventis, IV, Esquire  
McKay, Cauthen, Settana & Stublely, PA  
Post Office Box 7217  
Columbia, South Carolina 29202-7217  
(803) 256-4645  
Attorneys for the Employer/Carrier

Columbia, South Carolina  
April 2, 2015

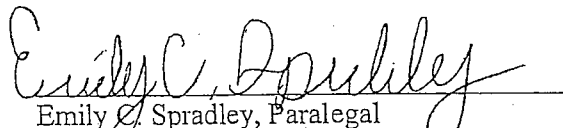
CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing WCC Form 30, Request for Commission Review, has been served upon the following parties by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the following as shown below on the 2nd day of April, 2015.

The Honorable Amy Bracy  
Judicial Director  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202

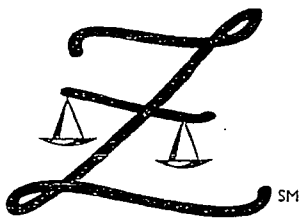
The Honorable Aisha Taylor  
Commissioner  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202-1715

Zandra L. Johnson, Esquire  
The Law Firm of Zandra Johnson, LLC  
330 East Coffee Street  
Greenville, SC 29601

  
Emily C. Spradley, Paralegal  
McKay, Cauthen, Settana & Stubbley, P.A.  
Post Office Box 7817  
Columbia, South Carolina 29202-7217  
(803) 256-4645

Attorneys for Defendants





THE LAW FIRM OF  
ZANDRA L. JOHNSON, LLC

330 East Coffee Street | Greenville, SC 29601 | Phone: 864.527.5915 | Fax: ~~864.527.3153~~ | Email: zandra@zfirmSC.com

September 17, 2014

**New Fax Number: (864) 551-2913**

S.C. Workers' Compensation Commission  
P.O. Box 1715  
Columbia, S.C. 29202-1715

Re: **Claimant: John Faubert**  
**Employer: Univ. of S.C. Apprentice Students**  
**Carrier: State Accident Fund**  
**W.C.C. No.: 1402080**

**TRANSMITTAL OF SECOND AMENDED FORM 58/PREHEARING BRIEF**

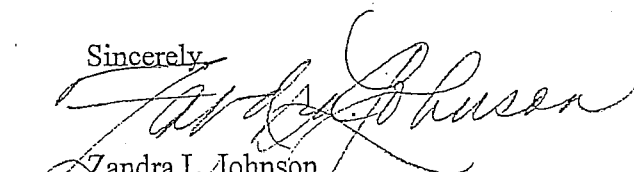
Dear Sir or Madame:

Please find enclosed the original and one (1) copy each of Claimant's Second Amended Form 58/Pre-Hearing Brief, along with my firm's Certificate of Mailing, evidencing service of same upon counsel for the Employer/Carrier Defendants. After filing, please return the copies to me in the self-addressed, stamped envelope provided.

Should you have any questions or concerns regarding this filing, please feel free to give me a call.

With kindest regards, I remain

Sincerely,

  
Zandra L. Johnson  
The Z Firm

zfirm  
enclosures (as noted)



Claimant's Name: John Faubert Employer's Name: University of SC Apprentice Students  
Address: \_\_\_\_\_ Address: 1600 Hampton Street, Suite 705  
City: Greenville State: SC Zip: 29607 City: Columbia State: SC Zip: 29208  
Home Phone: 864 297 3963 Work Phone: \_\_\_\_\_ Carrier: State Accident Fund  
Preparer's Name: Zandra L. Johnson, The Law Firm of Zandra L. Johnson, LLC Preparer's Phone #: 864 527 5915

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$500.55 2. AWW: \$750.79 Date of Injury: 01/29/2014
3. Type of injury and body part(s): right leg, right knee, neck, right shoulder, right wrist, lower back
4. Facts in controversy: Those relevant to issues to be determined according to Form 50/51.
5. Legal issues involved: (1) Proper calculation of average weekly wage and corresponding compensation rate (S.C. Code Sec. 42-1-40; S.C. Code Sec. 42-9-350); (2) Reinstatement of TT benefits to include benefits from 03/05/2014 - Present and continuing (S.C. Code Sec. 42-9-260); (3) TPD benefits from 03/06/2014 - Present; (4) Reimbursement of expenses personally incurred during periods medical not provided; Necessity of additional medical treatment since Claimant is not at MMI.
6. Unusual aspects: Claimant has been returned to work as student with restrictions but has not been returned to work at wage-earning employment.
7. Witnesses (designate if expert):\* John Faubert (claimant)
8. Exhibits: Submitted as APA Submissions Nos. 4 - 10: (4) USC Apprentice Students Form 20; (5) McDonald's Form 20; (6) Claimant's 2013 W-2; (7) USC Apprentice Students Form 15; (8) State Accident Fund Check to Claimant for TT benefits; and (9) Letter/Memo from McDonald's dated 08/28/2014; (10) Letter/Memo from McDonald's dated 09/14/2014
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):  
Medical evidence will be submitted pursuant to R.67-612 and APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Forrest Pommerenke and Paul Kellett, Doctors Care, 701 Congaree Rd., Greenville, S.C. 29607; Robert LeBlond, Upstate Medical Rehabilitation, 111 Doctors Drive, Greenville, S.C. 29605; Progressive Physical Therapy, 701 Congaree Rd., Greenville, S.C. 29607
11. Impairment rating(s); body part(s); physician and date of opinion: None yet assigned; Not at MMI
12. I am amending my Form 50/51 in the following manner: to include an injury to the lower back; to request recalculation of the AWW and the corresponding compensation rate

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

Signature: *Zandra L. Johnson* Email: zandra@zfirmsc.com  
Date of hearing: September 23, 2014 Time needed for hearing: 1 hour  
On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611. Do not send medical reports.

\* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

John Faubert, Employee,  
Claimant,

vs.

University of SC Apprentice Students,  
Employer,

and

S.C. State Accident Fund, Carrier  
Defendants.

W.C.C. FILE NO.: 1402080

**CERTIFICATE OF SERVICE**

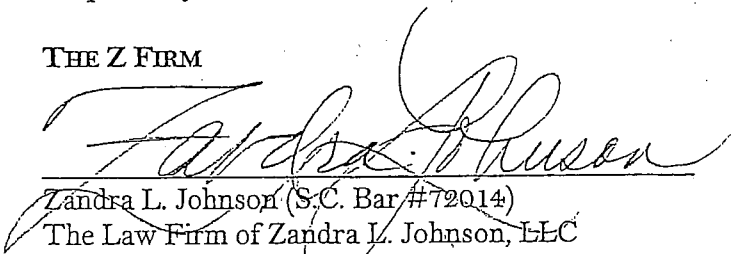
IT IS HEREBY CERTIFIED THAT a copy of the **Claimant's SECOND AMENDED Form 58/Pre-Hearing Brief** was served upon the Employer/Carrier, Defendants, by placing a copy of same in the United States Mail, postage prepaid, on the **17th day of September, 2014**, addressed as follows:

**Mr. Peter P. Leventis, IV**  
**The McKay Law Firm**  
**P.O. Box 7217**  
**Columbia, S.C. 29202-7217**

Additionally, electronic service of same was also made on this date to [pleventis@mckayfirm.com](mailto:pleventis@mckayfirm.com).

Respectfully Submitted,

THE Z FIRM

  
Zandra L. Johnson (S.C. Bar #72014)  
The Law Firm of Zandra L. Johnson, LLC  
Attorney for the Employee/Claimant  
330 E. Coffee Street  
Greenville, S.C. 29601  
Phone: 864.527.5915/Fax: 864.551.2913  
Email: [zandra@zfirmssc.com](mailto:zandra@zfirmssc.com)

Julius W. McKay, II  
Mark D. Cauthen  
Daniel R. Settana, Jr.  
M. Stephen Stubley  
Janet Brooks Holmes  
Peter P. Leventis, IV  
Kelli L. Sullivan \*

David M. Bornemann  
Temus C. Miles, Jr.  
Brandon P. Jones  
James E. L. Fickling +  
Richard E. Marsh, III  
Meghan H. Hall

Law Offices  
**McKAY, CAUTHEN, SETTANA & STUBLEY, P.A.**

P.O. Box 7217  
Columbia, South Carolina 29202-7217

1303 Blanding Street  
Columbia, South Carolina 29201

Douglas McKay, Jr.  
(1917-2008)

Telephone  
(803) 256-4645  
Fax  
(803) 753-5705

E-Mail  
pleventis@mckayfirm.com  
Web  
www.mckayfirm.com

\*S.C. Certified Mediator  
+ Also licensed in N.C.

September 16, 2014

Honorable Aisha Taylor  
Commissioner  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202

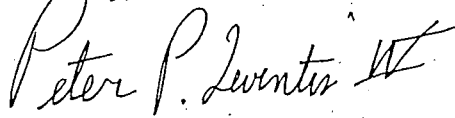
**RE: *John Faubert v. USC Apprentice Students***  
*WCC No.: 1402080*  
*Claim No.: 2014-000331*  
*DOA: 01/29/2014*  
*Our File No.: 1200-0071*

Dear Commissioner Taylor:

Enclosed please find the Defendant's Pre-hearing Brief and Notice of Witnesses and Written Medical Reports.

By copy of this letter to claimant's attorney, Zandra L. Johnson, I am serving her with the Pre-hearing Brief and Notice of Witnesses and copies of all medical reports we intend to submit pursuant to the Administrative Procedures Act via U.S. regular mail.

Sincerely,

  
Peter P. Leventis, IV

PPL/dwc  
Enclosures

cc: Zandra L. Johnson, Esquire (w/encl)  
Meggan Cooper (w/encl)



Claimant's Name: John Faubert Employer's Name: University of South Carolina  
Address: \_\_\_\_\_ Address: 1600 Hampton Street  
City: Greenville State: SC Zip: 29607 City: Columbia State: SC Zip: 29201  
Home Phone: ( ) - Work Phone: ( ) - Carrier: State Accident Fund  
Preparer's Name: Peter P. Leventis, IV, Esquire Preparer's Phone #: (803) 256-4645

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$247.91 2. AWW: \$371.86 Date of Injury: 1/29/2014
3. Type of injury and body part(s): Back admitted. All other body parts, conditions or systems are denied at this time.
4. Facts in controversy: The Claimant's proper AWW/CR; Which body parts are compensable; Whether or not the Claimant is permitted to stack wages from his second employer; whether or not the Claimant is entitled to TTD benefits due to his non-compliance with medical treatment, and based on his return to the job (as a student in a work study) on which his TTD benefits were based; what additional medical treatment the Claimant is entitled to in reference to this claim; Whether or not the Claimant has had an aggravation of a pre-existing injury (injuries) or condition (conditions).
5. Legal issues involved: §42-7-65 and Smith v. Barnwell Co. 384 S.C. 520,682 S.E.2d 828 (Ct. App. 2009) and §42-9-260 (as to the proper AWW/CR for this claim and the Claimant's entitlement to ongoing TTD/TPD benefits if any) §42-9-35 as to aggravation of pre-existing injury for any/all of the Claimant's alleged body parts beyond the back, and entitlement to medical treatment which was not provided as a direct result of this injury; §42-15-60 as to the Claimant's entitlement to any further or additional treatment to any body part/parts or conditions.  
Prior to the date of accident, and up to the date of injury, the Claimant was in extensive pain management, took multiple pain medications, and had recommendations for spinal surgery which he did not avail himself of prior to the date of accident. Defendants contend there is little difference between the pre-DOI MRI scans and post- DOI diagnostic testing of the lumbar spine.
6. Unusual aspects: The Claimant suffers from MS and other co-morbidities. Defendants object to Claimant's APA/Exhibit No. 9 "Letter/Memo from McDonald's" dated 8/28/2014.
7. Witnesses (designate if expert):\* The Claimant, the Claimant's direct supervisor on the date of accident, and any witness called by the Claimant (The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330 (3). The Defendants reserve the right to amend their Pre-hearing brief upon receipt of additional information.
8. Exhibits: Petition for approval of Compromise Settlement and Order Approving Settlement Agreement; Deposition transcript of claimant.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):  
See APAs
10. Name, address, and specialty, if any, of the treating physician: N/A
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.  
☐ b. Mediation is required pursuant to Reg. 67-1802.  
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.  
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I verify the contents of this form are accurate and true to the best of my knowledge. I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Zandra L. Johnson, Esquire, The Law Firm of Zandra L. Johnson, LLC, 330 East Coffee Street, Greenville, SC 29601 on the 16th day of September 2014 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Peter P. Leventis  
Date of hearing: September 23, 2014 (Commissioner Taylor)

Email: pleventis@mckayfirm.com  
Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-60 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. \* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

John Faubert, )

WCC FILE NO: 1402080

Employee, )

vs. )

University of South Carolina, )

Employer, )

and )

State Accident Fund, )

Carrier. )

NOTICE OF WITNESSES  
AND WRITTEN REPORT(S) PHYSICIAN  
OR OTHER EVIDENCE TO BE  
INTRODUCED ON BEHALF OF  
THE EMPLOYER/CARRIER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND  
THE CLAIMANT'S ATTORNEY ZANDRA L. JOHNSON:

YOU ARE HEREBY NOTIFIED THAT THE employer/carrier, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence on behalf of the employer/carrier, to wit:

| TAB | NAME OF PHYSICIAN/OTHER         | DATE OF REPORTS   | NO.       |
|-----|---------------------------------|-------------------|-----------|
| 10. | Mauldin Medical Associates      | 3/9/08 – 8/21/09  | 67 - 81   |
| 11. | Greenville Memorial Hospital    | 8/7/09 – 2/25/14  | 82 - 92   |
| 12. | Greenville Medical Associates   | 3/2/11 – 6/18/14  | 93 - 104  |
| 13. | Greenville Health Systems       | 5/11/11 – 2/14/14 | 105 - 198 |
| 14. | Upstate Medical Rehab           | 6/13/12 – 3/8/13  | 199 - 203 |
| 15. | Carolina Cardiology Consultants | 6/4/13 – 6/25/13  | 204 - 210 |
| 16. | Doctors Care                    | 1/29/14 – 2/28/14 | 211 - 214 |
| 17. | Progressive Physical Therapy    | 2/28/14 – 3/24/14 | 215 -221  |

| EXH # | EXHIBIT                                                                                 | DATED     | PAGE NOS. |
|-------|-----------------------------------------------------------------------------------------|-----------|-----------|
| 18.   | Petition for approval of Compromise Settlement and Order Approving Settlement Agreement | 3/18/2011 | 222 -225  |
| 19.   | Deposition transcript of claimant                                                       | 9/4/2014  |           |

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

The Claimant's direct supervisor on the date of accident, or any representative of the employer. The Claimant and/or any witness named by the Claimant. The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330(3).



---

Peter P. Leventis, IV  
McKay, Cauthen, Settana & Stublely  
Post Office Box 7217  
Columbia, South Carolina 29202-7217  
(803) 256-4645

Columbia, South Carolina

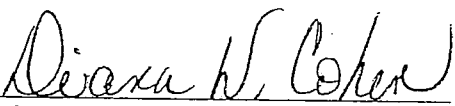
September 16, 2014

CERTIFICATE OF SERVICE

Diana W. Cohen, states that she is a paralegal for McKay, Cauthen, Settana & Stubley, with offices in Columbia, South Carolina. This is to certify that a copy of the foregoing Pre-hearing Brief, Notice of Witnesses and medical records, have been served upon the claimant, by placing a copy of the same in the United States mail, first class postage prepaid, addressed to him at his office as shown below this the 16 day of September, 2014 as follows:

The Honorable Aisha Taylor  
Commissioner  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202-1715

Zandra L. Johnson, Esquire  
The Law Firm of Zandra Johnson, LLC  
330 East Coffee Street  
Greenville, SC 29601

  
Diana W. Cohen, Paralegal  
McKay, Cauthen, Settana & Stubley, P.A.  
1303 Blanding Street  
Post Office Box 7217  
Columbia, SC 29202

(803) 256-4645



## DEFENDANTS APAS AND EXHIBITS

John Faubert v. University of South Carolina

WCC File No.: 1402080

Date of Injury: 01/29/2014

Date of Hearing: September 23, 2014

Time: 1:00 p.m.

Hearing: 50/51

Location: County Square, East Wing  
301 University Ridge, Suite 5100  
Greenville, SC 29601

Commissioner: Aisha Taylor

CA: Zandra L. Johnson

| APA # | NAME OF PHYSICIAN/OTHER         | DATED             | PAGE NOS. |
|-------|---------------------------------|-------------------|-----------|
| 10.   | Mauldin Medical Associates      | 3/9/08 – 8/21/09  | 67 - 81   |
| 11.   | Greenville Memorial Hospital    | 8/7/09 – 2/25/14  | 82 – 92   |
| 12.   | Greenville Medical Associates   | 3/2/11 – 6/18/14  | 93 – 104  |
| 13.   | Greenville Health Systems       | 5/11/11 – 2/14/14 | 105 – 198 |
| 14.   | Upstate Medical Rehab           | 6/13/12 – 3/8/13  | 199 – 203 |
| 15.   | Carolina Cardiology Consultants | 6/4/13 – 6/25/13  | 204 - 210 |
| 16.   | Doctors Care                    | 1/29/14 – 2/28/14 | 211 - 214 |
| 17.   | Progressive Physical Therapy    | 2/28/14 – 3/24/14 | 215 -221  |

| EXH # | EXHIBIT                                                                                 | DATED     | PAGE NOS. |
|-------|-----------------------------------------------------------------------------------------|-----------|-----------|
| 18.   | Petition for approval of Compromise Settlement and Order Approving Settlement Agreement | 3/18/2011 | 222 - 225 |
| 19.   | Deposition transcript of claimant                                                       | 9/4/2014  |           |





**MAULDIN MEDICAL ASSOCIATES, PA**  
**PROTECTED HEALTH INFORMATION**

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

PATIENT NAME : John Faubert  
ADDRESS : Greenville SC 29607  
TELEPHONE # : 297-3963 E MAIL : \_\_\_\_\_  
SOCIAL SECURITY # : \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

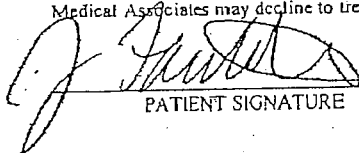
**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to  
Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the Treatment directly or indirectly.  
Obtain payment from third party payers and your insurance companies  
Conduct normal healthcare operations such as quality assessment and physician certifications

I have been given a copy of Notice of Privacy Practices by Mauldin Medical Associates and been given the opportunity to read this notice before signing this consent. I understand that Mauldin Medical Associates has the right to change its Notice of Privacy Practices from time to time and that I may contact this facility at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand that the Mauldin Medical Associates is not required to agree to my requested restrictions, but if it does agree, then it is required to abide by these restrictions.

I understand that I have the right to revoke this Consent in writing at any time. I understand that revocation of this consent will not affect any action taken by Mauldin Medical Associates in reliance on this Consent before its revocation. I understand that Mauldin Medical Associates may decline to treat me or to continue to treat me this consent is revoked.

  
PATIENT SIGNATURE

3-9-08  
DATE

RELATIONSHIP TO PATIENT

UNABLE TO OBTAIN PATIENT'S SIGNATURE / GUARDIAN'S SIGNATURE:

REASON : \_\_\_\_\_ DATE: \_\_\_\_\_  
INITIALS \_\_\_\_\_

DOB: 3/17/1964 Allergies: latex

104

**Mauldin Medical Associates, PA**  
 545 West Butler Road, Greenville, SC- 29607

Name : John Faubert  
 Account : 9186

DOB: 3/7/64 Allergies: Latex SS :

| Date    | Wt    | Temp | BP  | PR | RR | O2 sat | Chief Complaint / Meds                            |
|---------|-------|------|-----|----|----|--------|---------------------------------------------------|
| 8.5.09  | 381   | 98.1 |     |    |    |        | PE GIO CHEST CONGESTION<br>and POSS PNEUMONIA (2) |
|         |       |      |     |    |    |        | SQBS = 109 @ 1:50 PM (2)                          |
|         |       |      |     |    |    |        | BRAXIN 500 PO BID                                 |
|         |       |      |     |    |    |        | Ronde 107 10XW                                    |
|         |       |      |     |    |    |        | Lat / Boose                                       |
|         |       |      |     |    |    |        | KNOW                                              |
| 8.7.09  |       | 98.7 | 100 | 80 | 20 | 100%   | FOLLOW-UP                                         |
|         |       |      |     |    |    |        | PFT                                               |
|         |       |      |     |    |    |        | NEZULIN                                           |
|         |       |      |     |    |    |        | In DEVDUM                                         |
|         |       |      |     |    |    |        | CAN                                               |
|         |       |      |     |    |    |        | Boose                                             |
|         |       |      |     |    |    |        | In DEVDUM 1CC 19                                  |
| 8.21.09 | 379.8 | 98.8 | 110 | 80 | 20 | 100%   | ① ANNO GEL (581) 30XW                             |
|         |       |      |     |    |    |        | ② FENZ                                            |
|         |       |      |     |    |    |        | ③ HYPGONELUM                                      |
|         |       |      |     |    |    |        | ④ FENZ                                            |
|         |       |      |     |    |    |        | ⑤ ANNO                                            |

201-1750

MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                               |                          |                    |  |
|-------------------------------|--------------------------|--------------------|--|
| PATIENT NAME: FAUBERT, JOHN J |                          | PATIENT NO: 009186 |  |
| ADDRESS: GREENVILLE, SC 29607 |                          |                    |  |
| HM TEL: 864-297-3963          | WK TEL: 864-201-1750     | SSN:               |  |
| OCCUPATION: LIVING SUPPORT    | DOB: 03/07/1964 (49 yrs) | CHARTNO:           |  |
| GUARANTOR: FAUBERT, JOHN J    |                          | SEX: MALE          |  |

SUPPLEMENTARY INFORMATION

PATIENT MACRO

OFFICE VISIT ON 08/21/2009  
PROVIDER: PATNAM, RAJU ENTERED BY: TRANSCRI.

CHIEF COMPLAINT: Fatigue, hypogonadism, physical.

PAST MEDICAL HISTORY: Morbid obesity and DVT.

SOCIAL HISTORY: Nonsmoker.

REVIEW OF SYSTEMS: Constitutional: Denies any dizziness or diplopia. Neck: Denies any neck pain. Heart: Denies any chest pain. Lungs: Denies any wheezing. Abdomen: Denies any abdominal pain.

PHYSICAL EXAMINATION: Vital signs: Stable. General: Afebrile, alert, oriented, ambulatory. HEENT: Bilateral nasal congestion. Neck: Supple. Heart: Regular rate and rhythm. Lungs: Bilateral coarse breath sounds. Abdomen: Benign on examination.

ASSESSMENT:

Normal physical.  
Hypogonadism.  
Fatigue.  
Morbid obesity.

PLAN:

Diet and exercise. Advised to lose.  
We have done PFT, we are waiting for the results.  
We have also done a CBC, CMP, lipid, and testosterone level. We have given a prescription for his potassium and also Androgel 5 g 30 packs.  
The patient is advised to follow up on one month.  
Today, he weighs 379 pounds. The patient is strongly advised to lose weight. Complications of obesity has been explained.

MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                               |                          |                    |
|-------------------------------|--------------------------|--------------------|
| PATIENT NAME: FAUBERT, JOHN J |                          | PATIENT NO: 009186 |
| ADDRESS:                      | GREENVILLE, SC 29607     |                    |
| HM TEL: 864-297-3963          | WK TEL: 864-201-1750     | SSN:               |
| OCCUPATION: LIVING SUPPORT    | DOB: 03/07/1964 (49 yrs) | CHARTNO:           |
| GUARANTOR: FAUBERT, JOHN J    |                          | SEX: MALE          |

"Dictated but not read"

Dr. RAJU PATNAM

PROBLEMS

NO PROBLEMS ATTACHED TO THIS PROGRESS NOTE

|       |         |         |
|-------|---------|---------|
| TESTS | ORDERED | ENTERED |
|-------|---------|---------|

NO TESTS ORDERED/ENTERED WITH THIS PROGRESS NOTE

|             |        |      |        |
|-------------|--------|------|--------|
| MEDICATIONS | DOSAGE | DISP | REFILL |
|-------------|--------|------|--------|

NO PRESCRIPTIONS WRITTEN WITH THIS PROGRESS NOTE

|              |
|--------------|
| LINKED SCANS |
|--------------|

NO SCANS ATTACHED WITH THIS PROGRESS NOTE

ELECTRONICALLY SIGNED BY RAJU PATNAM, MD



MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                              |                          |                    |
|------------------------------|--------------------------|--------------------|
| PATIENT NAME: FAUBERT JOHN J |                          | PATIENT NO: 009186 |
| ADDRESS: 2 F                 | GREENVILLE, SC 29607     | SSN: [REDACTED]    |
| HM TEL: 864-297-3963         | WK TEL: 864-201-1750     | CHARTNO:           |
| OCCUPATION: LIVING SUPPORT   | DOB: 03/07/1964 (49 yrs) | SEX: MALE          |
| GUARANTOR: FAUBERT, JOHN J   |                          |                    |

OFFICE VISIT ON 08/07/2009  
PROVIDER: PATNAM, RAJU ENTERED BY: TRANSCRI

CHIEF COMPLAINT: Asthmatic bronchitis and asthma.

HISTORY: The patient came to me complaining that he has a fever of 101 yesterday. He started taking his Biaxin.

PHYSICAL EXAMINATION: Vital signs: Stable. General: Afebrile, alert, oriented, and ambulatory. HEENT: Bilateral nasal congestion. Neck: Supple. Heart: Heart regular rate and rhythm. Lungs: Bilateral coarse breath sounds. Abdomen: Benign on examination. Extremities: Within normal limits.

ASSESSMENT:  
Acute bronchitis.  
History of asthma.

PLAN:  
The patient advised to get a chest x-ray to rule out pneumonia. Till that time he has to take Biaxin 500 p.o. b.i.d. for ten days, Rondec-DM cough medicine. Advised to get a chest x-ray.  
The patient advised to follow up in one week. We have given 1 cc of Decadron IM.

"Dictated but not read"

Dr. RAJU PATNAM

MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                               |                          |                    |
|-------------------------------|--------------------------|--------------------|
| PATIENT NAME: FAUBERT, JOHN J |                          | PATIENT NO: 009186 |
| ADDRESS: 422 W. 10TH ST       | GREENVILLE, SC 29607     |                    |
| HM TEL: 864-297-3963          | WK TEL: 864-201-1750     | SSN:               |
| OCCUPATION: LIVING SUPPORT    | DOB: 03/07/1964 (49 yrs) | CHARTNO:           |
| GUARANTOR: FAUBERT, JOHN J    |                          | SEX: MALE          |

PROBLEMS

NO PROBLEMS ATTACHED TO THIS PROGRESS NOTE

| TESTS | ORDERED | ENTERED |
|-------|---------|---------|
|-------|---------|---------|

NO TESTS ORDERED/ENTERED WITH THIS PROGRESS NOTE

| MEDICATIONS | DOSAGE | DISP | REFILL |
|-------------|--------|------|--------|
|-------------|--------|------|--------|

NO PRESCRIPTIONS WRITTEN WITH THIS PROGRESS NOTE

| LINKED SCANS |
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NO SCANS ATTACHED WITH THIS PROGRESS NOTE

ELECTRONICALLY SIGNED BY RAJU PATNAM, MD

OFFICE VISIT ON 08/05/2009

PROVIDER: PATNAM, RAJU

ENTERED BY: TRANSCRI

CHIEF COMPLAINT: Hypogonadism, allergic rhinitis, acute bronchitis, came for a followup. He said he has been coughing up lot of sputum, fever of 102.

HISTORY: No history of any nausea, vomiting, or diarrhea. No chest pain, no rash, no neck stiffness.

PAST MEDICAL HISTORY: Morbid obesity, pulmonary embolism, hypogonadism.

PAST SURGICAL HISTORY: Back surgery.

MEDICATIONS AT HOME: At this time, Lyrica, Nexium, Lunesta.



MEDICAL RECORDS INFORMATION

NO TESTS ORDERED/ENTERED WITH THIS PROGRESS NOTE

NO PRESCRIPTIONS WRITTEN WITH THIS PROGRESS NOTE

NO SCANS ATTACHED WITH THIS PROGRESS NOTE

ELECTRONICALLY SIGNED BY RAJU PATNAM, MD

OFFICE VISIT ON 07/21/2009

PROVIDER: PATNAM, RAJU

ENTERED BY: TRANSCRI

CHIEF COMPLAINT: Morbid obesity, hypogonadism, and multiple sclerosis.

**HISTORY:** The patient came for a followup. Recently, they have done a testosterone level, it was 149.

PHYSICAL EXAMINATION: Vital signs: Stable. General: Afebrile, alert, oriented, and ambulatory. Physical examination is normal.

ASSESSMENT:

## Hypogonadism

Multiple sclerosis.

Morbid obesity.

## Low back pain

PLAN:

I told him that since he has got a hypogonadism, we can put him on AndroGel for a month.

The patient is advised to come back and see me in a month to recheck his testosterone levels.

MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                               |                         |                    |  |
|-------------------------------|-------------------------|--------------------|--|
| PATIENT NAME: FAUBERT, JOHN J |                         | PATIENT NO: 009186 |  |
| ADDRESS:                      | GREENVILLE, SC 29607    |                    |  |
| HM TEL: 864-297-3963          | WK TEL: 864-201-1750    | SSN:               |  |
| OCCUPATION: LIVING SUPPORT    | DOB: 03/07/1964(49 yrs) | CHARTNO:           |  |
| GUARANTOR: FAUBERT, JOHN J    | SEX: MALE               |                    |  |

"Dictated but not read"

Dr. RAJU PATNAM

PROBLEMS

NO PROBLEMS ATTACHED TO THIS PROGRESS NOTE

|       |         |         |
|-------|---------|---------|
| TESTS | ORDERED | ENTERED |
|-------|---------|---------|

NO TESTS ORDERED/ENTERED WITH THIS PROGRESS NOTE

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|-------------|--------|------|--------|
| MEDICATIONS | DOSAGE | DISP | REFILL |
|-------------|--------|------|--------|

NO PRESCRIPTIONS WRITTEN WITH THIS PROGRESS NOTE

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| LINKED SCANS |
|--------------|

NO SCANS ATTACHED WITH THIS PROGRESS NOTE

ELECTRONICALLY SIGNED BY RAJU PATNAM, MD

OFFICE VISIT ON 03/09/2008

- 7 -

Electronically Generated by American Medical Software®

MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                               |                          |                    |
|-------------------------------|--------------------------|--------------------|
| PATIENT NAME: FAUBERT, JOHN J |                          | PATIENT NO: 009186 |
| ADDRESS:                      | GREENVILLE, SC 29607     |                    |
| HM TEL: 864-297-3963          | WK TEL: 864-201-1750     | SSN:               |
| OCCUPATION: LIVING SUPPORT    | DOB: 03/07/1964 (49 yrs) | CHARTNO:           |
| GUARANTOR: FAUBERT, JOHN J    | SEX: MALE                |                    |

PROVIDER: PATNAM, RAJU

ENTERED BY: APOTEAT

CHIEF COMPLAINT: Leg pain, the right leg is swollen, tender, and painful.

HISTORY: All these problems going on for the last several weeks. No history of any nausea, vomiting, or diarrhea. No shortness of breath. No chest pain. No rash. No neck stiffness.

PAST MEDICAL HISTORY: Morbid obesity, multiple sclerosis, low back pain, low back surgery, normal colonoscopy, and normal upper GI.

SOCIAL HISTORY: Nonsmoker.

FAMILY HISTORY: Negative for cancer.

MEDICATIONS AT HOME: Rebif, Nexium, Darvocet, and Levsin.

PHYSICAL EXAMINATION: Vital signs: Stable. General: Afebrile, alert, active, not in any distress. HEENT: Bilateral nasal congestion. Neck: Supple. Heart: Regular rate and rhythm. Lungs: Bilateral coarse breath sounds. Abdomen: Benign on examination. Extremities: Within normal limits. On examination of his right leg, it is swollen, tender, and painful.

PLAN:

I suggested the patient might have a deep vein thrombosis. I advised him that he needs to either go to the ER or needs to get an ultrasound and the patient said he will go to ultrasound tomorrow. He does not have any way to go today. The patient is also having lot of pain, so we have given some Celebrex one tablet p.o. twice a day for pain. The patient advised to follow up in one week.

"Dictated but not read"

Dr. RAJU PATNAM

MAULDIN MEDICAL ASSOCIATES PA  
545 WEST BUTLER ROAD  
GREENVILLE SC 29607  
864-236-9555

MEDICAL RECORDS INFORMATION

|                               |                          |                    |  |
|-------------------------------|--------------------------|--------------------|--|
| PATIENT NAME: FAUBERT, JOHN J |                          | PATIENT NO: 009186 |  |
| ADDRESS:                      | GREENVILLE, SC 29607     | SSN:               |  |
| HM TEL: 864-297-3963          | WK TEL: 864-201-1750     | CHARTNO:           |  |
| OCCUPATION: LIVING SUPPORT    | DOB: 03/07/1964 (49 yrs) | SEX: MALE          |  |
| GUARANTOR: FAUBERT, JOHN J    |                          |                    |  |

PROBLEMS

NO PROBLEMS ATTACHED TO THIS PROGRESS NOTE

|       |         |         |
|-------|---------|---------|
| TESTS | ORDERED | ENTERED |
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NO TESTS ORDERED/ENTERED WITH THIS PROGRESS NOTE

|             |        |      |        |
|-------------|--------|------|--------|
| MEDICATIONS | DOSAGE | DISP | REFILL |
|-------------|--------|------|--------|

NO PRESCRIPTIONS WRITTEN WITH THIS PROGRESS NOTE

|              |
|--------------|
| LINKED SCANS |
|--------------|

NO SCANS ATTACHED WITH THIS PROGRESS NOTE

SIGNATURE: \_\_\_\_\_

76

Mauldin Medical Associates, PA  
 545 W Butler road, Greenville, SC - 29607

Name : JOHN FAVBEM  
 SS : \_\_\_\_\_ Account: \_\_\_\_\_

| # | Date | Past Medical History |
|---|------|----------------------|
|   |      | MS                   |
|   |      | COPD                 |
|   |      | obesity              |
|   |      |                      |
|   |      |                      |
|   |      |                      |
|   |      |                      |
|   |      |                      |
|   |      |                      |

| # | Date | Past Surgical History |
|---|------|-----------------------|
|   |      |                       |
|   |      |                       |
|   |      |                       |
|   |      |                       |
|   |      |                       |
|   |      |                       |
|   |      |                       |
|   |      |                       |
|   |      |                       |

|                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Social / Family /<br>Allergies<br><br>Tobacco: _____<br>Alcohol: _____<br>Drugs : _____<br>Married / Single /D<br>Occupation: _____<br><br>Family History:<br>CAD : _____<br>Cancers: _____<br>Others : _____<br><br>Puberty Age:<br>Children : _____<br><br>Allergies: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                     |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Physical            | 2008 | 2009 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rectal Exam         |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemoccult           |      | 2009 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prostate Exam       |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSA                 |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colonoscopy         |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flex-sig /BE        | 2008 |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cholestrol          |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| U/A                 | 2008 | 2009 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PFT                 |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CXR                 |      | 2009 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bone Density :      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health counseling : |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EKG                 |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stress Test         | 2008 |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Echocardiogram      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Holter              | 2008 |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UGI / EGD           |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H-Pylori            |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carotid Doppler     |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ultrasound -        |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flu                 |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pneumovax           | 2007 |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Others              |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



JOHN FAVRE

Account 7

This document marked by <sup>14-00000</sup> FBI File Marked 66 - For more information, visit <http://www.fbi.gov>



Mar. 11. 2014 3:25PM

No. 8851 P. 110/110

08/17/2009  
04:00

OUTPATIENT FINAL EPISODE REPORT  
GREENVILLE MEMORIAL HOSPITAL  
701 Grove Road, Greenville, SC 29605

PAGE 1

NAME: FAUBERT, JOHN JONES

LOC: UMR

ROOM:

MR#: UMR-034588667

DOB: 03/07/1964

AGE: 45Y

SEX: M

ATTENDING PHYS: LEBLOND MD, ROBERT E

COLL: 08/07/2009 16:08 REC: 08/07/2009 16:09 PHYS: LEBLOND MD, ROBERT E  
CHART/ROOM:

URINE OPIATE METABOL

URINE CODEINE  
negative  
URINE MORPHINE  
negative  
URINE HYDROCODONE 9100  
Unit: ng/mL  
URINE HYDROMORPHONE  
negative  
URINE OXYCODONE  
negative  
URINE OXYMORPHONE  
negative  
(NOTE)

This test was performed by GC/MS only. Immunoassay  
screen, if ordered, was performed and reported  
under a separate test code.

Test Performed by Quest, Chantilly,  
Quest Diagnostics Nichols Institute,  
14225 Newbrook Drive, Chantilly, VA 20153  
Kenneth Sisco, M.D., Director of Laboratories  
(703) 802-6900, CLIA 49D0221801

TOXICOLOGY AND MARIJ

NARCOTICS, URINE REPORT  
(NOTE)

HYDROCODONE DETECTED

WITH METABOLITES

AMPHETAMINES, URINE REPORT  
(NOTE)

NONE DETECTED

BARBITURATES, URINE REPORT  
(NOTE)

NONE DETECTED

PHENOTHIAZINES, URINE REPORT  
(NOTE)

NONE DETECTED

TRANQUILIZERS, URINE REPORT  
(NOTE)

NONE DETECTED

08/17/2009 FAUBERT, JOHN JONES

CONTINUED

PAGE 1

Mar. 11. 2014 3:24PM

No. 8851 P. 108/110

10/13/2011 -  
04:00

OUTPATIENT FINAL EPISODE REPORT  
GREENVILLE MEMORIAL HOSPITAL  
701 Grove Road, Greenville, SC 29605

PAGE 1

NAME: FAUBERT, JOHN JONES

LOC: PR

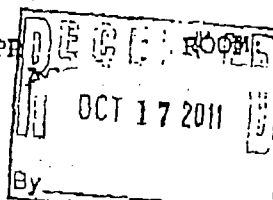
MR#: 971297984

DOB: 03/07/1964

AGE: 47Y

SEX: M

ATTENDING PHYS: LEBLOND MD, ROBERT E



COLL: 10/12/2011 16:17 REC: 10/12/2011 16:18 PHYS: LEBLOND MD, ROBERT E  
CHART/ROOM:

CEA

0.9

ng/mL

95.4% of Healthy NonSmokers have less than or equal to 3.0 ng/mL

This result was obtained with the Beckman Dxl Access Assay. Values obtained from other manufacturers' assay methods may not be used interchangeably.

COMP METABOLIC PNL

|                      |     |             |         |
|----------------------|-----|-------------|---------|
| SODIUM               | 143 | [136-144]   | mMol/L  |
| POTASSIUM            | 3.8 | [3.5-5.1]   | mMol/L  |
| CHLORIDE             | 104 | [101-111]   | mMol/L  |
| CARBON DIOXIDE       | 32  | [22-32]     | mMol/L  |
| ANION GAP            | 7   | [3-14]      | mMol/L  |
| GLUCOSE              | 85  | [74-99]     | mg/dl   |
| UREA NIT., BLOOD     | 13  | [8-26]      | mg/dl   |
| CREATININE           | 0.6 | L [0.9-1.2] | mg/dl   |
| EST GFR-CAUCASIAN    | >90 |             | mL/min/ |
| EST GFR-NON CAUCASIA | >90 |             | mL/min/ |

National Kidney Foundation Stages of CKD

.....  
Stage 1 CKD = GFR >89  
Stage 2 CKD = GFR 60-89  
Stage 3 CKD = GFR 30-59  
Stage 4 CKD = GFR 15-29  
Stage 5 CKD = GFR <15

|                  |     |             |       |
|------------------|-----|-------------|-------|
| CALCIUM          | 9.0 | [8.9-10.3]  | mg/dl |
| ALBUMIN          | 3.7 | [3.5-4.8]   | g/dL  |
| TOTAL PROTEIN    | 6.8 | [6.1-7.9]   | g/dL  |
| SGOT(AST)        | 17  | [1-51]      | IU/L  |
| TOT. BILIRUBIN   | 0.2 | L [0.3-1.2] | mg/dl |
| ALK. PHOSPHATASE | 65  | [32-91]     | IU/L  |
| SGPT(ALT)        | 16  | [1-52]      | IU/L  |

PSA

0.23

[0-4.0] ng/mL

.....  
This result was obtained with the Beckman Dxl Access Assay. Values obtained from other manufacturers' assay methods may not be used interchangeably.

HP NO DIFFERENTIAL

10/13/2011 FAUBERT, JOHN JONES

WBC COUNT

8.9

[4.0-11.5] TH/mm3

CONTINUED

PAGE 1

Mar. 11. 2014 3:25PM

No. 8851 P. 109/110

PAGE 2

10/13/2011  
04:00

OUTPATIENT FINAL EPISODE REPORT  
GREENVILLE MEMORIAL HOSPITAL  
701 Grove Road, Greenville, SC 29605

NAME: FAUBERT, JOHN JONES

LOC: PR

ROOM:

MR#: 971297984

DOB: 03/07/1964

AGE: 47Y

SEX: M

ATTENDING PHYS: LEBLOND MD, ROBERT E

10/13/2011 COLL: 10/12/2011 16:17 REC: 10/12/2011 16:18 PHYS: LEBLOND MD, ROBERT E  
CHART/ROOM:

HP NO DIFFERENTIAL

(CONTINUED)

|                    |      |             |         |
|--------------------|------|-------------|---------|
| RBC COUNT          | 4.59 | [4.5-5.9]   | MIL/CUM |
| HEMOGLOBIN         | 14.1 | [13.5-17.5] | g/dl    |
| HEMATOCRIT         | 41.1 | [41-53]     | %       |
| MEAN CELL VOLUME   | 89.5 | [80-100]    | FL      |
| MEAN CELL HGB      | 30.6 | [26-34]     | pg      |
| MEAN CELL HGB CONC | 34.2 | [31-37]     | g/dl    |
| RED CELL DIST      | 14.3 | [12.0-16.0] | %       |
| PLATELET COUNT     | 275  | [140-440]   | TH/CUMM |
| MEAN PLT VOLUME    | 8.4  | [7.4-10.4]  | FL      |

10/13/2011 FAUBERT, JOHN JONES

END OF REPORT

PAGE 2

Mar. 11. 2014 3:24PM

No. 8851 E. 106/110

01/20/2012  
04:00

OUTPATIENT FINAL EPISODE REPORT  
GREENVILLE MEMORIAL HOSPITAL  
701 Grove Road, Greenville, SC 29605

PAGE 1

NAME: FAUBERT, JOHN JONES  
MR#: 971297984  
DOB: 03/07/1964  
ATTENDING: PHYS: GOLDSMITH PA, DAVID E

LOC: PR

ROOM:

SEX: M

113298 COLL: 01/18/2012 10:01 REC: 01/18/2012 10:02 PHYS: GOLDSMITH PA, DAVID  
CHART/ROOM:

FREE T4 (> 16 YRS) 1.0 [0.5-1.6] ng/dl

GLUCOSE 93 [74-99] mg/dl

## LIPID PROFILE

CHOLESTEROL 179 [ < 200 ] mg/dL  
TRIGLYCERIDE 186 H [ < 150 ] mg/dL  
DIRECT HDL CHOL 37 L [ 40-59 ] mg/dL  
LDL CALCULATED CHOL 105 H [ < 100 ] mg/dL

Calculated LDL Cholesterol may not match the  
measured LDL Cholesterol if lipids are abnormal

VLDL CALCULATED CHOL 37 H [ < 30 ] mg/dL  
CHOL/HDL RATIO 5  
CHD RISK 2X AVERAGE  
NON-HDL CHOLESTEROL 142 H [ < 130 ] mg/dL

TSH 0.741 [0.4-4.0] uIU/mL

## TOTAL T4 QUEST

T4 THROXINE TOTAL QU 8.2  
Reference range: 4.5 to 12.0  
Unit: mcg/dL  
(NOTE)

Test Performed by Quest, Chantilly,  
Quest Diagnostics Nichols Institute,  
14225 Newbrook Drive, Chantilly, VA 20151  
Kenneth Sisco, M.D., Ph.D., Director of Laboratories  
(703) 802-6900, CLIA 49D0221801

## T3 UPTAKE QUEST

34  
Reference range: 22 to 35  
Unit: %  
(NOTE)

Test Performed by Quest, Chantilly,  
Quest Diagnostics Nichols Institute,  
14225 Newbrook Drive, Chantilly, VA 20151  
Kenneth Sisco, M.D., Ph.D., Director of Laboratories  
(703) 802-6900, CLIA 49D0221801

## T3 TOTAL QUEST

01/20/2012 FAUBERT, JOHN JONES

CONTINUED

PAGE 1

*DL*  
*Already discussed with*  
*last v.i.t.*  
*JC*

Mar. 11. 2014 3:24PM

No. 8851 P. 107/110

PAGE 2

01/20/2012  
04:00

OUTPATIENT FINAL EPISODE REPORT  
GREENVILLE MEMORIAL HOSPITAL  
701 Grove Road, Greenville, SC 29605

NAME: FAUBERT, JOHN JONES

LOC: PR

ROOM:

MR#: 971297984

DOB: 03/07/1964

AGE: 47Y

SEX: M

ATTENDING PHYS: GOLDSMITH PA, DAVID E

WI: 8899 COLL: 01/18/2012 10:01 REC: 01/18/2012 10:02 PHYS: GOLDSMITH PA, DAVID  
CHART/ROOM:

T3 TOTAL QUEST

(CONTINUED)

T3

104

Reference range: 76 to 181

Unit: ng/dL

(NOTE)

Test Performed by Quest, Chantilly,  
Quest Diagnostics Nichols Institute,  
14225 Newbrook Drive, Chantilly, VA 20151  
Kenneth Sisco, M.D., Ph.D., Director of Laboratories  
(703) 802-6900, CLIA 49D0221801

01/20/2012 FAUBERT, JOHN JONES

END OF REPORT

PAGE 2

GREENVILLE HEALTH SYSTEM  
GREENVILLE SOUTH CAROLINA

Fusion Report

PATIENT NAME: FAUBERT, JOHN  
DOB: 03/07/1964  
SEX: M  
PT. CLASS: H3

MED. REC. NO.: 971297984  
PT. NS./ROOM: --  
CORP. ACCOUNT NO.:  
ADMISSION NO.: 43019702560

ORDERING MD: RAJU PATNAM, MD,  
545 WEST BUTLER ROAD  
GREENVILLE, SC

OP LOCATION: -

RK600122 - MRI LUMBAR SPINE W/O CON ACCESSION NO: 13676320  
ORDERED BY: Dr. RAJU PATNAM, MD,

Date of Exam: 02/25/2014 09:17  
REASON FOR EXAM: lumbago-----

Acquisition Date: 02/25/2014

MRI lumbar spine 02/25/2014:  
43-year-old male with history of lumbar spine surgery presents with  
low back and bilateral leg pain following fall.

Sagittal T1-T2\*STIR and axial T1/T2-weighted images were submitted.  
Evaluation in the postoperative patient is limited without gadolinium.  
Compared with a gadolinium enhanced MRI of the lumbar spine 02/03/2013.

The patient status post left laminectomy and microdiscectomy at the L5-S1  
level. There are multiple Schmorl's nodes identified in the thoracolumbar  
region and wedge deformity at T12 and L1 are stable. Chronic discogenic  
signal primarily in the vertebral body endplates at L5-S1 have progressed.  
There is no narrow signal abnormality to suggest an acute osseous  
abnormality. Multilevel disc space narrowing is noted.

At the T11-T12 level, left posterolateral disc herniation has extended anteriorly  
and effaces the distal aspect of the thoracic cord no foraminal stenosis is  
apparent.

At the T12-L1 level, no significant neural impingement noted.

At the L1-L2 level, no significant disc bulging is identified. Mild  
congenital narrowing of the central canal is apparent. No foraminal  
narrowing is noted. Mild bilateral facet joint degeneration is identified.

At the L2-L3 level, fairly minor posterior disk bulging and congenital  
narrowing of the central canal produces moderate central canal stenosis this  
has not significantly changed. No significant foraminal narrowing is  
identified.

Patient Name: FAUBERT, JOHN MRN: 971297984

Page 1 of 2  
Diagnostic Imaging Report

CONTAINS CONFIDENTIAL INFO - NOT TO BE DISTRIBUTED TO UNAUTHORIZED INDIVIDUALS



**GREENVILLE HEALTH SYSTEM**  
GREENVILLE SOUTH CAROLINA

**Fusion Report**

PATIENT NAME: FAUBERT, JOHN  
DOB: 03/07/1964  
SEX: M  
PT. CLASS: H3

MED. REC. NO.: 971297984  
PT. NS./ROOM: --  
CORP. ACCOUNT NO.:  
ADMISSION NO.: 43019702560

At the L3-L4 level, shallow central disc herniation and congenital narrowing of the central canal again produce at least moderate central canal stenosis. Posterior lateral disc herniation produces foraminal narrowing on the left which is not significantly changed in again affects the exiting left L3 nerve root. The right foramen is widely patent.

At the L4-L5 level, posterior disc herniation, bilateral facet joint hypertrophy, and congenital narrowing of the central canal again produce advanced degree of central canal and bilateral lateral recess stenosis. This has not significantly changed. Bilateral foraminal narrowing is apparent, to a slightly greater degree on the left. The exiting L4 nerve roots are not obviously affected or compressed.

At the L5-S1 level, postoperative findings are again noted following left laminectomy and microdissection. Enlarging epidural scar tissue is again noted on the left lateral recess. Central, right paracentral, right posterior lateral disc protrusion/extrusion is again noted producing central canal, right lateral recess, right foraminal narrowing. The exiting right L5 nerve root is again noted to be compressed in the foramen. Left foramen is not significantly narrowed. Moderate bilateral facet joint degeneration is noted.

Images of the cones are intrinsically normal. The imaged paravertebral soft tissues again demonstrate a cyst at the inferior portion of the right kidney which is stable.

**IMPRESSION:**

1. Evaluation within the postoperative patient is limited due to lack of intra-scan addition. No acute osseous abnormality is identified.
2. Fairly extensive degenerative changes are noted with multilevel disc bulging/protrusion/extrusion, facet joint degeneration, and congenital narrowing of the central canal. This results in significant neural impingement at multiple levels throughout the lumbar spine as described above. These findings have changed very little upon comparison with study of 12/08/2013.

TRANSCRIPTIONIST: JLS  
TRANSCRIBED TIME/DATE: 02/25/2014 09:41 AM  
READ BY: L. CHASE ALLEN, MD  
ELECTRONICALLY SIGNED BY:  
02/25/2014 9:41 AM: L. CHASE ALLEN, MD

Patient Name: FAUBERT, JOHN MRN: 971297984

Page 2 of 2  
Diagnostic Imaging Report

CONTAINS CONFIDENTIAL INFO - NOT TO BE DISTRIBUTED TO UNAUTHORIZED INDIVIDUALS

Greenville Health System  
GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Faubert, John Jones Morris  
DOB: 03/07/1964  
SEX: M  
PT. CLASS: O

MED. REC. NO.: 971297984  
PT. NS./ROOM:  
CORP. ACCOUNT NO.:  
ADMISSION NO.: 43019702560

ORDERING MD: RAJU PATNAM, MD

OP LOCATION:

RK600 - MRI LUMBAR SPINE W/O CON  
ORDERED BY: RAJU PATNAM, MD

ACCESSION NO: 13676320

DATE OF EXAM: 02/25/2014  
REASON FOR EXAM: lumbago-----

ADMISSION DATE: 02/25/2014 07:25

MRI lumbar spine 02/25/2014:

49-year-old male with history of remote lumbar spine surgery presents with low back and bilateral leg pain following fall.

Sagittal T1-T2/STIR and axial T1/T2-weighted images were submitted. Evaluation in the postoperative patient is limited without gadolinium. Compared with a gadolinium enhanced MRI of the lumbar spine 03/08/2013.

The patient is status post left laminotomy and microdiscectomy at the L5-S1 level. There are multiple Schmorl's nodes identified in the thoracolumbar region and wedge deformity at T12 and L1 are stable. Chronic discogenic signal primarily in the vertebral body endplates at L5-S1 have progressed. There is no marrow signal abnormality to suggest an acute osseous abnormality. Multilevel disc space narrowing is noted.

At the T11-T12 level, right paracentral disk herniation has somewhat enlarged and effaces the distal aspect of the thoracic cord no foraminal stenosis is apparent.

At the T12-L1 level, no significant neural impingements noted.

At the L1-L2 level, no significant disk bulging is identified. Mild congenital narrowing of the central canal is apparent. No foraminal narrowing is noted. Mild bilateral facet joint degeneration is identified.

At the L2-L3 level, fairly minor posterior disk bulging and congenital narrowing of the central canal produces moderate central canal stenosis this has not significantly changed. No significant foraminal narrowing is identified.

At the L3-L4 level, shallow central disk herniation and congenital narrowing of the central canal again produce at least moderate central canal stenosis. Posterior lateral disk herniation produces foraminal narrowing on the left which is not significantly changed in again effaces the exiting left L3 nerve root. The right foramen is widely patent.

At the L4-L5 level, posterior disk herniation, bilateral facet joint/ligamentum flavum hypertrophy, and congenital narrowing of the central canal again produce advanced degree of central canal and bilateral lateral recess stenosis. This has not significantly changed. Bilateral foraminal narrowing is apparent, to a slightly greater degree on the left. The exiting L4 nerve roots are not obviously effaced or compressed.

At the L5 S1 level, postoperative findings are again noted following left laminotomy and microdiscectomy. Enhancing epidural scar tissue is again noted in the left lateral recess. Central, right paracentral, right posterior lateral disk

Patient Name:

FAUBERT, JOHN JONES MORRIS

MRN: 971297984

protrusion/extrusion is again noted producing central canal, right lateral recess, right foraminal narrowing. The exiting right L5 nerve root is again noted to be compressed in the foramen. Left foramen is not significantly narrowed. Moderate bilateral facet joint degeneration is noted.

Images of the conus are intrinsically normal. The imaged paravertebral soft tissues again demonstrate a cyst in the inferior portion of the right kidney which is stable.

IMPRESSION:

1. Evaluation within the postoperative patient is limited due to lack of intravenous gadolinium. No acute osseous abnormality is identified.
2. Fairly extensive degenerative changes are noted with multilevel disk bulging/herniation/protrusion; facet joint degeneration, and congenital narrowing of the central canal. This results in significant neural impingement at multiple levels throughout the lumbar spine as described above. These findings have changed very little upon comparison with study of 03/08/2013.

TRANSCRIPTIONIST:  
TRANSCRIBE TIME/DATE:  
READ BY:

lca  
02/25/2014 09:41 am  
L. CHASE ALLEN, MD

ELECTRONICALLY SIGNED BY: L. CHASE ALLEN, MD  
2/25/2014, 9:41 AM: L. CHASE ALLEN, MD

Patient Name: Faubert, John Jones Morris MRN: 971297984

Page 2 of 2  
Diagnostic Imaging Report

CONTAINS CONFIDENTIAL INFO - NOT TO BE DISTRIBUTED TO UNAUTHORIZED INDIVIDUALS

97

**Greenville Health System**  
GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Faubert, John Jones Morris  
DOB: 03/07/1964  
SEX: M  
PT. CLASS: O

MED. REC. NO.: 971297984  
PT. NS./ROOM:  
CORP. ACCOUNT NO.:  
ADMISSION NO.: 43019702560

ORDERING MD: RAJU PATNAM, MD

OP LOCATION:

RK600 - MRI LUMBAR SPINE W/O CON  
ORDERED BY: RAJU PATNAM, MD

ACCESSION NO: 13676320

DATE OF EXAM: 02/25/2014  
REASON FOR EXAM: lumbago-----

ADMISSION DATE: 02/25/2014 07:25

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49-year-old male with history of remote lumbar spine surgery presents with low back and bilateral leg pain following fall.

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At the L5-S1 level, postoperative findings are again noted following left laminotomy and microdiscectomy. Enhancing epidural scar tissue is again noted in the left lateral recess. Central, right paracentral, right posterior lateral disk

Patient Name:

FAUBERT, JOHN JONES MORRIS

MRN: 971297984

protrusion/extrusion is again noted producing central canal, right lateral recess, right foraminal narrowing. The exiting right L5 nerve root is again noted to be compressed in the foramen. Left foramen is not significantly narrowed. Moderate bilateral facet joint degeneration is noted.

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IMPRESSION:

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2. Fairly extensive degenerative changes are noted with multilevel disk bulging/herniation/protrusion, facet joint degeneration, and congenital narrowing of the central canal. This results in significant neural impingement at multiple levels throughout the lumbar spine as described above. These findings have changed very little upon comparison with study of 03/08/2013.

TRANSCRIPTIONIST: lca  
TRANSCRIBE TIME/DATE: 02/25/2014 09:41 am  
READ BY: L. CHASE ALLEN, MD

ELECTRONICALLY SIGNED BY: L. CHASE ALLEN, MD  
2/25/2014 9:41 AM: L. CHASE ALLEN, MD



2014-337

Greenville Medical Associates, PA  
545 West Butler Road  
Greenville, SC 29607  
Phone (864) 299-1990 Fax (864) 236-9551

X-Ray #: \_\_\_\_\_ Date: 3-2-11  
Patient Name: Faubert John Patient ID: 15574 DOB: 3-7-64 Age: 46  
Requesting Provider: Parson Pregnancy Status: N/A Sex: M  
Operator's Signature: [Signature] Indication: JOB  
History: \_\_\_\_\_

|                                             |                                                 |                                                 |                                               |
|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Abdomen, IV, 74000 | <input type="checkbox"/> Finger, 3V, 73140      | <input type="checkbox"/> LS-Spine, 3V, 72100    | <input type="checkbox"/> Sinuses, 2V, 70200   |
| <input type="checkbox"/> Adiphen, 2V, 74022 | <input type="checkbox"/> Foot, 2V, 73620        | <input type="checkbox"/> Mandible, 3V, 70100    | <input type="checkbox"/> Sinus, 3V, 70220     |
| <input type="checkbox"/> Ankle, 2V, 73610   | <input type="checkbox"/> Foot, 3V, 73630        | <input type="checkbox"/> Nasal, 3V, 70140       | <input type="checkbox"/> Skull, 2V, 70200     |
| <input type="checkbox"/> C-Spine, 3V, 72040 | <input type="checkbox"/> Foot-IB, 2V, 73620     | <input type="checkbox"/> Neck-St, 2V, 70360     | <input type="checkbox"/> Skull IV, 70200      |
| <input type="checkbox"/> L-Spine, 3V, 72050 | <input type="checkbox"/> Forearm, 2V, 73090     | <input type="checkbox"/> Osseous, 2V, 73620     | <input type="checkbox"/> L-Spine, 3V, 72050   |
| <input type="checkbox"/> Chest, 1V, 73010   | <input type="checkbox"/> Hand, 2V, 73120        | <input type="checkbox"/> Pelvis, 1V, 73170      | <input type="checkbox"/> Thorax, 1V, 73110    |
| <input type="checkbox"/> Chest, 2V, 73020   | <input type="checkbox"/> Hand, 3V, 73130        | <input type="checkbox"/> Ribs, 4V, 71101        | <input type="checkbox"/> Hip & Pel, 2V, 73590 |
| <input type="checkbox"/> Clav, 2V, 73000    | <input type="checkbox"/> Hip, 2V, 73530         | <input type="checkbox"/> Ribs-Rib, 4-5V, 71111  | <input type="checkbox"/> Lary, 3V, 73000      |
| <input type="checkbox"/> Cricoid, 2V, 72220 | <input type="checkbox"/> Humerus, 2V, 73060     | <input type="checkbox"/> Sacrum, 2V, 72220      | <input type="checkbox"/> Wrist, 2V, 73120     |
| <input type="checkbox"/> Elbow, 2V, 73070   | <input type="checkbox"/> Knee, 2V, 73560        | <input type="checkbox"/> Scapula, 2V, 73010     | <input type="checkbox"/> Wrist-Rad, 3V, 73110 |
| <input type="checkbox"/> Elbow, 4V, 73080   | <input type="checkbox"/> Knee & Sun, 3+1, 73564 | <input type="checkbox"/> Shoulder AC, 2V, 73050 | <input type="checkbox"/> Add View, 1V, 70001  |
| <input type="checkbox"/> Femur, 2V, 73550   | <input type="checkbox"/> Knee & Tyn, 3+1, 73564 | <input type="checkbox"/> Shoulder, 2V, 73030    |                                               |

☐ Unlisted X-Ray: Description \_\_\_\_\_ # of Views \_\_\_\_\_ Code \_\_\_\_\_

**Doctors Interpretation**

Right or Left Extremity ☐ R ☐ L  
Lead Shielding Used ☐ Y ☐ N  
Is Patient pregnant ☐ Y ☐ N

Practitioner Signature: \_\_\_\_\_

Circle # of Films Taken 1 2 3 4 5

**Radiologists Response**

ONE mild atherosclerosis + vasc. congestion c/w mild CHF

Date of Review 7-7 Radiologist Signature [Signature]

**Follow Up Care**

Report Reviewed By Doctor/Practitioner: [Signature]  
Further action required? Yes ☐ No ☐  
Patient notified? Yes ☐ No ☐  
If yes to either question, follow up steps initiated (describe): NEED ECHO

Date: 7/7  
[Signature]

# GREENVILLE MEDICAL ASSOCIATES

545 WEST BUTLER RD, GREENVILLE, S. C. 29607  
PHONE (864) 299-1990 FAX (864) 299 9123

X-Ray #: \_\_\_\_\_ Date: 3-26-13  
Patient Name: Faubert, John Patient ID: 15574 DOB: 3-2-64 Age: 49  
Requesting Provider: Dr. Bateman Pregnancy Status: N/A Sex: M  
Operator's Signature: [Signature] Indication: Cough - Long St 100  
History: \_\_\_\_\_

## Films Taken:

|                                                      |                                                 |                                                  |                                                   |
|------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Abdomen, 1V, 74000          | <input type="checkbox"/> Finger, 3V, 73140      | <input type="checkbox"/> LS-Spine, 3V, 72100     | <input type="checkbox"/> Sinuses, 2V, 70210       |
| <input type="checkbox"/> Abdomen, 3V, 74022          | <input type="checkbox"/> Foot, 2V, 73620        | <input type="checkbox"/> Mandible, 2V, 70100     | <input type="checkbox"/> Sinuses, 3V, 70220       |
| <input type="checkbox"/> Ankle, 1V, 73610            | <input type="checkbox"/> Foot, 3V, 73630        | <input type="checkbox"/> Nasal, 3V, 70160        | <input type="checkbox"/> Skull, 2V, 70230         |
| <input type="checkbox"/> C-Spine, 3V, 72040          | <input type="checkbox"/> Front-FB, 2V, 73620    | <input type="checkbox"/> Neck-ST, 2V, 70360      | <input type="checkbox"/> Skull, 4V, 70260         |
| <input type="checkbox"/> C-Spine, 5V, 72050          | <input type="checkbox"/> Forearm, 2V, 73040     | <input type="checkbox"/> Osteoar, 2V, 73650      | <input type="checkbox"/> T-Spine, 2V, 72070       |
| <input type="checkbox"/> Chest, 1V, 71010            | <input type="checkbox"/> Hand, 2V, 73120        | <input type="checkbox"/> Pelvis, 1V, 72170       | <input type="checkbox"/> Thumbs, 3V, 73140        |
| <input checked="" type="checkbox"/> Chest, 2V, 71020 | <input type="checkbox"/> Hand, 3V, 73130        | <input type="checkbox"/> Ribs, 4V, 71101         | <input type="checkbox"/> Tib & Fib, 2V, 73190     |
| <input type="checkbox"/> Clav, 2V, 73000             | <input type="checkbox"/> Hip, 2V, 73510         | <input type="checkbox"/> Ribs-Bilat, 4-5V, 71111 | <input type="checkbox"/> Toes, 2V, 73660          |
| <input type="checkbox"/> Coccyx, 2V, 72220           | <input type="checkbox"/> Humerus, 2V, 73060     | <input type="checkbox"/> Sacrum, 2V, 72220       | <input type="checkbox"/> Wrist, 2V, 73100         |
| <input type="checkbox"/> Elbow, 2V, 73070            | <input type="checkbox"/> Knee, 2V, 73360        | <input type="checkbox"/> Scapula, 2V, 73010      | <input type="checkbox"/> Wrist w/Nav, 3-5V, 73110 |
| <input type="checkbox"/> Elbow, 4V, 73080            | <input type="checkbox"/> Knee & Sun, 3+1, 73564 | <input type="checkbox"/> Shoulder AC, 2V, 73050  | <input type="checkbox"/> Add View 1V, 70001       |
| <input type="checkbox"/> Femur, 2V, 73550            | <input type="checkbox"/> Knee & Tun, 3+1, 73564 | <input type="checkbox"/> Shoulder, 2V, 73030     |                                                   |

☐ Unlisted X-Ray Description: \_\_\_\_\_ # of Views: \_\_\_\_\_ Code: \_\_\_\_\_

## Doctors Interpretation

Right or Left Extremity: ☐ R ☐ L  
Lead Shielding Used: ☐ Y ☐ N  
Is Patient pregnant: ☐ Y ☐ N

Practitioner Signature: \_\_\_\_\_

Circle # of Films Taken 1 2 3 4 5

## Radiologists Response

Mild CA: N/A; R/L COA

Date of Review: 3-27

Radiologist Signature: [Signature]

## Follow Up Care

Report Reviewed By Doctor/Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

Further action required? Yes No

Patient notified? Yes No

If yes to either question, follow up steps initiated (describe): \_\_\_\_\_



FAUBERT, JOHN  
ID: 15574

05/04/2013 6:14:00

SINUS BRADYCARDIA  
3 waves in inferior leads  
INFERIOR INFARCTION - AGE UNDETERMINED

D.O.B.: 03/07/1964 49 YEARS  
RACE: CAUCASIAN  
Nurse:  
Clerk:  
Dr. PATNAH  
Tech. MELONIE

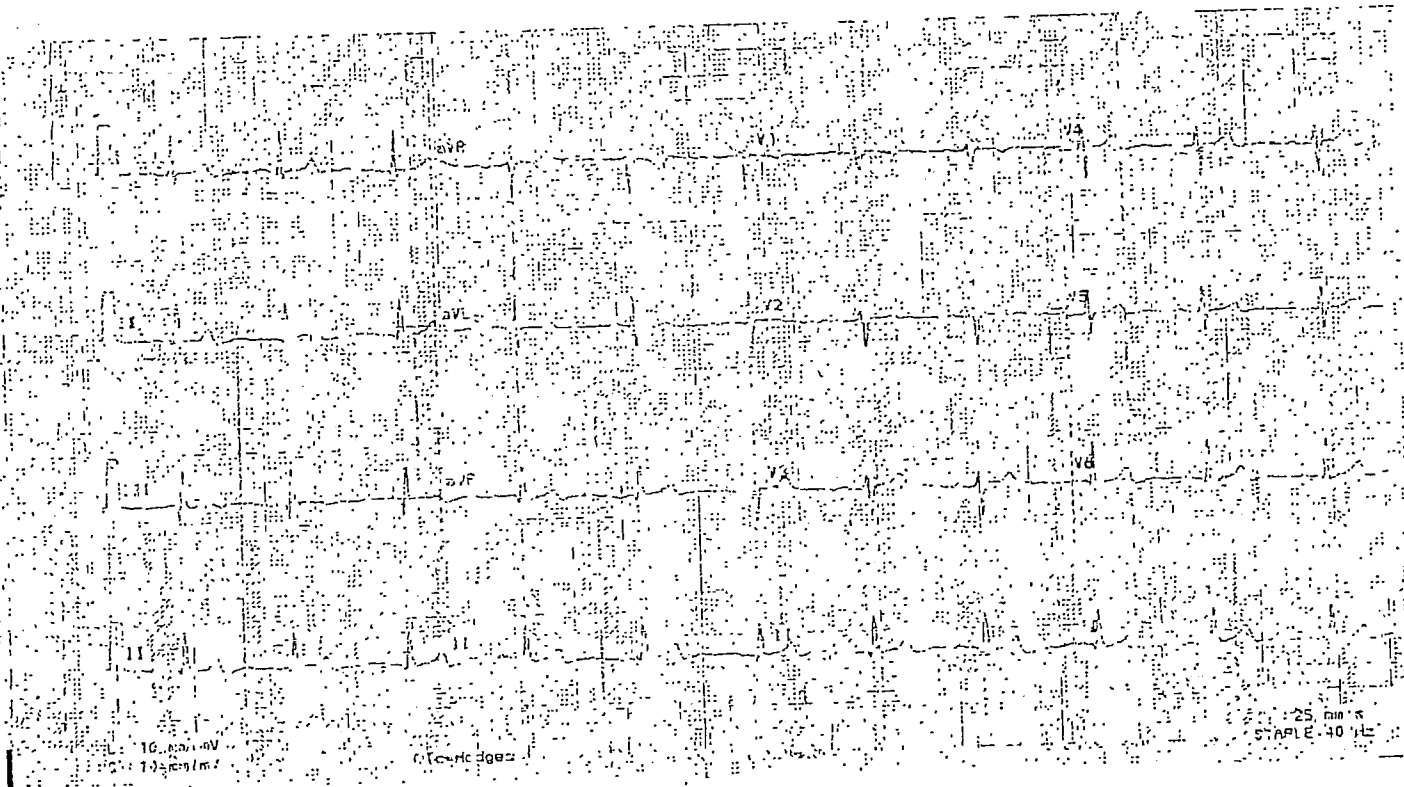
|               |              |
|---------------|--------------|
| Heart Rate    | 55 bpm       |
| RR Interval   | 997 ms       |
| PR Interval   | 172 ms       |
| QRS Duration  | 94 ms        |
| QT Interval   | 376 ms       |
| QTc Interval  | 386 ms       |
| QT Dispersion | 50 ms        |
| P-R-T Axis    | -15° 47° 41° |

Summary ABNORMAL ECG

• Unconfirmed Analysis •

PAGE: 065 OF 016

3/6/2014 4:12 PM ECG: Fax 336-9123 Greenville Medical Associates Tel: 800895513



# GREENVILLE MEDICAL ASSOCIATES

545 WEST BUTLER RD, GREENVILLE, S C 29607  
PHONE (864) 299-1990 FAX (864) 299-9123

X-Ray #: \_\_\_\_\_ Date: 5-25-13  
Patient Name: Faubert, John Patient ID: 15574 DOB: 3-2-64 Age: 49  
Requesting Provider: Dr. Padman Pregnancy Status: N/A Sex: M  
Operator's Signature: \_\_\_\_\_ Indication: Fell-Hurt Lt arm  
History: \_\_\_\_\_

## Films Taken:

☐ Abdomen, 1V, 74000  
☐ Abdomen, 3V, 74022  
☐ Ankle, 3V, 73610  
☐ C Spine, 3V, 72040  
☐ C-Spine, 5V, 72050  
☐ Chest, 1V, 71010  
☐ Chest, 2V, 71020  
☐ Clav, 2V, 73000  
☐ Coccyx, 2V, 72220  
☐ Elbow, 2V, 73070  
☐ Elbow, 4V, 73080  
☐ Femur, 2V, 73550

☐ Finger, 3V, 73140  
☐ Foot, 2V, 73620  
☐ Foot, 3V, 73630  
☐ Foot-FB, 2V, 73620  
☐ Forearm, 2V, 73090  
☐ Hand, 2V, 73120  
☐ Hand, 3V, 73130  
☐ Hip, 2V, 73510  
☐ Humerus, 2V, 73060  
☐ Knee, 2V, 73560  
☐ Knee & Sun, 3+1 73564  
☐ Knee & Tun, 3+1, 73564

☐ LS-Spine, 3V, 72100  
☐ Mandible, 3V, 70100  
☐ Nasal, 3V, 70160  
☐ Neck-ST, 2V, 70360  
☐ Ocularis, 2V, 73650  
☐ Pelvis, 1V, 72170  
☐ Ribs, 4V, 71101  
☐ Ribs-Bilat, 4-5V, 71111  
☐ Sacrum, 2V, 72220  
☐ Scapula, 2V, 73010  
☐ Shoulder AC, 2V, 73050  
☐ Shoulder, 2V, 73030

☐ Sinuses, 2V, 70210  
☐ Sinuses, 3V, 70220  
☐ Skull, 2V, 70250  
☐ Skull, 4V, 70260  
☐ T-Spine, 2V, 72070  
☐ Thumb, 1V, 73140  
☐ Tib & Fib, 2V, 73590  
☐ Torc, 3V, 73660  
☐ Wrist, 2V, 73100  
☐ Wrist w/Har, 3-5V, 73110  
☐ Add View, 1V, 70001

☐ Unlisted X-Ray Description: \_\_\_\_\_ # of Views \_\_\_\_\_ Code \_\_\_\_\_

**Physician's Interpretation**

Right or Left Extremity: ☐ R ☐ L  
Lead Shielding Used: ☐ Y ☐ N  
Is Patient pregnant: ☐ Y ☐ N

Practitioner Signature: \_\_\_\_\_

**Radiologist's Response**

Circle # of Films Taken 1 2 3 4 5

*No def. fr ; lat view - ? small avulsion distal  
ulna Repeat as indicated*

Date of Review: 5/2/13 Radiologist Signature: ML

**Physician's Up-Care**

Report Reviewed By Doctor/Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_  
Further action required? Yes No  
Patient notified? Yes No  
If yes to either question, follow up steps initiated (describe): \_\_\_\_\_

# GREENVILLE MEDICAL ASSOCIATES

545 WEST BUTLER RD, GREENVILLE, S C 29607  
PHONE (864) 299-1500 FAX (864) 299-9173

Date: 2-3-14

X-Ray #:

Patient Name: Embert, John

Patient ID: 1524

DOB: 3-7-44

Age: 69

Requesting Provider: Dr. Ratner

Pregnancy Status: N/A

Sex: M

Operator's Signature: [Signature]

Indication: RA Knee & Back Pain

History:

Films Taken:

☐ Abdomen, IV, 71400  
☐ Abdomen, IV, 71402  
☐ Ankle, IV, 71410  
☐ C Spine, 3V, 72040  
☐ C Spine, 4V, 71050  
☐ Chest, 1V, 71010  
☐ Chest, 2V, 71020  
☐ Clav, 2V, 71030  
☐ Cystic, 2V, 72020  
☐ Elbow, 2V, 71070  
☐ Elbow, 4V, 71080  
☐ Femur, 2V, 71090

☐ Finger, 3V, 71440  
☐ Foot, 2V, 71025  
☐ Fore, 1V, 71040  
☐ Foot-RT, 2V, 71020  
☐ Forearm, 2V, 71030  
☐ Hand, 2V, 71120  
☐ Hand, 1V, 71110  
☐ Hip, 2V, 71010  
☐ Humerus, 2V, 71060  
☒ Knee, 2V, 71560  
☐ Knee & Sui, 2+1, 71511  
☐ Knee & Fun, 2+1, 71511

☒ L5-Spine, 2V, 72105  
☐ L5-Spine, 3V, 70160  
☐ Neck, 1V, 70140  
☐ Neck-ST, 2V, 70160  
☐ Neck-S, 2V, 70150  
☐ Pelvis, 1V, 72170  
☐ Ribs, 4V, 71101  
☐ Rib-H Lat, 1+V, 71111  
☐ Scapula, 2V, 72200  
☐ Scapula, 3V, 71010  
☐ Shoulder AC, 2V, 71010  
☐ Shoulder, 2V, 71010

☐ Skull, 2V, 70210  
☐ Skull, 1V, 70250  
☐ Skull, 4V, 70250  
☐ Thorax, 2V, 71710  
☐ Thorax, 1V, 71160  
☐ T & L, 2V, 71590  
☐ Ties, 1V, 71600  
☐ Wrist, 1V, 71100  
☐ Wrist w/Sc, 1+2V, 71110  
☐ X-ray, 1V, 71011

☐ Unlisted X-Ray Description: \_\_\_\_\_

# of Views: \_\_\_\_\_

Code: \_\_\_\_\_

## Doctors Interpretation:

Right or Left Laterality ☐ R ☐ L  
Lead Shielding Used ☐ Y ☐ N  
Is Patient pregnant ☐ Y ☐ N

Circle # of Films Taken: 1 2 3 4 5

Practitioner Signature: \_\_\_\_\_

## Radiologist's Response:

Very limited 2° to underper. Severe degend  
multilevel DDD - worse at L5-S1 & L4-5, 1-2  
at L4-5 grade 3 - mild

Date of Review: \_\_\_\_\_

2-3

Radiologist Signature: [Signature]

## Follow Up Care:

Report Reviewed By Doctor/Practitioner: \_\_\_\_\_

Date: 2-3-14

Further action required? ☒ Yes ☐ No

Parent notified? ☒ Yes ☐ No

If yes to either question, follow up steps initiated (describe): \_\_\_\_\_

**GREENVILLE MEDICAL ASSOCIATES, PA**

OPEN 7 DAYS A WEEK  
M-F: 8AM-7PM  
SAT/SUN: 10AM-2PM



DR. AETHI  
DR. PATNAM  
245 W. Bitter Road  
Greenville, SC 29607

(864) 299-1990  
[www.greenvillemedicalsc.com](http://www.greenvillemedicalsc.com)

**BACK TO WORK / SCHOOL NOTE**

NAME: John Faubert

Has been / is under my care from 2/1/14 to 2/7/14

Return to School / Work 2/8/14

Restrictions: \_\_\_\_\_

Physician Seen: Dr. Patnam / Dr. Behm / Dr. Patrem

Greenville Medical Associates, PA  
245 W. Bitter Road  
Greenville, SC 29607  
(864) 299-1990

Not valid without original signed by Dr. Aethi, Dr. Patnam, or Dr. Behm

Staff Signature: [Signature] Date: 2/3/14

GREENVILLE MEDICAL ASSOCIATES, PA

DR. JACOB A. W. C. DR. BETH A. W. C. DR. PAYMON A. W. C.  
1000 W. 10th St. Greenville, SC 29607  
(864) 299-1990

BACK TO WORK / SCHOOL NOTE

NAME: John Faubert

Reason for absence: 2/1/14 to 2/7/14

Returning to School / Work: 2/8/14

Prescription: \_\_\_\_\_

Physician Seen: Dr. Panam / Dr. Panam / Dr. Panam

Greenville Medical Associates, PA  
1000 W. 10th St. Greenville, SC 29607  
(864) 299-1990

Not a true medical professional. State Seal: \_\_\_\_\_ Date: 2/3/14

*Krista Hollis*

## FACSIMILE TRANSMITTAL FORM

**Date/Time:** 3/5/2014 4:58:25 PM

**Pages:** 61

**Subject:** John Faubert

**To:** Elaine S. McKnight

**Fax Number:** 18036122750

**From:** jones,jean b

**Fax Number:** 864-299-9123

**Business Phone:** 864-299-1990

**Company:** Greenville Medical  
Associates

NOTE: PLEASE CALL 864-299-1990 IF DOCUMENTS ARE INCOMPLETE  
OR NOT LEGIBLE.

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If you have received this communication in error, please notify us immediately by telephone and we will arrange for return of the documents.



Greenville Medical Associates, PA  
545 W Butler Rd, Greenville, SC - 29607  
Ph: 864-299-1990 Fax: 864-299-9123

INVOICE:

DATE: 3-6-14 REF: John Faulstich

SF # 2014-00331

TO:

State Accident Fund

P.O. Box 102100, Columbia, SC 29221-5000

PHONE: 803-896-5828

Medical Records Fees  
Additional Sheets Fees  
Mailing/Faxing Fees  
Other Fees

30 X .65 = 19.50  
41 X .50 = 20.50  
40.00

15.00 ✓  
42.00 ✓  
1.00 X  
3.42 Sales tax

TOTAL

58.42  
58.42 Fax

Please remit upon receipt with check payable to  
Greenville Medical Associates, PA ✓

Mailing Address : PO BOX 721  
Mauldin, SC-29662

We accept all major credit cards.

71 sheets  
not including  
cover box

amount to mail  
sheets will be  
63.42

## FACSIMILE TRANSMITTAL FORM

**Date/Time:** 3/12/2014 2:26:07 PM

**Pages:** 3

**Subject:** Patient Document

**To:** MEGAN

**Fax Number:** 18036122736

**From:** REYES,EIDELICE J

**Fax Number:** 864-299-9123

**Business Phone:** 864-299-1990

**Company:** Greenville Medical  
Associates

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## FACSIMILE TRANSMITTAL FORM

**Date/Time:** 3/12/2014 2:26:07 PM

**Pages:** 3

**Subject:** Patient Document

**To:** MEGAN

**Fax Number:** 18036122736

**From:** REYES,EIDELICE J

**Fax Number:** 864-299-9123

**Business Phone:** 864-299-1990

**Company:** Greenville Medical  
Associates

NOTE: PLEASE CALL 864-299-1990 IF DOCUMENTS ARE INCOMPLETE  
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## FACSIMILE TRANSMITTAL FORM

**Date/Time:** 6/18/2014 3:49:10 PM

**Pages:** 3

**Subject:** John Faubert

**To:** Traci E. Watts

**Fax Number:** 18036122752

**From:** jones,jean b

**Fax Number:** 864-299-9123

**Business Phone:** 864-299-1990

**Company:** Greenville Medical  
Associates

NOTE: PLEASE CALL 864-299-1990 IF DOCUMENTS ARE INCOMPLETE  
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If you have received this communication in error, please notify us immediately by telephone and we will arrange for return of the documents.





# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

47 Y old Male, DOB: 03/07/1964

REENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit ID: 112861026

Appointment Facility: Upstate Medical Rehabilitation

05/11/2011

PROGRESS NOTES: ProMRF2

### Current Medications

ASA capsule 81 1 CAPS daily  
 Nexlun 40 mg 1 tab daily  
 Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Turmeric tablet 1 tab once daily  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s)  
 once a day  
 Vitamin D solution 8000 intl units/mL 0.025  
 mL once a day  
 Copaxone solution 20 mg/mL 20 mg once a  
 day  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
 6 hours prn max 8/day  
 MS Contin tablet, extended release 15 mg 1  
 tab(s) every 8 hours;max 3/day  
 Neurontin capsule 400 mg 1 cap(s) every 6  
 hrs; 1 po extra in am or pm;max 5/day  
 Medication List reviewed and reconciled with  
 the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex  
 NKDA

### Reason for Appointment

1. LBP. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr patnam, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Back pain, low back - 724.2 (Primary)

### Treatment

#### 1. Back pain, low back

Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm;max 5/day, 30 day(s), 150, Refills 3  
 Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours;max 3/day, 30 day(s), 90, Refills 0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0

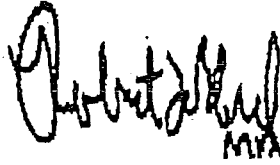
### Procedure Codes

PPC RX Call in

### Follow Up

As scheduled

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: ProMRF2 05/11/2011  
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Electronically signed by Robert LeBlond on 05/23/2011 at  
10:15 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: ProMRF2 05/11/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

47 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit ID: 115543480

Appointment Facility: Upstate Medical Rehabilitation

06/08/2011

PROGRESS NOTES: ProMRF2

### Current Medications

multivitamin tablet Multiple Vitamins 1 tab(s)  
once a day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
Turmeric tablet 1 tab once daily  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Nexium 40 mg 1 tab daily  
ASA capsule 81 1 CAPS daily  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
6 hours prn max 8/day  
MS Contin tablet, extended release 15 mg 1  
tab(s) every 8 hours;max 3/day  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
Neurontin capsule 400 mg 1 cap(s) every 6  
hrs;1 po extra in am or pm;max 5/day  
Copaxone solution 20 mg/mL 20 mg once a  
day  
Vitamin D solution 8000 intl units/mL 0.025  
mL once a day  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex  
NKDA

### Reason for Appointment

1. MRF. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning. Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnam, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Back pain, low back - 724.2 (Primary)
2. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69
3. ENCTR THERAP DRUG MONITORING - V58.83

### Treatment

1. Back pain, low back  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours;max 3/day, 30 day(s), 90, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs;1 po extra in am or pm;max 5/day

LAB: Fentanyl w/confirmation, urine

2. ENCOUNTER LONG TERM USE OTH DRUGS

LAB: Pain Therapy Drug Screen, urine

3. ENCTR THERAP DRUG MONITORING

LAB: Pain Therapy Drug Screen, urine

### Labs

Lab: Opiate Metabolites drug screen, urine

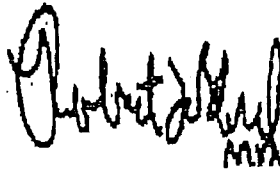
Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: ProMRF2 06/08/2011  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Procedure Codes**

PPC RX Call in

**Follow Up**

As scheduled



Electronically signed by Robert LeBlond on 06/23/2011 at  
01:32 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: ProMRF2 06/08/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

47 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit ID: 112860812

Appointment Facility: Upstate Medical Rehabilitation

07/13/2011

Progress Notes: Robert LeBlond\*

### Current Medications

MS Contin tablet, extended release 15 mg 1  
tab(s) every 8 hours; max 3/day  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
6 hours prn max 8/day  
Vitamin D solution 8000 intl units/mL 0.025  
mL once a day  
Copaxone solution 20 mg/mL 20 mg once a  
day  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
ASA capsule 81 1 CAPS daily  
Nexium 40 mg 1 tab daily  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Turmeric tablet 1 tab once daily  
Vitamin C capsule 500 mg 1 cap(s) once a day  
multivitamin tablet Multiple Vitamins 1 tab(s)  
once a day  
Neurontin capsule 400 mg 1 cap(s) every 6  
hrs; 1 po extra in am or pm; max 5/day  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex  
NKDA

### Review of Systems

No chest pain, shortness of breath, nausea,  
vomiting The rest of the review of systems is  
negative.

### Reason for Appointment

1. Low back pain

### History of Present Illness

#### General:

The patient is a 47 y/o male who presents for follow-up of chronic  
back pain which continues to fluctuate with good and bad days. His  
medications keep his pain under fair control for the most part. No side  
effects from this. No change in strength or sensation, or significant  
weight loss although he has lost a few pounds. He notes that he does  
need a refill of the Lasix. Other than that there are no other issues.  
Work is going well.

Pain Any pain at this time? Yes, Location of pain:  
back, Quality/Description of Pain: aching, burning, stabbing,  
throbbing, Severity of Pain (1 least to 10 most severe) 5, What, if any,  
medication have you taken for this pain? MS Contin, Neurontin,  
Norco, Is your pain satisfactorily controlled now? Yes, Previous  
treatments include: Physical Therapy, Epidural.

### Examination

#### General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs decreased but  
equal. Station and gait antalgic. Back with tenderness in the  
paraspinals. There is some pain with facet loading. Straight leg raising  
is negative. Extremities: No clubbing, cyanosis or edema. No wasting.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. Varicose veins of leg with swelling - 454.8

Stable lumbar spondylosis.

### Treatment

#### 1. Spondylosis (Lumbar)

Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day, 30 day(s),  
60, Refills 1

#### 2. Varicose veins of leg with swelling

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours  
prn max 8/day, 30 day(s), 240, Refills 0  
Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every  
8 hours; max 3/day, 30 day(s), 90, Refills 0

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 07/13/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**3. Others**

Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

Continue multivitamin tablet, Multiple Vitamins, 1 tab(s), orally, once a day

Continue Vitamin C capsule, 500 mg, 1 cap(s), orally, once a day

Continue Tumeric tablet, 1 tab, once daily

Continue Omega 3 Fish Oil, 1000 mg., Tabs 3 q day, po, daily

Continue Nexium, 40 mg, 1 tab, Oral, daily

Continue ASA capsule, 81, 1 CAPS, orally, daily

Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day

Continue Copaxone solution, 20 mg/mL, 20 mg, subcutaneously, once a day

Continue Vitamin D solution, 8000 intl units/mL, 0.025 mL, orally, once a day

Continue heat, home exercise and current medications. I will see him back in three to four months, sooner if needed. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

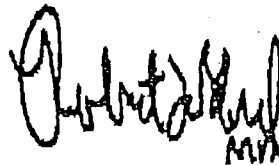
REL/mbm/071311.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

3 Months



Electronically signed by Robert LeBlond on 03/02/2012 at 10:19 AM EST

Sign off status: Completed

Upstate Medical Rehabilitation

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 07/13/2011  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 07/13/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON  
HEALTH PLAN OF SC

Referring: Kent H Kiedler, MD External Visit  
ID: 119024990

Appointment Facility: Upstate Medical Rehabilitation

## FAUBERT, JOHN JONES

47 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Referring: Kent H Kiedler, MD External Visit

ID: 119024990

PROGRESS NOTES: MedAsst2/Leblond

08/10/2011

### Current Medications

Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
MS Contin tablet, extended release 15 mg 1  
tab(s) every 8 hours;max 3/day  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
6 hours prn max 8/day  
Vitamin D solution 8000 intl units/mL 0.025  
mL once a day  
Copaxone solution 20 mg/mL 20 mg once a  
day  
ASA capsule 811 CAPS daily  
Nexium 40 mg 1 tab daily  
Omega 3 Fish Oil 1000 mg, Tabs 3 q day daily  
Turnoric tablet 1 tab once daily  
Vitamin C capsule 500 mg 1 cap(s) once a day  
multivitamin tablet Multiple Vitamins 1 tab(s)  
once a day  
Neurontin capsule 400 mg 1 cap(s) every 6  
hrs; 1 po extra in am or pm;max 5/day  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex  
NKDA

### Reason for Appointment

1. MED REFILL. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement,  
coordination or your ability to drive? No, Have you started any new  
meds since last seen by your doctor at UMR? No, When did you take  
you last dose of your medication? this morning, Are you experiencing  
any side effects from the medications prescribed by your Physician at  
UMR? No, Do you consume any alcohol? No, Rate the pain you had  
before you began treatment (on a scale of 0-10): 9, Rate your pain  
since you began treatment (on a scale of 0-10): 5, Any changes in your  
activity level over the last month? No, Are you working now? Yes, Is  
this a change? No, Who is your family doctor? Dr Patnam, When is  
your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3

### Treatment

1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every  
8 hours;max 3/day, 30 day(s), 90, Refills 0  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours  
prn max 8/day, 30 day(s), 240, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po  
extra in am or pm;max 5/day

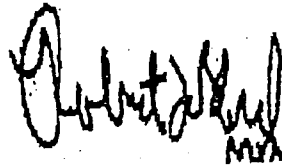
### Procedure Codes

PPC RX Call in

### Follow Up

As scheduled

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 08/10/2011  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Electronically signed by Robert LeBlond on 09/12/2011 at  
12:05 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAssta/Leblond 08/10/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

47 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-8968

Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 121790315

Appointment Facility: Upstate Medical Rehabilitation

PROGRESS NOTES: MedAsst2/Leblond

09/14/2011

### Current Medications

Nexium 40 mg 1 tab daily  
 ASA capsule 81 1 CAPS daily  
 Copaxone solution 20 mg/mL 20 mg once a day  
 Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
 MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
 multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
 Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 Tumeric tablet 1 tab once daily  
 Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex  
 NKDA

### Reason for Appointment

1. MED REFILL, UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? last night, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3

### Treatment

1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
 Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day, 30 day(s), 60, Refills 3  
 Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 day(s), 150; Refills 3

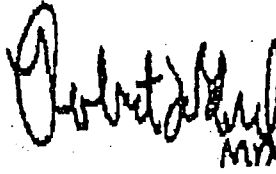
### Procedure Codes

PPC RX Call in

### Follow Up

As scheduled

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 09/14/2011  
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Electronically signed by Robert LeBlond on 09/26/2011 at  
10:54 AM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 09/14/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

67 y old Male, DOB: 03/07/1964

E, GREENVILLE, SC-29607

Home: 864-297-3963

Insurance: UNISON

HEALTH PLAN OF SC

Guarantor: FAUBERT, JOHN JONES

Referring: Kent H Kistler, MD External Visit ID: 119025054

Appointment Facility: Upstate Medical Rehabilitation

Progress Notes: Robert LeBlond\*

10/12/2011

### Current Medications

Omega 3 Fish Oil 1000 mg, Tabs 3 q day daily  
 Tumeric tablet 1 tab once daily  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s)  
 once a day  
 Vitamin D solution 8000 Intl units/mL 0.025  
 mL once a day  
 Copaxone solution 20 mg/mL 20 mg once a  
 day  
 ASA capsule 81 1 CAPS daily  
 Nexium 40 mg 1 tab daily  
 Neurontin capsule 400 mg 1 cap(s) every 6  
 hrs; 1 po extra in am or pm; max 5/day  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
 6 hours prn max 8/day  
 MS Contin tablet, extended release 15 mg 1  
 tab(s) every 8 hours; max 3/day

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex  
 NKDA

### Review of Systems

No chest pain, palpitations, nausea and  
 vomiting. The rest of the review of systems is  
 negative.

### Reason for Appointment

1. FOLLOW UP

### History of Present Illness

#### General:

The patient is a 47 y/o male who presents for follow-up of chronic  
 back pain which he states is about the same. It is aching to sharp with  
 intermittent exacerbation. He continues to use Ms Contin with Norco  
 for breakthrough pain which is keeping his pain under fair control. No  
 change in strength or sensation. He is coping fairly well, denying  
 depression. He does note a 50 pound weight loss over the last six to  
 eight months. There has been no attempted dieting. He notes mild  
 decrease appetite. He wonders if something is going on. No abdominal  
 pain. No change in bowel or bladder patterns, noting some constipation  
 with two bowel movements per week which has not changed in  
 consistency. No urinary hesitancy. There is a family history for colon  
 CA in his father, who has it now. He notes no other issues.

### Examination

#### General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs decreased but  
 equal. Station and gait antalgic. Back with tenderness in the  
 paraspinals. Mild pain with facet loading. Straight leg raising negative.  
 Extremities: No clubbing, cyanosis or edema. No wasting.

### Assessments

1. Varicose veins of leg with swelling - 454.8 (Primary)
2. Spondylosis (Lumbar) - 721.3

1. Stable chronic low back pain.
2. Weight loss, uncertain etiology. Believe that further workup  
 indicated.

### Treatment

#### 1. Others

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every  
 8 hours; max 3/day, 30 day(s), 90, Refills 0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours  
 prn max 8/day, 30 day(s), 240, Refills 0

1. Stable chronic low back pain.
2. Weight loss, uncertain etiology. Believe that further workup  
 indicated.

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 10/12/2011  
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

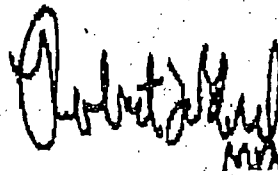
We will send for CBC, CMP, PSA, CEA and we will discuss results via telephone. Recommend that he also follow up with his family physician. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.  
REL/mbm/101211.

**Preventive Medicine**

**MED RECONCILIATION:** Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt, Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

3 Months-PA



Electronically signed by Robert LeBlond on 10/17/2011 at 10:55 AM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 10/12/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)





# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

67 Y old Male, DOB: 03/07/1964

GREENVILLE, SC 29607

Home: 864-297-3963

Insurance: UNISON

HEALTH PLAN OF SC

Guarantor: FAUBERT, JOHN JONES

Referring: Kent H Kistler, MD External Visit ID: 124353319

Appointment Facility: Upstate Medical Rehabilitation

11/09/2011

Progress Note: MedAsst2/Leblond

### Current Medications

Tumeric tablet 1 tab once daily  
 Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
 MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
 Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
 Nexium 40 mg 1 tab daily  
 ASA capsule 81 1 CAPS daily  
 Copaxone solution 20 mg/mL 20 mg once a day  
 Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex  
 NKDA

### Reason for Appointment

1. MED REFILL. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 4, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3

### Treatment

#### 1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
 Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day  
 Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

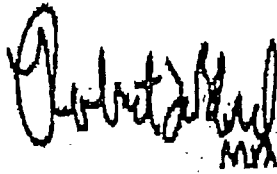
### Procedure Codes

PPC RX Call in

### Follow Up

As scheduled

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 11/09/2011  
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Electronically signed by Robert LeBlond on 12/08/2011 at  
11:27 AM EST

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 11/09/2011.

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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# GREENVILLE HEALTH SYSTEM

**FAUBERT, JOHN JONES**

Male, DOB: 03/07/1964  
GREENVILLE, SC 29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit  
ID: 126026525

Appointment Facility: Upstate Medical Rehabilitation

Progress Note: MedAsst2/Leblond

12/07/2011

## Current Medications

Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day  
Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
Coxalone solution 20 mg/mL 20 mg once a day  
ASA capsule 81 1 CAPS daily  
Nexium 40 mg 1 tab daily  
Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Omega 3 Fish Oil 1000 mg, Tabs 3 q day daily  
Turmeric tablet 1 tab once daily  
Medication List reviewed and reconciled with the patient

## Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

## Allergies

latex  
NKDA

## Reason for Appointment

1. MED REFILL. UMR Med refill

## History of Present Illness

### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 4, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnam, When is your next appointment with your doctor HERE? will check appts.

## Assessments

1. Spondylosis (Lumbar) - 721.3

## Treatment

1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

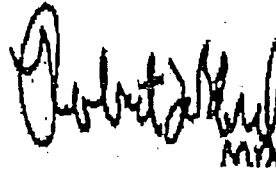
## Procedure Codes

PPC RX Call in

## Follow Up

As scheduled

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 12/07/2011  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Electronically signed by Robert LeBlond on 01/25/2012 at  
04:51 PM EST

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 12/07/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

## Progress Notes

Patient: FAUBERT, JOHN JONES  
DOB: 03/07/1964 Age: 47 Y Sex: Male  
Phone: 864-297-3963  
Address: GREENVILLE, SC-29607

Provider: David Goldsmith, PA-C  
Date: 01/11/2012

## Subjective:

## CC:

1. Back pain.

## HPI:

General:

Three-month followup for a 47 y/o male with chronic back pain. Since his last visit, he reports pain is about a 6/10 which is average. It is along the midline of the back. He does well with medications. It can be achy or sharp. It varies with activity level including any physical demanding activities for a long duration, prolonged walking, prolonged sitting and first thing in the morning. No complaints regarding medications. He has intermittent pain radiating into the legs - not severe. At last visit, he expressed some concern about weight loss. He continues to lose weight and is down by about 70 pounds. He was to see his family doctor for a workup which he did not. Labs were performed at our office which were negative.

## ROS:

No chest pain, difficulty breathing or stomach pain. No change in bowel or bladder function. No psychiatric instability. Weight loss continues to be of concern. No obvious constitutional changes.

**Medical History:** MS - has had for 12 years, diagnosed for 1 year, DVT, Degenerative disc disease, Varicose veins.

**Family History:****Social History:**

**Medications:** Nexium 40 mg 1 tab daily, ASA capsule 81 1 CAPS daily, MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day, Copaxone solution 20 mg/mL 20 mg once a day, Vitamin D solution 8000 intl units/mL 0.025 mL once a day, Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day, multivitamin tablet Multiple Vitamins 1 tab(s) once a day, Vitamin C capsule 500 mg 1 cap(s) once a day, Amitiza capsule 24 mcg 1 cap(s) 2 times a day, Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours pm max 8/day, Tumeric tablet 1 tab once daily, Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily, Medication List reviewed and reconciled with the patient

**Allergies:** Latex.

## Objective:

**Vitals:** Ht 72, Wt lbs 381, Wt kg 172.82, HR 79, BP Sitting: 127/82, Pain score 6/10, Tech Initial td took pain meds this morning.

**Past Orders:****Examination:**General Exam:

Lower extremities showed good strength. DTRs equal but reduced. Sensation intact. Negative SLR. Station and gait mildly antalgic. The low back was tender along the paraspinals and with facet loading, right side worse than left. Habitus remains obese.

**Assessment:****Assessment:**

1. Spondylosis (Lumbar) - 721.3 (Primary)

1. Chronic back pain with degenerative and mechanical components and deconditioning. 2. Weight loss. 3. Recommended some additional studies as well as reinforced the need to find a new family doctor.

**Plan:**

1. **Spondylosis (Lumbar)** Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0 ; Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 days, 150, Refills 3 ; Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 days, 60, Refills 3 ; Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0 .

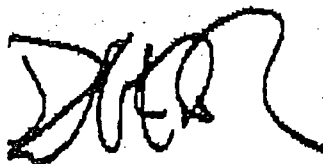
2. **Others** Continue Tumeric tablet, 1 tab, once daily ; Continue Omega 3 Fish Oil, 1000 mg., Tabs 3 q day, po, daily ; Continue Vitamin C capsule, 500 mg, 1 cap(s), orally, once a day ; Continue multivitamin tablet, Multiple Vitamins, 1 tab(s), orally, once a day ; Continue Vitamin D solution, 8000 intl units/mL, 0.025 mL, orally, once a day ; Continue Copaxone solution, 20 mg/mL, 20 mg, subcutaneously, once a day ; Continue ASA capsule, 81, 1 CAPS, orally, daily ; Continue Nexium, 40 mg, 1 tab, Oral, daily .

1. Medications: Continue usual medications. 2. Activities as tolerated. 3. Labs to include blood sugar, lipids and thyroid. 4. Patient directed to Internal Medicine in the office below ours for new physician. 5. Followup in four weeks to repeat labs. 6. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

DG/cld/011112.

**Immunizations:****Labs:****Preventive:**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up: 4 Weeks****Provider:** David Goldsmith, PA-C**Patient:** FAUBERT, JOHN JONES **DOB:** 03/07/1964 **Date:** 01/11/2012

Electronically signed by David Goldsmith, PA on 02/13/2012 at 04:59 PM EST

Sign off status: Completed

## Progress Notes

Patient: FAUBERT, JOHN JONES  
DOB: 03/07/1964 Age: 47 Y Sex: Male  
Phone: 864-297-3963  
Address: GREENVILLE, SC-29607

Provider: David Goldsmith, PA-C  
Date: 02/15/2012

## Subjective:

## CC:

1. Refill.

## HPI:

Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No. Have you started any new meds since last seen by your doctor at UMR? No, When did you take your last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? Yes, Side effects include: Constipation, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 4, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No.

pt has stable pain. At last visit we ordered labs, mostly normal and communicated to the pt by phone. there was concern about Wt loss and some occult illness. Dyslipidemia is the main finding. In the meantime, wt has increased. Pt to follow up with GI and PCP MD's. Today pt wants only RF.

**Medical History:** MS - has had for 12 years, diagnosed for 1 year, DVT, Degenerative disc disease, Varicose veins.

**Family History:****Social History:**

**Medications:** Vitamin D solution 8000 intl units/mL 0.025 mL once a day, multivitamin tablet Multiple Vitamins 1 tab(s) once a day, Vitamin C capsule 500 mg 1 cap(s) once a day, Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily, Tumeric tablet 1 tab once daily, Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day, Amitiza capsule 24 mcg 1 cap(s) 2 times a day max 2/day, Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day, MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day, Nexium 40 mg 1 tab daily, ASA capsule 81 1 CAPS daily, Copaxone solution 20 mg/mL 20 mg once a day

**Allergies:** Latex.

**Objective:**

**Vitals:** Ht 72, Wt lbs 332, Wt kg 150.6, BP Sitting: 124/76, Pain score 6/10, HR 74, Tech Initial td took pain meds this morning.

**Past Orders:****Examination:****Assessment:****Assessment:**

1. Spondylosis (Lumbar) - 721.3 (Primary)

**Plan:**

**1. Spondylosis (Lumbar)** Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0 ; Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day ; Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day ; Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0 .

**Immunizations:**

**Labs:**

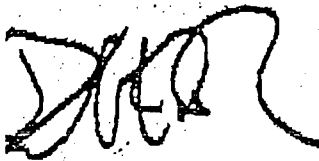
**Preventive:**

**MED RECONCILIATION:** Pt, Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up:** 3 Months with Leblond

**Provider:** David Goldsmith, PA-C

**Patient:** FAUBERT, JOHN JONES **DOB:** 03/07/1964 **Date:** 02/15/2012



Electronically signed by David Goldsmith, PA on 02/29/2012 at 09:10 AM EST

Sign off status: Completed





# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit ID: 132066291

Appointment Facility: Upstate Medical Rehabilitation

03/14/2012

Progress Note: MedAsst2/Leblond

### Current Medications

Copaxone solution 20 mg/mL 20 mg once a day

ASA capsule 81 1 CAPS daily

Nexium 40 mg 1 tab daily

MS Contin tablet, extended release 15 mg 1

tab(s) every 8 hours;max 3/day

Neurontin capsule 400 mg 1 cap(s) every 6

hrs;1 po extra in am or pm;max 5/day

Turmeric tablet 1 tab once daily

Omega 3 Fish Oil 1000 mg, Tabs 3 q day daily

Amitiza capsule 24 mcg 1 cap(s) 2 times a day

max 2/day

Vitamin C capsule 500 mg 1 cap(s) once a day

multivitamin tablet Multiple Vitamins 1 tab(s)

once a day

Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-

6 hours prn max 8/day

Vitamin D solution 8000 intl units/mL 0.025

mL once a day

Medication List reviewed and reconciled with

the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1

year

DVT

Degenerative disc disease

Varicose veins

### Allergies

latex

### Reason for Appointment

1. MED REFILL. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnam, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3

### Treatment

1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours;max 3/day, 30 day(s), 90, Refills 0

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0

Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs;1 po extra in am or pm;max 5/day

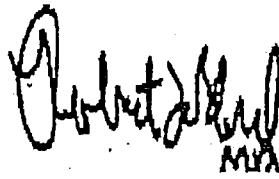
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day

### Procedure Codes

PPC RX Call in

### Follow Up

As scheduled



MLA

Electronically signed by Robert LeBlond on 03/29/2012 at  
04:58 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 03/14/2012

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607

Home: 864-297-8963

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit ID: 133919035  
Appointment Facility: Upstate Medical Rehabilitation

04/11/2012

Progress Note: MedAsst2/Leblond

### Current Medications

Vitamin C capsule 500 mg 1 cap(s) once a day  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
max 2/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
Tymeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
ASA capsule 81 1 CAPS daily  
Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Copaxone solution 20 mg/mL 20 mg once a day  
MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day  
Vitamin D solution 8000 Intl units/mL 0.025 mL once a day  
multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex

### Reason for Appointment

1. MED REFILL. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3

### Treatment

#### 1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

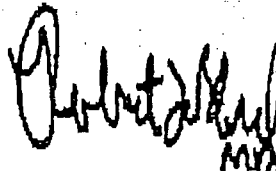
### Procedure Codes

PPC RX Call in

### Follow Up

As scheduled

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 04/11/2012  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Electronically signed by Robert LeBlond on 04/16/2012 at  
01:26 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 04/11/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Zahid Ali, M.D., F.A.C.C.  
Board Certified Cardiology

Alfiba Awan, M.D., F.A.C.C.  
Board Certified Cardiology

Gary Mann, M.D., F.A.C.C., F.R.C.P.C.  
Board Certified in Interventional Cardiology

Name: Laubert, John  
Age: 57 Sex: Male

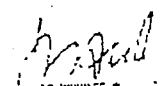
Date: 03-09-11  
ID: 15574

### ECHOCARDIOGRAM REPORT

Image quality is technically deficient. All the cardiac structures are within normal limits of their dimensions. Left ventricular cavity is of normal size and contracts normally. There are no wall motion abnormalities. The patient's estimated ejection fraction is 70% by M-mode. Mitral apparatus is of normal echogenicity and there is a trace of mitral insufficiency. Aortic valve is trileaflet and echogenically normal. Pulmonic valve is essentially unremarkable. There is a trace of pulmonic insufficiency. Rest of the color flow and Doppler interrogation is unremarkable.

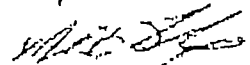
#### Impression:

1. Normal left ventricular systolic function.
2. Trace of mitral and tricuspid insufficiencies.

  
Gary Mann, MD, F.A.C.C.  
Echocardiogram reading for Dr. Belbi's Group

4-26-11 10:51 AM

Abdul-Razek, Samir





# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607

Home: 864-297-3968

Guarantor: FAUBERT, JOHN JONES

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit

ID: 132066382

Appointment Facility: Upstate Medical Rehabilitation

05/16/2012

Progress Notes: Robert LeBlond\*

### Current Medications

Copaxone solution 20 mg/mL 20 mg once a day  
ASA capsule 81 1 CAPS daily  
Nexium 40 mg 1 tab daily  
Turmeric tablet 1 tab once daily  
Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day max 2/day  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day  
multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
Vitamin D solution 8000 Intl units/mL 0.025 mL once a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

### Surgical History

back surgery 1983  
EVLV bilaterally 12-08

### Family History

Family: high bld, pressure, cancer, rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
no Alcohol.  
no Smoking.  
no Recreational drug use.

### Allergies

### Reason for Appointment

1. FOLLOW UP

### History of Present Illness

#### General:

The patient is a 48 y/o male who presents for follow-up secondary to chronic low back pain which he states is a little bit worse. He is having to stand a lot more at work and sometimes he has to use an extra Ms Contin a day but not all of the time. He does not really believe that anything needs to be changed. He notes no change in bowel or bladder. No fever or weight loss. No change in strength or sensation. He does need a MMR titer and a TB test for grad school and wonders if I can order it in the lab. No other issues.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 322, Wt kg 146.06, BMI 43.67, BP 132/77, Pain score 5/10, HR 77, Tech Initial DM.

### Examination

#### General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs decreased but equal. Station and gait antalgic. Back with tenderness in the paraspinals. There is increased pain with facet loading bilaterally. Straight leg raising negative. Extremities: No clubbing, cyanosis or edema. No wasting.

### Assessments

1. Varicose veins of leg with swelling - 454.8 (Primary)
2. Spondylosis (Lumbar) - 721.3

Chronic degenerative back pain with slight increase in pain most likely due to increased activity at work as well as increased stress with grad school.

### Treatment

#### 1. Others

Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 day(s), 150, Refills 3  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 day(s), 60, Refills 3  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 05/16/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

latex

**Hospitalization/Major**

**Diagnostic Procedure**

No Hospitalization History

**Review of Systems**

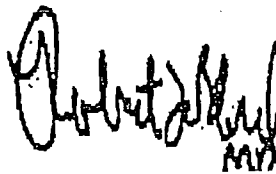
No chest pain, palpitations, nausea or vomiting. The rest of the review of systems is negative.

prn max 8/day, 30 day(s), 240, Refills 0  
Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0  
Continue heat, home exercises and current medications. Hold on changing anything at this point, although I would anticipate if he tends to need more Ms Contin we may go to 30 mg twice a day. I will try to do the MMR titer and TB test for him. If the lab will not do it we will have him see his family physician. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

REL/mbm/051612.

**Follow Up**

3 Months



Electronically signed by Robert LeBlond on 05/21/2012 at 02:27 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 05/16/2012

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 138019914

Appointment Facility: Upstate Medical Rehabilitation

06/13/2012

Progress Note: MedAsst2/Leblond

### Current Medications

Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours;max 3/day  
Tumoric tablet 1 tab once daily  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
Nexium 40 mg 1 tab daily  
ASA capsule 81 1 CAPS daily  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day max 2/day  
Copaxone solution 20 mg/mL 20 mg once a day  
Neurontin capsule 400 mg 1 cap(s) every 6 hrs;1 po extra in am or pm;max 5/day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex

### Reason for Appointment

1. MED REFILL, UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts. changed to serum drug screen.

### Assessments

1. Spondylosis (Lumbar) - 721.3
2. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69
3. ENCTR THERAP DRUG MONITORING - V58.83

### Treatment

#### 1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours;max 3/day, 30 day(s), 90, Refills 0  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs;1 po extra in am or pm;max 5/day  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day

#### 2. ENCOUNTER LONG TERM USE OTH DRUGS

LAB: Fentanyl w/confirmation, urine

LAB: Opiate Metabolites drug screen, urine

LAB: Pain Therapy Drug Screen (14), urine

#### 3. ENCTR THERAP DRUG MONITORING

LAB: Fentanyl w/confirmation, urine

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 06/13/2012

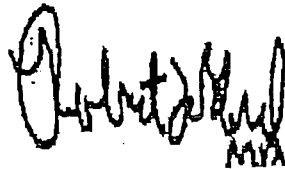
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LAB: Opiate Metabolites drug screen, urine  
LAB: Pain Therapy Drug Screen (14), urine

**Procedure Codes**  
PPC RX Call in

**Follow Up**  
As scheduled



Electronically signed by Robert LeBlond on 06/21/2012 at  
03:02 PM EDT  
Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 06/19/2012

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 139867014

Appointment Facility: Upstate Medical Rehabilitation

07/11/2012

Progress Note: MedAss12/Leblond

### Current Medications

Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
max 2/day  
Neurontin capsule 400 mg 1 cap(s) every 6  
hrs; 1 po extra in am or pm; max 5/day  
Copaxone solution 20 mg/mL 20 mg once a  
day  
ASA capsule 81 1 CAPS daily  
Nexium 40 mg 1 tab daily  
Turmeric tablet 1 tab once daily  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Vitamin C capsule 500 mg 1 cap(s) once a day  
multivitamin tablet Multiple Vitamins 1 tab(s)  
once a day  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
6 hours prn max 8/day  
Vitamin D solution 8000 intl units/mL 0.025  
mL once a day  
MS Contin tablet, extended release 15 mg 1  
tab(s) every 8 hours; max 3/day  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex

### Reason for Appointment

1. MED REFILL, UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

### Treatment:

1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s), 90, Refills 0  
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s), 240, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day

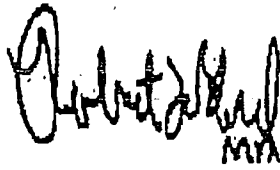
### Procedure Codes

PPCRX Call in

### Follow Up

4 Weeks

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAss12/Leblond 07/11/2012  
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Electronically signed by Robert LeBlond on 07/16/2012 at  
01:06 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 07/11/2012

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 144625373

Appointment Facility: Upstate Medical Rehabilitation

08/22/2012

Progress Notes: David Goldsmith, PA-C

### Current Medications

MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours;max 3/day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
 Neurontin capsule 400 mg 1 cap(s) every 6 hrs;1 po extra in am or pm;max 5/day  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day max 2/day  
 Copaxone solution 20 mg/mL 20 mg once a day  
 ASA capsule 81 1 CAPS daily  
 Nexium 40 mg 1 tab daily  
 Tumeric tablet 1 tab once daily  
 Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
 Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
 Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex

### Review of Systems

No chest pain, difficulty breathing or stomach pain. No change in bowel or bladder function  
 No psychiatric instability.

### Reason for Appointment

1. FOLLOW UP WITH PA PER LIBBY
2. Back pain and leg pain

### History of Present Illness

#### General:

Three-month followup for a 48 y/o male with chronic back pain and lower extremity dysesthesias. Since last visit, he reports recent hospitalization for a bladder infection. He was on IV ABX for about six days. He said he was unaware of the bladder infection until it got to the point of it putting him on his back. He follows up with his urologist. He is still out of work for another week. He is recovering. He feels generally weak. He is also enrolled in an MSW program at USC that starts in one to two weeks. The back pain seems to be fairly well controlled with his medications. He had a flare-up attributed to deconditioning being on his back for a long period of time in the hospital. He is now reverting back to baseline. He requested no medication changes.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 315, Wt kg 142.88, BMI 42.72, BP 116/68, HR 61, Pain score 7/10, Tech Initial td took pain meds an hour ago.

### Examination

#### General Exam:

Examination of the lower extremities showed good strength. DTRs reduced but equal. Sensation altered distally. Negative SLR. Gait intact. Habitus obese. Examination of the back showed tenderness along the facets bilaterally. He does appear to have lost some weight. He is, otherwise, A&O and in NAD.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
1. Chronic back pain with degenerative and mechanical components, stable. 2. Lower extremity dysesthesias, stable on medication.

### Treatment

#### 1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours;max 3/day, 30 day(s), 90, Refills 0

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 08/22/2012

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Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours  
prn max 8/day, 30 day(s), 240, Refills 0  
Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra  
in am or pm; max 5/day, 30 days, 150, Refills 3  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day, 30 days, 60, Refills 3

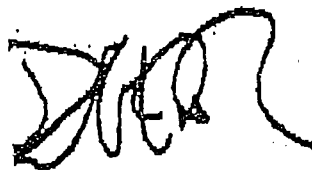
**2. Others**

1. Medications: Continue usual medications including MS Contin,  
Norco, Neurontin, and Amitiza. 2. Home exercise program encouraged.  
3. Followup in four weeks. 4. The patient was advised to continue all  
other medications as prescribed by other treating physicians/providers.  
DG/cld/082212.

**Preventive Medicine**

**MED RECONCILIATION:** Pt. Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

**Follow Up**  
4 Weeks



Electronically signed by David Goldsmith, PA on 08/31/2012  
at 02:04 PM EDT  
Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 08/22/2012

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 y/o Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON  
HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 144736782

Appointment Facility: Upstate Medical Rehabilitation

09/19/2012

Progress Notes: David Goldsmith, PA-C

### Current Medications

Vitamin D solution 8000 Intl units/mL Q 025  
mL once a day  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
max 2/day  
multivitamin tablet Multiple Vitamins 1 tab(s)  
once a day  
Neurontin capsule 400 mg 1 cap(s) every 6  
hrs; 1 po extra in am or pm; max 5/day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
6 hours prn max 8/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
MS Contin tablet, extended release 15 mg 1  
tab(s) every 8 hours; max 3/day  
Tumeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
ASA capsule 81 1 CAPS daily  
Copaxone solution 20 mg/mL 20 mg once a  
day  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Surgical History

back surgery 1983  
EVLV bilaterally 12-08

### Family History

Family: high bld. pressure, cancer,  
rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
no Alcohol.  
no Smoking.  
no Recreational drug use.

### Allergies

latex

### Reason for Appointment

1. Back pain, leg pain

### History of Present Illness

#### General:

One month F/U for a 48 y/o male with chronic back and leg pain and multiple sclerosis. At last visit he was just getting out of the hospital for severe bladder infection. He feels like he is stable and back to his baseline pain level. Pain averages about a 4/10 with medications he took this morning. He considers this a good level. There are no adverse drug reactions from his medications. The patient restarted graduate school. He is getting off to a slow start but is optimistic.

### Vital Signs

Ht 72, Ht Cm 182.88, BP 126/66, HR 77, Pain score 5/10, Tech Initial  
td  
took pain meds this morning.

### Examination

#### General Exam:

The patient is alert, oriented, and in no acute distress. Station and gait intact. Conversation is appropriate. Habitus overweight.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. MS (multiple sclerosis) - 340

1. Chronic back pain, doing well. 2. Lower extremity dysesthesias, doing well.

### Treatment

#### 1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours  
prn max 8/day, 30 day(s) release on 09/21/212, 240, Refills 0  
Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every  
8 hours; max 3/day, 30 day(s) release on 09/21/212, 90, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po  
extra in am or pm; max 5/day  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day

#### 2. Others

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 09/19/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Review of Systems**

No chest pain, difficulty breathing, stomach pain, change in bowel or bladder function. No psych issues.

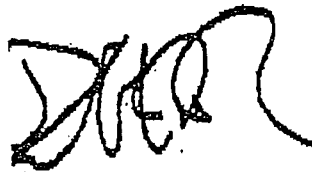
1. Medications: Continue current meds. 2. HEP. 3. F/U in three to four months. 4. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.  
DG/mat/091912.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

3 or 4 Months with Leblond



Electronically signed by David Goldsmith, PA on 09/25/2012  
at 01:55 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 09/19/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC 29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON  
HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit

ID: 146894845

Appointment Facility: Upstate Medical Rehabilitation

10/17/2012

Progress Note: MedAssist/Leblond

### Current Medications

Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
max 2/day  
Neurontin capsule 400 mg 1 cap(s) every 6  
hrs, 1 po extra in am or pm; max 5/day  
MS Contin tablet, extended release 15 mg 1  
tab(s) every 8 hours; max 3/day  
Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
6 hours prn max 8/day  
Coxapone solution 20 mg/mL 20 mg once a  
day  
ASA capsule 81 1 CAPS daily  
Nexium 40 mg 1 tab daily  
Tumeric tablet 1 tab once daily  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Vitamin C capsule 500 mg 1 cap(s) once a day  
multivitamin tablet Multiple Vitamins 1 tab(s)  
once a day  
Vitamin D solution 8000 intl units/mL 0.025  
mL once a day

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

Latex

### Reason for Appointment

1. MED REFILL

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement,  
coordination or your ability to drive? No, Have you started any new  
meds since last seen by your doctor at UMR? No, When did you take  
you last dose of your medication? this morning, Are you experiencing  
any side effects from the medications prescribed by your Physician at  
UMR? No, Do you consume any alcohol? No, Rate the pain you had  
before you began treatment (on a scale of 0-10): 9, Rate your pain  
since you began treatment (on a scale of 0-10): 5, Any changes in your  
activity level over the last month? No, Are you working now? Yes, Is  
this a change? No, Who is your family doctor? Dr. Patnum.

bg.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

### Treatment

1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours  
prn max 8/day, 30 day(s) release on 10/21/212, 240, Refills 0  
Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every  
8 hours; max 3/day, 30 day(s) release on 10/21/212, 90, Refills 0  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po  
extra in am or pm; max 5/day

### Procedure Codes

PPC RX Call in

PPC RX Call in

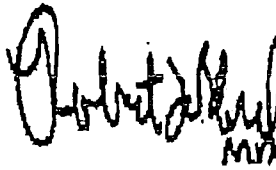
### Follow Up

has appt

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAssist/Leblond 10/17/2012

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Electronically signed by Robert LeBlond on 10/25/2012 at  
12:51 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 10/17/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

64 Y old Male, DOB: 03/07/1964

7, GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON  
HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit

ID: 149078388

Appointment Facility: Upstate Medical Rehabilitation

11/14/2012

Progress Note: MedAsst2/Leblond

### Current Medications

Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Tumeric tablet 1 tab once daily  
 Nexium 40 mg 1 tab daily  
 Neurontin capsule 400 mg 1 cap(s) every 6  
 hrs; 1 po extra in am or pm; max 5/day  
 Amitiza capsule 24 mg 1 cap(s) 2 times a day  
 max 2/day  
 ASA capsule 81 1 CAPS daily  
 MS Contin tablet, extended release 15 mg 1  
 tab(s) every 8 hours; max 3/day  
 Copaxone solution 20 mg/mL 20 mg once a  
 day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
 6 hours prn max 8/day  
 Vitamin D solution 8000 Intl units/mL 0.025  
 mL once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s)  
 once a day  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 Medication List reviewed and reconciled with  
 the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex

### Reason for Appointment

1. MED REFILL, UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 4, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

### Treatment

1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s) release on 11/20/212, 90, Refills 0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s) release on 11/20/212, 240, Refills 0  
 Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

### Procedure Codes

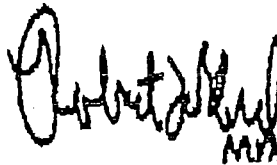
PPC RX Call in

### Follow Up

4 Weeks

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 11/14/2012

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Electronically signed by Robert LeBlond on 11/28/2012 at  
07:55 AM EST

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 11/14/2012

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 151312634

Appointment Facility: Upstate Medical Rehabilitation

12/12/2012

Progress Note: MedAsst2/Leblond

### Current Medications

ASA capsule 811 CAPS daily  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day  
 max 2/day  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s)  
 once a day  
 Nexium 40 mg 1 tab daily  
 Tumeric tablet 1 tab once daily  
 Vitamin D solution 8000 intl units/mL 0.025  
 mL once a day  
 Omega 3 Fish Oil 1000 mg Tabs 3 q day daily  
 Neurontin capsule 400 mg 1 cap(s) every 6  
 hrs; 1 po extra in am or pm; max 5/day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-  
 6 hours prn max 8/day  
 Copaxone solution 20 mg/mL 20 mg once a  
 day  
 MS Contin tablet, extended release 15 mg 1  
 tab(s) every 8 hours; max 3/day  
 Medication List reviewed and reconciled with  
 the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex

### Reason for Appointment

1. MED REFILL - RELEASE DATE. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 4, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

### Treatment

#### 1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day, 30 day(s) release on 12/20/212, 90, Refills 0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day, 30 day(s) release on 12/20/212, 240, Refills 0  
 Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 day(s), 150, Refills 3  
 Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 day(s), 60, Refills 3

### Procedure Codes

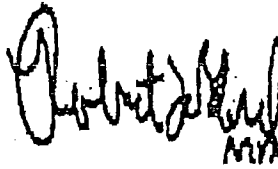
PPC RX Call in

### Follow Up

4 Weeks

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 12/12/2012

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Electronically signed by Robert LeBlond on 12/19/2012 at  
03:52 PM EST

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 12/12/2012  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 154532634

Appointment Facility: Upstate Medical Rehabilitation

12/31/2012

Progress Note: Robert LeBlond\*

### Current Medications

MS Contin tablet, extended release 15 mg 1 tab(s) every 8 hours; max 3/day  
 Norco tablet 325 mg-10 mg 1-2 tab(s) every 4-6 hours prn max 8/day  
 Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
 Amitiza capsule 24 mcg 1 cap(s) 2 times a day max 2/day  
 ASA capsule 81 1 CAPS daily  
 Vitamin C capsule 500 mg 1 cap(s) once a day  
 multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
 Nexium 40 mg 1 tab daily  
 Tumeric tablet 1 tab once daily  
 Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
 Omega 3 Fish Oil 1000 mg, Tabs 3 q day daily  
 Copaxone solution 20 mg/mL 20 mg once a day  
 Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

### Allergies

latex

### Review of Systems

No chest pain, shortness of breath, nausea, vomiting. No fever or unexplained weight loss. The rest of the review of systems is negative.

### Reason for Appointment

1. 3 or 4 Months with Leblond PT COMING AT 8:45 AM

### History of Present Illness

#### General:

The patient is a 48 y/o male who presents for follow-up secondary to chronic degenerative back pain as well as MS. The back pain is stable. It continues to fluctuate. It is aching and sharp. It is worse with bending and lifting. It is better with rest and medication. The medications allow him to function. For the most part, he notes ongoing constipation. He has two bowel movements a week with Amitiza. He states that is pretty good. No fever or weight loss. No intermittent numbness in his legs. Depression is stable. He is still seeing Dr. Kistler for his MS. He states that is stable as well. He notes no other issues.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 320, Wt kg 145.15, BMI 43.40, BP 116/71, HR 74, Pain score 4.

### Examination

#### General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs decreased. Station and gait antalgic. Back with tenderness in the paraspinals. Negative SLR. Extremities: No clubbing, cyanosis or edema.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. MS (multiple sclerosis) - 340

Chronic degenerative back pain with stable neurologic exam. Discussed ongoing treatment. I believe we need to consolidate medications. He is using eight Norco a day. I believe we need to bump up his long-acting medication.

### Treatment

#### 1. Spondylosis (Lumbar)

Stop Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 4-6 hours prn max 8/day

Stop MS Contin tablet, extended release, 15 mg, 1 tab(s), orally, every 8 hours; max 3/day

Start Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally RELEASE 1-18-13, every 6 hours max 6 day, 30 day(s), 180, Refills 0

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 12/31/2012

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Start MS Contin tablet, extended release, 30 mg/12 hr, 1 tab(s), orally  
RELEASE 1-18-13, every 12 hours, 30 day(s), 60, Refills 0

**2. Others**

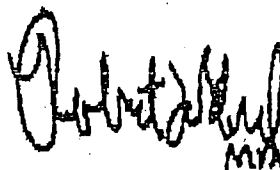
Will increase MS Contin from 15 mg q.8h to 30 mg b.i.d. decreasing his Norco to six per day. We will do medications with a release date as he is due in two weeks. I will see him with a medication refill in four weeks after that. I will then see him for followup four weeks after that. He is to call if there are any problems. Risks, benefits, sedation and driving discussed at length with the patient. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. REL/cdmhm/123112.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

10 weeks



Electronically signed by Robert LeBlond on 01/07/2013 at  
11:48 AM EST

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: Robert LeBlond\* 12/31/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

48 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

GUARANTOR: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 157150020

Appointment Facility: Upstate Medical Rehabilitation

02/13/2013

Progress Note: David Goldsmith, PA-C

### Current Medications

MS Contin tablet, extended release 30 mg/12 hr 1 tab(s) every 12 hours  
Coxsone solution 20 mg/mL 20 mg once a day  
Omega 3 Fish Oil 1000 mg, Tabs 3 q day daily  
Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
Turmeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
ASA capsule 81 1 CAPS daily  
Amitiza capsule 24 meg 1 cap(s) 2 times a day max 2/day  
Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

### Surgical History

back surgery 1983  
FVLT bilaterally 12-08

### Family History

Family: high bld. pressure, cancer, rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Smoking Status > 13 years old Are you a:  
Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.  
02/13/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

### Reason for Appointment

1. SPONDYLOSIS, MS//F/U? ADJUST MEDS?
2. Back and leg pain

### History of Present Illness

#### General:

F/U for a 48 year-old male with chronic back and leg pain and multiple sclerosis. He was evaluated by Dr. LeBlond 12/31/2012. Medications were changed to MS Contin 30 mg b.i.d. Norco dropped from eight to six a day. He reports increasing pain in the right hip and groin area. This is new. He is uncertain if the pain medication had covered this up in the past because he is not getting relief from the current dose that he had before. He also has some increasing pain across the belt line of the lumbar spine with some radiation into the right leg that is a little bit worse than usual. There is also some numbness. He reminds he has had no recent MRIs of the lumbar spine and does have history of spinal surgery 30 years ago. Last time for physical therapy was a long time ago. This made it worse. Pain throughout the areas mentioned is worse with anything. He has had increasing limitations just lifting light boxes at work.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 317, Wt kg 143.79, BMI 42.99, BP 118/74, Pain score 8, Tech Initial td  
took pain meds an hour ago.

### Examination

#### General Exam:

Lower extremities showed good strength, DTRs equal. Sensation intact. Negative straight leg raise. Gait antalgic. Examination of the back showed tenderness along the facets, right side worse than left. He also has pain in the lumbar paraspinals bilaterally. There is some mild tenderness in the right SI joint. He had pain with internal rotation of the right hip into the groin. Range of motion of the hips appear to be equal. He demonstrates pelvic obliquity with forward flexion and in the supine position with a leg length discrepancy. No tenderness along the IT band. Habitus obese.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. Hip arthritis - 716.95

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 02/13/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



latex

He continues to complain of constipation, although it seems to be better controlled recently. No chest pain or difficulty breathing. No incontinence. No psych instability.

1. Chronic back pain with some worsening symptoms. There were some radicular symptoms versus dysesthesias from MS. Recommend MRI to rule out any pathology.
2. Hip and groin pain. Recommend x-ray to rule out any arthritis.
3. Medication issues. Recommend modifying medications.

Referral To: Reason: Lumbar MRI with and without contrast for back and leg pain. Hx of remote surgery | Patewood campus only.

2. Others  
1. Medications: Increase the MS Contin from 30 mg b.i.d. to t.i.d. We will concurrently drop down his Norco from six a day to four per day. Caution for sedation, confusion, confusion, shortness of breath, risks and benefits discussed. 2. MRI of the lumbar spine. 3. X-ray of the right hip. 4. F/U in four weeks or sooner if necessary. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. DG/jp/021313.

**MED RECONCILIATION:** Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

## 4 Weeks

*[Handwritten signature]*

Electronically signed by David Goldsmith, PA on 02/25/2013  
at 10:16 AM EST

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 02/13/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

40 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES Insurance: UNISON  
HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 154618102  
Appointment Facility: Upstate Medical Rehabilitation

03/13/2013

Progress Note: David Goldsmith, PA-C

### Current Medications

Flomax capsule 0.4 mg 1 cap(s) once a day  
Copaxone solution 20 mg/mL 20 mg once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Vitamin D solution 8000 intl units/mL 0.025 mL once a day  
Turmeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
multivitamin tablet Multiple Vitamins 1 tab(s) once a day  
Vitamin C capsule 500 mg 1 cap(s) once a day  
ASA capsule 81 1 CAPS daily  
MS Contin tablet, extended release 30 mg 1 tab(s) TID  
Neurontin capsule 400 mg 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Amitiza capsule 24 mcg 1 cap(s) 2 times a day max 2/day  
Norco tablet 325 mg- 7.5 mg 1-2 tab(s) QID  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

### Surgical History

back surgery 1983  
EVLIT bilaterally 12-08

### Family History

Family: high bld. pressure, cancer, rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.  
Smoking Status > 13 years old Are you a: Former smoker, Pt counseled on the dangers of tobacco use and urged to quit.  
02/18/2013.

### Reason for Appointment

1. SPONDYLOSIS, MS//FOLLOW UP
2. Back and leg pain

### History of Present Illness

#### General:

One-month F/U for a 49 year-old male with chronic back and thigh pain. Pain was poorly controlled when we saw him last month. We changed his medications; up on the MS Contin, down on the Norco. He reports this is still inadequate. MRI of the lumbar spine and x-ray of the left hip were also performed. Today he reports increasing pain in the back and into the hip and thigh. Pain is a 6/10 without much activity; worse when he is physically active at his job. He has persistent numbness in the left thigh. No numbness or tingling distally. X-ray of the hip was normal. MRI of the lumbar spine showed multiple levels of central or foraminal stenosis, facet arthropathy, and degenerative disc disease. Patient did not want surgery. He would entertain epidurals or other non-surgical treatments.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 316, Wt kg 143.34, BMI 42.85, BP 116/65, HR 77, Pain score 6, Tech Initial td  
took pain meds this morning.

### Examination

#### General Exam:

Lower extremities showed good strength. DTRs reduced and equal. Sensation intact distally, dull at the left anterior thigh. Low back was tender with facet loading bilaterally. Habitus obese.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

1. Chronic back pain with facet mediated component. 2. Lower extremity dysesthesias in the thigh, which seems to correlate with findings on the MRI with DDD and bilateral moderate foraminal narrowing at L2/L3.

### Treatment

1. Spondylosis (Lumbar)

Increase Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 4/day, 30 days release on 03/15/2013, 120, Refills 0

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 03/13/2013

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no Alcohol.  
Smoking: yes, PPD: , years:.  
no Recreational drug use.

**Allergies**

latex rash, hives

**Hospitalization/Major****Diagnostic Procedure**

UTI 2012

**Review of Systems**

No chest pain or change in bowel or bladder function. No psych instability. No new multiple sclerosis symptoms.

Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 days, 60, Refills 0

Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 days, 120, Refills 3

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 days release on 03/15/2013, 90, Refills 0

**2. Others**

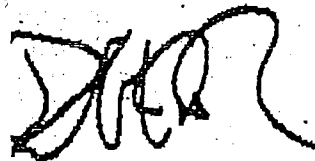
1. Medications: Continue MS Contin without change. Add one more Norco. 2. Activities as tolerated. 3. Left-sided L2/L3 transforaminal epidural with Dr. LeBlond. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. DG/jp/031313.

**Preventive Medicine**

MED RECONCILIATION: Pt, Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

L L2/L3 transforaminal ESI on a Monday or Wed.



Electronically signed by David Goldsmith, PA on 03/19/2013 at 11:02 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 03/13/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

60 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

GUARANTOR: FAUBERT, JOHN JONES Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 163166184

Appointment Facility: Upstate Medical Rehabilitation

04/17/2013

Progress Note: MedAsst2/Leblond

### Current Medications

Norco 325 mg-10 mg tablet 1-2 tab(s) q6h  
max 4/day  
Copaxone 20 mg/mL solution 20 mg once a  
day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day  
max 2/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Vitamin D 8000 intl units/mL solution 0.025  
mL once a day  
Neurontin 400 mg capsule 1 cap(s) every 6  
hrs; 1 po extra in am or pm; max 5/day  
Turmeric tablet 1 tab once daily  
Noxiun 40 mg 1 tab daily  
multivitamin Multiple Vitamins tablet 1 tab(s)  
once a day  
MS Contin 30 mg tablet, extended release 1  
tab(s) q8h max 3/day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
ASA 81 capsule 1 CAPS daily  
Flomax 0.4 mg capsule 1 cap(s) once a day  
Symbicort  
Klor-Con 10  
furosemide  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1  
year  
DVT  
Degenerative disc disease  
Varicose veins

### Allergies

latex. rash. hives

### Reason for Appointment

1. SPONDYLOSIS, MS//med refill. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 4, Any changes in your activity level over the last month? No, Are you working now? Yes, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.  
amitiza not helping alot he is taking it but its not what he thought it would be.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

### Treatment

#### 1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 4/day, 30 days, 120, Refills 0  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day, max 2/day, 30 days, 60, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 days, 120, Refills 3  
Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 days, 90, Refills 0

### Procedure Codes

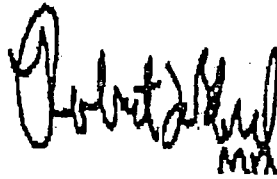
PPC RX Call in

### Follow Up

4 Weeks

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: MedAsst2/Leblond 04/17/2013

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Electronically signed by Robert LeBlond on 04/26/2013 at  
12:09 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES DOB: 08/07/1964 Progress Note: MedAsst2/Leblond 04/17/2013

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES

40 Y old Male, DOB: 03/07/1964

GREENVILLE, SC 29607

Home: 864-297-8968

Insurance: UNISON

HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 163171028  
Appointment Facility: Upstate Medical Rehabilitation

Guarantor: FAUBERT, JOHN JONES

Progress Note: David Goldsmith, PA-C

05/20/2013

### Current Medications

ASA 81 capsule 1 CAPS daily  
Lasix 20 mg tablet 1 tab(s) once a day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Nexium 40 mg 1 tab daily  
Tumeric tablet 1 tab once daily  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Vitamin D 8000 intl units/mL solution 0.025 mL once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
Copaxone 20 mg/mL solution 20 mg once a day  
Norco 325 mg-10 mg tablet 1-2 tab(s) q6h max 4/day  
Symbicort 160/4.5 2 puffs twice daily  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Degenerative disc disease  
Varicose veins

### Surgical History

back surgery 1983  
BVLTL bilaterally 12-08

### Family History

Family: high bld. pressure, cancer, rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment completed; today, Alcohol intake: patient does not drink alcohol.

### Reason for Appointment

1. SPONDYLOSIS, MS
2. Back pain, leg pain

### History of Present Illness

#### General:

Two-month F/U for a 49 year-old male with chronic back and leg pain and MS. At last visit, we discussed the possibility of having an epidural injection. He agreed to that. There was some confusion with his appointments and he was unable to go. He would like to proceed with that. He just needs an appointment. At last visit, we increased his medication, which has helped a little bit. He has pain that waxes and wanes depending on activity level and with the weather. It has been a little bit worse lately. He does not require any change in medications. Today pain rates about a 6/10. No side effects from the medicine.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 318, Wt kg 144.25, BMI 43.12, Pain score 6, Tech Initial to  
took pain meds this morning.

### Examination

#### General Exam:

Patient is alert and oriented in no acute distress. Station and gait antalgic. Habitus obese. No obvious pain-related behavior.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

1. Chronic back pain with some lower extremity dysesthesias and degenerative disc disease with foraminal stenosis.

### Treatment

#### 1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 4/day, 30 days, 120, Refills 0  
Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 days, 90, Refills 0  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 days, 60, Refills 2  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 05/20/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:.  
no Recreational drug use.

**Allergies**

latex: rash. hives

**Hospitalization/Major****Diagnostic Procedure**

UTI 2012

**Review of Systems**

Patient had hospitalization recently. He had  
some chest pain and he was evaluated for MI,  
which was negative. Symptoms were finally  
attributed to MS. No changes in bowel or  
bladder function. No psych instability.

**2. Others**

1. Medications: Continue usual medications. 2. Activities as tolerated.

3. Epidural with Dr. LeBlond left side L2/L3.

The patient was advised to continue all other medications as prescribed  
by other treating physicians/providers.

DG/jp/052013.

**Preventive Medicine**

MED RECONCILIATION: Pt, Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

**Follow Up**

Lumbar ESI at patewood June 10th with Dr. LeBlond



Electronically signed by David Goldsmith, PA on 05/31/2013  
at 12:28 PM EDT

Sign off status: Completed

**Upstate Medical Rehabilitation**

111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 05/20/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)





# GREENVILLE HEALTH SYSTEM

**FAUBERT, JOHN JONES  
MORRIS**

49 y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: UNISON HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit

ID: 167902485

Appointment Facility: Patwood Memorial Hospital

06/24/2013

Progress Note: Robert LeBlond\*

## Current Medications

Narco 325 mg-10 mg tablet 1-2 tab(s) every 6 hours max 4/day  
MS Contin 30 mg tablet, extended release 1 tab(s) every 8 hours max 3/day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
ASA 81 capsule 1 CAPS once a day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Nexium 40 mg 1 tab once a day  
Tumelic tablet 1 tab once a day  
Vitamin D 8000 intl units/mL solution 0.025 mL once a day  
Omega 3 Fish Oil 1000 mg. 3 tabs once a day  
Copaxone 20 mg/mL solution 20 mg once a day  
Symbicort 160/4.5 2 puffs twice daily  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
Lasix 40 mg tablet 1 tab(s) once a day  
Medication List reviewed and reconciled with the patient

## Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

## Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLIT bilaterally 12-08

## Family History

Family: high bld. pressure, cancer, rheumatoid arthritis

## Reason for Appointment

1. Back and left leg pain, mostly anterior leg pain to the knee, occasionally he has posterior leg pain

## History of Present Illness

### HPI:

49 yo white male presents with chronic history of back and left leg pain, mostly anterior leg pain to the knee, occasionally he has posterior leg pain. He also has MS. He has pain that waxes and wanes depending on activity level and with the weather. Pt is here today for consideration of epidural steroid injection. The pain is increased with activity and decreased with rest, he denies bowel or bladder difficulty.

### Pain:

Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: back, leg(s), Quality/Description of pain: constant, radiating, aching, burning, sharp, What, if any, medication have you taken for this pain? Other, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

## Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 323, Wt kg 146.51, BMI 43.80, BP 122/70, HR 71, Temp (F) 97.8, Pain score 8, RR 20, O2 Sat 96, Tech Initial bcf@0935  
The patient is on Room Air, Pt verbalized height and weight.

## Examination

### General:

General Appearance: Well and in no acute distress.  
Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect. Skin skin is warm, dry and intact with good turgor and well healed lumbar incision. Previous History and Physical reviewed, patient examined, and changes are noted within this note, LeBlond, Robert 06/24/2013 10:34:04 AM EDT > .

## Assessments

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 06/24/2013

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Father: alive  
Mother: alive  
Non-Contributory

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.  
Smoking Status > 18 years old Are you a: Former smoker, Pt counseled on the dangers of tobacco use and urged to quit. 2/18/2013, no Alcohol.  
Smoking: yes, PPD: , years: no Recreational drug use.

### Allergies

Latex: rash, hives: Allergy

### Hospitalization/Major Diagnostic Procedure

UTI 2012  
Chest pain, R/O MI 04/2013

### Review of Systems

#### CONSTITUTIONAL:

no Fever. no Weight Loss. no Weight Gain. no Fatigue. no Chills. no Night Sweats.

#### CARDIOVASCULAR:

no Chest Pain. no Irregular Heart Beat. no Poor Circulation. no Leg/feet swelling. no Leg/foot ulcer.

#### RESPIRATORY:

no COPD. Asthma yes, uses

Symbicort. no Persistent Cough. no Shortness of Breath. no Wheezing. no Pneumonia.

#### GENITOURINARY:

no Blood in urine. no Pain in urinating. no Unable to urinate. no Bladder Infection. no Frequent Urination. no Difficulty with urination.

#### NEUROLOGICAL:

no Paralysis Frequent Headaches yes. no Seizures. no CVA/TIA. no Syncope Anxiety/Depression NO. no Tremors no Speech Problems. no Feeling of hopelessness. no Sleep disturbance. no Vision Changes.

### 1. Spondylosis (Lumbar) - 721.3 (Primary)

#### Treatment

##### 1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, every 6 hours max 4/day  
Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, every 8 hours max 3/day  
Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day  
Continue ASA capsule, 81, 1 CAPS, orally, once a day  
Continue Vitamin C capsule, 500 mg, 1 cap(s), orally, once a day  
Continue multivitamin tablet, Multiple Vitamins, 1 tab(s), orally, once a day  
Continue Nexium, 40 mg, 1 tab, Oral, once a day  
Continue Tumeric tablet, 1 tab, once a day  
Continue Vitamin D solution, 8000 intl units/mL, 0.025 mL, orally, once a day  
Continue Omega 3 Fish Oil, 1000 mg., 3 tabs, po, once a day  
Continue Copaxone solution, 20 mg/mL, 20 mg, subcutaneously, once a day  
Continue Symbicort, 160/4.5, 2 puffs, inhaled, twice daily  
Continue Klor-Con 10 tablet, extended release, 10 mEq, 1 tab(s), orally, 1 times a day  
Continue Lasix tablet, 40 mg, 1 tab(s), orally, once a day  
Diagnostic Imaging: FLUORO GUIDANCE FOR INJECTION (ESI, EPIDURAL STERIOD SPINE INJ, 76005)

#### Procedures

##### PMP Caudal Epidural Injection:

Consent Informed consent obtained. After reviewing the risks, benefits, likely outcomes, and potential complications of the procedure, pre-injection verbal and written consents were obtained. The procedure and post-procedure course were discussed with the patient in detail. All questions were answered.

Prep The patient was transported to the procedure room, placed in the prone position and made as comfortable as possible. Sterile prep and drape were performed.

Time Out Patient identification and correct injection site confirmation were performed using verbal and written consent, history, and physical exam.

Procedure Local anesthesia of the skin and subcutaneous tissues was accomplished utilizing a #25-gauge 1-inch needle injecting lidocaine 1% times 2 ml (Lot# ). A #25-gauge, 3-inch Quincke-tip spinal needle was placed in the caudal canal under fluoroscopic guidance. Omnipaque 300 (Lot# ) times .0.5 ml was injected. This did show layering in the caudal epidural space. Celestone Soluspan 15 mg (Lot# ) with preservative-free normal saline times 7 ml, for a total volume of 9.5 ml, was injected slowly.

Post Procedure The patient tolerated the procedure well and was transported to the recovery room in stable condition. Post procedural

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 06/24/2013

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education was performed in recovery area. The patient was discharged ambulating without difficulty. We will follow up with the patient via telephone within one week's time. We will be happy to see the patient again on a prn basis--Discharge Orders: Observe patient in Recovery Room. Check vital signs and puncture site upon arrival and after 15 minutes. May discharge to home once vital signs return within 20% of baseline and puncture site is negative for hematoma or bleeding, LeBlond, Robert 06/24/2013 10:44:11 AM EDT > .

Post procedural vital signs Finley, Belinda 06/24/2013 10:43:01 AM EDT > , B/P:119/68, Pulse:60, Respiratory rate:18, O2 sat:100, Pain score:7, Tolerates fluid:yes Finley, Belinda 06/24/2013 10:57:01 AM EDT > , B/P:107/56, Pulse:61, Respiratory rate:18, O2 sat:100, Pain score:7, Tolerates fluid:yes.

**PMP Nurses Notes:**

NPO NPO after MN, except sips until 0900.  
Dentures/Partials no.  
Contacts/Glasses no.  
Hearing Aides None.  
Anticoagulant Use? No.  
Vaccine? Not in the last two weeks.

**Preventive Medicine**

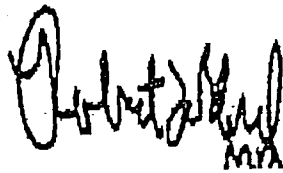
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Procedure Codes**

62311 INJECT SPINE L/S (CD)  
77003 FLUOROGUIDE FOR SPINE INJECT

**Follow Up**

Will follow up on 7/8/13



Electronically signed by Robert LeBlond on 07/09/2013 at 03:17 PM EDT

Sign off status: Completed

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 06/24/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Patewood Memorial Hospital  
175 PATEWOOD DR  
Greenville, SC 29615  
Tel: 864-797-1000  
Fax: 454-107-5

---

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert  
LeBlond\* 06/24/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



## GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

49 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: UNISON HEALTH PLAN OF SC

Referring: Kent H Kistler, MD External Visit ID: 168213932

Appointment Facility: Upstate Medical Rehabilitation

07/08/2013

Progress Note: David Goldsmith, PA-C

### Current Medications

Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
Symbicort 160/4.5 2 puffs twice daily  
Copaxone 20 mg/mL solution 20 mg once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Vitamin D 8000 intl units/mL solution 0.025 mL once a day  
Turmeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Lasix 40 mg tablet 1 tab(s) once a day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
ASA 81 capsule 1 CAPS daily  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Norco 325 mg-10 mg tablet 1-2 tab(s) q6h max 4/day

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Allergies

Latex: rash, hives: Allergy

### Review of Systems

No chest pain or change in bowel or bladder function. No psych instability.

### Reason for Appointment

1. F/UP TO ESI
2. Back and leg pain

### History of Present Illness

#### General:

Two-week F/U for a 49 year-old male with chronic back pain and lower extremity radicular symptoms. He underwent a lumbar epidural with Dr. LeBlond on 6/24/2013 and reported onset took about a week. He did better for a week and now he is back to baseline. He is hoping that there is another delayed onset. In terms of medications he is interested in keeping it where it is even though the pain is not as well controlled as he would like. He realizes after talking to Dr. LeBlond that surgery is inevitable; however, he is not ready to commit to that.

### Examination

#### General Exam:

Patient is alert and oriented in no acute distress. Station and gait mildly antalgic. He does appear otherwise alert and oriented in no acute distress. Habitus obese.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
1. Chronic lumbar radiculopathy with unsuccessful epidural recently.

### Treatment

#### 1. Others

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 days release on 07/24/2013, 90, Refills 0

Refill Norco tablet, 325 mg-10 mg, 1 tab(s), orally, q6h max 4/day, 30 days release on 07/24/2013, 120, Refills 0

Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day

Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day

1. Medications: Continue current medications.
2. Activities as tolerated.
3. F/U in six weeks.

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 07/08/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

The patient was advised to continue all other medications as prescribed by other treating physicians/providers.  
DG/jp/070813.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

6 Weeks with Goldsmith



Electronically signed by David Goldsmith, PA on 07/21/2013 at 02:56 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 07/08/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



## GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

49 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 169366531

Appointment Facility: Upstate Medical Rehabilitation

08/14/2013

Progress Note: David Goldsmith, PA-C

### Current Medications

Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Copaxone 20 mg/mL solution 20 mg once a day  
 Symblecor 160/4.5 2 puffs twice daily  
 Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
 Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
 Amitien 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
 ASA 81 capsule 1 CAPS daily  
 Norco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
 Vitamin C 500 mg capsule 1 cap(s) once a day  
 MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
 Lasix 40 mg tablet 1 tab(s) once a day  
 multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
 Nexium 40 mg 1 tab daily  
 Tumeric tablet 1 tab once daily  
 Vitamin D 8000 intl units/mL solution 0.025 mL once a day

### Past Medical History

MS - has had for 12 years, diagnosed 2007.  
 DVT in legs  
 Degenerative disc disease  
 Varicose veins  
 IBS  
 GERD  
 Asthma

### Allergies

Latex: rash, hives. Allergy

### Review of Systems

No flare ups of MS. No change in bowel or bladder function. He does continue to have severe constipation. He sees his gastroenterologist later on this month. No changes in other areas.

### Reason for Appointment

1. FOLLOW UP
2. Back and leg pain

### History of Present Illness

#### General:

F/U for a 49 y/o male with chronic back pain and lower extremity radiculopathy. At last visit he complained of medication being less effective but he did not want to make any changes. Today he would like to make some changes. He has had some progressive worsening in the back as well as the thighs, left side worse than right. Pain is achy or sharp. It varies with activity level. It is worse at night, sometimes it wakes him up. He denies any numbness or tingling radiating all the way down to the distal feet. Most of the tingling is in the anterior thigh, left side. He starts school in one week and he is concerned about being able to tolerate that as well as his work and home schedule.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 317, Wt kg 143.79, BMI 42.99, BP 138/70, HR 71, Pain score 7, Tech Initial td took pain meds this morning.

### Examination

#### General Exam:

Lower extremities showed some altered sensation in the left anterior thigh. He had full sensation distally. DTRs were reduced at the ankles and equal, 1+ at the knee. Negative SLR. Gait mildly antalgic. Habitus obese. Low back was tender with facet loading.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. Encounter for long-term (current) use of medications - V58.69
3. ENCTR THERAP DRUG MONITORING - V58.83

Chronic back pain with lower extremity dysesthesias, recommend medication changes due to tolerance.

### Treatment

1. Spondylosis (Lumbar)

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 08/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

49 Y old Male, DOB: 03/07/1964

REENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 169366531

Appointment Facility: Upstate Medical Rehabilitation

08/14/2013

Progress Note: David Goldsmith, PA-C

### Current Medications

Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Copaxone 20 mg/mL solution 20 mg once a day  
 Symbleort 160/4.5 2 puffs twice daily  
 Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
 Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
 Amitiza 24 mg capsule 1 cap(s) 2 times a day max 2/day  
 ASA 81 capsule 1 CAPS daily  
 Noreco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
 Vitamin C 500 mg capsule 1 cap(s) once a day  
 MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
 Lasix 40 mg tablet 1 tab(s) once a day  
 multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
 Nexium 40 mg 1 tab daily  
 Tumeric tablet 1 tab once daily  
 Vitamin D 8000 intl units/mL solution 0.025 mL once a day

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
 DVT in legs  
 Degenerative disc disease  
 Varicose veins  
 IBS  
 GERD  
 Asthma

### Allergies

Latex: rash, hives. Allergy

### Review of Systems

No flare ups of MS. No change in bowel or bladder function. He does continue to have severe constipation. He sees his gastroenterologist later on this month. No changes in other areas.

### Reason for Appointment

1. FOLLOW UP
2. Back and leg pain

### History of Present Illness

#### General:

F/U for a 49 y/o male with chronic back pain and lower extremity radiculopathy. At last visit he complained of medication being less effective but he did not want to make any changes. Today he would like to make some changes. He has had some progressive worsening in the back as well as the thighs, left side worse than right. Pain is achy or sharp. It varies with activity level. It is worse at night, sometimes it wakes him up. He denies any numbness or tingling radiating all the way down to the distal feet. Most of the tingling is in the anterior thigh, left side. He starts school in one week and he is concerned about being able to tolerate that as well as his work and home schedule.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 317, Wt kg 143.79, BMI 42.99, BP 138/70, HR 71, Pain score 7, Tech Initial td  
 took pain meds this morning.

### Examination

#### General Exam:

Lower extremities showed some altered sensation in the left anterior thigh. He had full sensation distally. DTRs were reduced at the ankles and equal, 1+ at the knee. Negative SLR. Gait mildly antalgic. Habitus obese. Low back was tender with facet loading.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. Encounter for long-term (current) use of medications - V58.69
3. ENCTR THERAP DRUG MONITORING - V58.83

Chronic back pain with lower extremity dysesthesias, recommend medication changes due to tolerance.

### Treatment

1. Spondylosis (Lumbar)

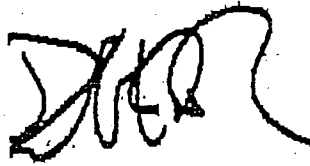
Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C  
 C 08/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Electronically signed by David Goldsmith, PA on 08/24/2013  
at 05:55 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 08/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**GREENVILLE  
HEALTH SYSTEM**

**FAUBERT, JOHN JONES  
MORRIS**

49 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 172377111

Appointment Facility: Upstate Medical Rehabilitation

09/12/2013

Progress Note: David Goldsmith, PA-C

### Current Medications

Vitamin D 8000 Intl units/mL solution 0.025 mL once a day  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Tumeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
Percocet-10/325 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Lasix 40 mg tablet 1 tab(s) once a day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
ASA 81 capsule 1 CAPS daily  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
Symbricort 160/4.5 2 puffs twice daily  
Copaxone 20 mg/mL solution 20 mg once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLV bilaterally 12-08

### Family History

Family: high bld. pressure, cancer, rheumatoid arthritis

### Reason for Appointment

1. FOLLOW UP
2. Medication problems

### History of Present Illness

#### General:

One month F/U for a 49 y/o male with chronic back pain and lower extremity pain. At last visit he complained of pain poorly controlled. He was switched from Norco to Percocet. He was unable to tolerate this and called our office. He was given enough Norco to get him to this appointment also during this timeframe he was treated for a urinary tract infection. As he resolved the UTI he felt his return to baseline. He concluded the poor pain control was related to the UTI not a problem with the medications so he requested going back to what he had previously been on. Overall he is doing fairly well. He continues to work and just started a new semester working on his MSW through USC in Columbia. He denies any significant changes in his other medical problems.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 315, Wt kg 142.88, BMI 42.72, BP 124/73, HR 80, Pain score 7, Tech Initial td  
took pain meds an hour ago.

### Examination

#### General Exam:

The patient is alert, oriented, and in no acute distress. He looks healthier today than last visit. Gait intact. Habitus obese.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

Chronic back pain, leg pain with radiculopathy and multiple sclerosis with medication issues as above, doing better.

### Treatment

1. Spondylosis (Lumbar)

Stop Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, q6h max 4/day, 30 days release on 09/22/2013, 120

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C  
C 09/12/2013

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Father: alive  
Mother: alive

**Social History**

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment completed; today, Alcohol intake: patient does not drink alcohol.  
Smoking Status > 13 years old Are you a: Former smoker, Pt counseled on the dangers of tobacco use and urged to quit. 2/18/2013. no Alcohol.  
Smoking: yes, FPD: , years: no Recreational drug use.

**Allergies**

Latex: rash, hives: Allergy

**Hospitalization/Major****Diagnostic Procedure**

UTI 2012  
Chest pain, R/O MI 04/2013

**Review of Systems**

Psychologically under a lot of stress but handling it well. No chest pain, difficulty breathing.

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 days release on 09/22/2013, 90, Refills 0  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day  
Start Norco tablet, 325 mg-10 mg, 1 tab(s), orally, q6h max 4/day, 30 days release on 09/22/2013, 120, Refills 0

**2. Others**

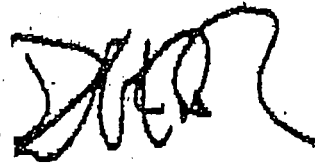
1. Medications: Resume Norco at q.i.d. No change in other medications.
  2. Activities as tolerated, HEP encouraged.
  3. F/U in two months.
  4. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
- DG/mat/091213.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

2 mos with PA 4 mos with LeBlond



Electronically signed by David Goldsmith, PA on 09/20/2013 at 03:28 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 09/12/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

66 y old Male, DOB: 03/07/1964  
3, GREENVILLE, SC-29607  
Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS  
Insurance: BCBS PPC/PPO PREFERRED BLUE  
Referring: Kent H Kistler, MD External Visit  
ID: 174660290

Appointment Facility: Upstate Medical Rehabilitation

10/10/2013

Progress Note: MedAsst2/Leblond

### Current Medications

Copaxone 20 mg/mL solution 20 mg once a day  
Symbicort 160/4.5 2 puffs twice daily  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
ASA 81 capsule 1 CAPS daily  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Lasix 40 mg tablet 1 tab(s) once a day  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Nexium 40 mg 1 tab daily  
Tumeric tablet 1 tab once daily  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Vitamin D 8000 intl units/mL solution 0.025 mL once a day  
Norco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Allergies

Latex: rash, hives: Allergy

### Reason for Appointment

1. SPONDYLOSIS - MED REFILL. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 6, Any changes in your activity level over the last month? No, Are you working now? No, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts. pts release date was incorrect on the norco..pt should have release date of 10-12-13..called pharmacy and changed to the 12th...

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

### Treatment

#### 1. Spondylosis (Lumbar)

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally; release 10-22-13, q8h max 3/day, 30 day(s), 90, Refills 0  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 day(s), 60, Refills 3  
Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 30 day(s), 150, Refills 3  
Refill Norco tablet, 325 mg-10 mg, 1 tab(s), orally; release 10-12-13, q6h max 4/day, 30 day(s), 120, Refills 0

### Procedure Codes

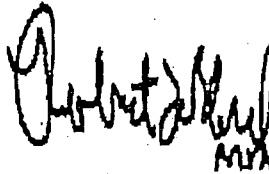
APTRF Appointment Refill

### Follow Up

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress  
Note: MedAsst2/Leblond 10/10/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

4 Weeks



Electronically signed by Robert LeBlond on 10/14/2013 at  
09:55 AM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress  
Note: MedAsst2/Leblond 10/10/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FAUBERT, JOHN JONES  
MORRIS

Male, DOB: 03/07/1964  
GREENVILLE, SC-29607  
864-297-8963

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS  
PCBS PPC/PPO PREFERRED BLUE

Guarantor: FAUBERT, JOHN JONES MURKIN  
Insurance: BCBS PPC/PPO PREFERRED BLUE  
Referring: Kent H Kistler, MD External Visit  
ID: 174660530

Referring: Kent H Kistler, MD External Vist  
ID: 174660530

Appointment Facility: Upstate Medical Rehabilitation

Progress Note: David Goldsmith, PA-C

11/07/2013

**Current Medications**

**Current Medications**

multivitamin Multiple Vitamins tablet 1 tab(s) once a day

Laxix 40 mg tablet 1 tab(s) once a day

Vitamin C 500 mg capsule 1 cap(s) once a day

ASA 81 capsule 1 CAPS daily

Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day

Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily

Noreco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day

Symbicort 160/4.5 2 puffs twice daily

Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra 1n am or pm; max 5/day

Amnitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day

Copaxone 20 mg/mL solution 20 mg once a day

MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day

Vitamin D 8000 intl units/mL solution 0.025 mL once a day

Cipro 500 mg tablet 1 tab(s) every 12 hours

Tumeric tablet 1 tab once daily

Nexium 40 mg 1 tab daily

Medication List reviewed and reconciled with the patient

**Past Medical History**

**Past Medical History**  
MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

**Surgical History**  
Anesthesia or sedation problem- No  
back surgery 1989  
EVLV bilaterally 12-08

## Family History

Family: high bld. pressure, cancer,

**Reason for Appointment**  
GRANDVULSIS - 2 MO F/U

1. SPONDYLOSIS - 2 MO F/U

### History of Present Illness

General:

General:  
Two month F/U for a 49 y/o male with chronic back and leg pain. At last visit we switched him from Percocet back to Norco and he is doing well with that. He has no complaints about other medications. He still continues to complain of back pain and left lower extremity dysesthesias but is okay with current treatment regimen. Pain varies with activity level and he continues to be very active going to school, working and taking care of his family. Since his last visit here he saw his neurologist. MRI of the brain was taken showing some increasing MS related lesions. No change in treatment plan yet.

### Vital Signs

**Vital Signs**  
Ht 72, Ht Cm 182.88, Wt lbs 315, Wt kg 142.88, BMI 42.72, BP 121/67,  
HR 70, Pain score 6, Tech Initial td  
took pain meds this morning.

## Examination

General Exam:

**Examination**  
General Exam:  
Lower extremities showed good strength. DTRs absent with the exception of brisk DTR on the right knee. Sensation decreased in a stocking distribution. Negative SLR. Gait mildly antalgic. Habitus obese. Examination of the back showed tenderness along the left facets.

## Assessments

- Assessments**
1. Spondylosis (Lumbar) - 721.3 (Primary)
  2. MS (multiple sclerosis) - 340

2. MS (multiple sclerosis) - 340

Chronic back pain with facet mediated component. He wants to continue on medications only.

### Treatment

1. Spondylosis (Lumbar)  
 Refill Norco tablet, 325 mg-10 mg, 1 tab(s), orally, q6h max 4/day, 30  
 day(s) release on 11/11/2013, 120, Refills 0

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 11/07/2013  
eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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<http://www.che.org/800/mobile/doc/ien/catalog/vml/printMultipleChartOptions.isn?enc=011111>

3/11/2014

rheumatoid arthritis  
Father: alive  
Mother: alive

**Social History**

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed: today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

**Allergies**

Latex: rash, hives: Allergy

**Hospitalization/Major****Diagnostic Procedure**

UTI 2012  
Chest pain, E/O MI 04/2013

**Review of Systems**

No chest pain. No change in bowel or bladder  
function. No psych instability. He continues  
to have resting tremor which he says is  
tolerable.

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h  
max 3/day, 30 day(s) release on 11/21/2013, 90, Refills 0  
Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra  
in am or pm; max 5/day, 30 day(s), 150, Refills 3  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day, 30 day(s), 60, Refills 3

**2. Others**

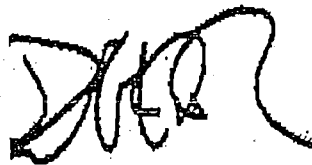
1. Medications: Continue usual meds. 2. Home exercise. 3. F/U in two  
to three months. 4. The patient was advised to continue all other  
medications as prescribed by other treating physicians/providers.  
DG/mat/110713.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

**Follow Up**

Jan 9 w LeBlond. Refill in Dec w MA.



Electronically signed by David Goldsmith, PA on 11/15/2013  
at 01:59 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 11/07/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)





## GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

60 Y old Male, DOB: 03/07/1964

GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 179473467

Appointment Facility: Upstate Medical Rehabilitation

12/11/2013

Progress Note: MedAsst2/Leblond

### Current Medications

Lasix 40 mg tablet 1 tab(s) once a day  
 MS Contin 30 mg tablet, extended release 1  
 tab(s) q8h max 3/day  
 multivitamin Multiple Vitamins tablet 1 tab(s)  
 once a day  
 Norco 325 mg-10 mg tablet 1 tab(s) q6h max  
 4/day  
 Nexium 40 mg 1 tab daily  
 Tumeric tablet 1 tab once daily  
 Cipro 500 mg tablet 1 tab(s) every 12 hours  
 Vitamin D 8000 int units/mL solution 0.025  
 mL once a day  
 Copaxone 20 mg/mL solution 20 mg once a  
 day  
 Symbicort 160/4.3 2 puffs twice daily  
 Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
 Klor-Con 10 10 mg tablet, extended release 1  
 tab(s) 1 times a day  
 ASA 81 capsule 1 CAPS daily  
 Amitiza 24 mcg capsule 1 cap(s) 2 times a day  
 max 2/day  
 Vitamin C 500 mg capsule 1 cap(s) once a day  
 Neurontin 400 mg capsule 1 cap(s) every 6  
 hrs; 1 po extra in am or pm; max 5/day  
 Medication List reviewed and reconciled with  
 the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
 DVT in legs  
 Degenerative disc disease  
 Varicose veins  
 IBS  
 GERD  
 Asthma

### Allergies

Latex: rash, hives: Allergy

### Reason for Appointment

1. SPONDYLOSIS - MED REFILL. UMR Med refill

### History of Present Illness

#### Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? No, Is this a change? No, Who is your family doctor? Dr Patnum, When is your next appointment with your doctor HERE? will check appts.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. MS (multiple sclerosis) - 340

### Treatment

#### 1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1 tab(s), orally; release 12-11-13, q6h max 4/day, 30 day(s), 120, Refills 0  
 Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally; release 12-21-13, q8h max 3/day, 30 day(s), 90, Refills 0  
 Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 90 Days, 450, Refills 0  
 Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 day(s), 60, Refills 3  
 neurontin was eprescribed to express scripts a 90 day supply.

### Procedure Codes

APTRF Appointment Refill

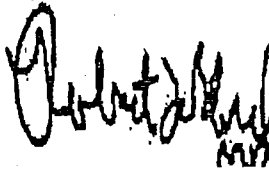
### Follow Up

4 Weeks

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress

Note: MedAsst2/Leblond 12/11/2013

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Electronically signed by Robert LeBlond on 12/20/2013 at  
12:00 PM EST

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress  
Note: MedAsst2/Leblond 12/11/2013

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# University of South Carolina Workers' Compensation Physician's Report

| General Information                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Claimant:<br><u>Faubert, John J</u><br>Last, First, M.I.                                                                                                                                                                                                                                                                                                                                                                        | Social Security # _____                                                                                                                              |
| Date of First Treatment:<br><u>1-5-14</u>                                                                                                                                                                                                                                                                                                                                                                                               | Did this injury arise out of the claimant's employment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Diagnosis: <u>LBP, L5 weakness, ms</u><br><u>flaming spine</u>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |
| <b>Work Status:</b><br><input type="checkbox"/> May return to work: <input type="checkbox"/> Full Duty <input checked="" type="checkbox"/> Restricted Duty<br><input type="checkbox"/> May not return to work until <u>2-17-14</u><br><div style="text-align: center;">Date</div>                                                                                                                                                       |                                                                                                                                                      |
| <b>Restrictions:</b><br><input checked="" type="checkbox"/> May not lift greater than <u>5</u> lbs.<br><input checked="" type="checkbox"/> Not climbing stairs or ladders<br><input checked="" type="checkbox"/> Other <u>No lifting from floor. No repetitive activities with L5 or back</u><br><input checked="" type="checkbox"/> The employee has been advised to follow these restrictions for _____ days<br>and/or <u>4</u> weeks |                                                                                                                                                      |
| <b>Date of Next Visit:</b> <u>4 weeks from today</u><br><input checked="" type="checkbox"/> Return appointment is scheduled for <u>02-05-14</u><br><div style="text-align: center;">Date</div> <input type="checkbox"/> Patient referred to _____                                                                                                                                                                                       |                                                                                                                                                      |
| <b>Name of Physician:</b> <u>David E. Goldsmith, PA-C for Robert E. LeBlond, M.D.</u><br>Signed: <u>[Signature]</u> Date <u>02-05-14</u><br>Address: <u>Upstate Medical Rehabilitation</u><br><u>111 Doctor's Drive</u><br><u>Greenville, SC 29605</u><br><u>P: (864) 797-7100</u><br><u>F: (864) 797-7105</u>                                                                                                                          |                                                                                                                                                      |

A copy to each of the following: Workers' Compensation; State Accident Fund; TSHC; Department/Employee.



# GREENVILLE HEALTH SYSTEM

## Telephone Encounter

Answered by Cash (UMR), Lisa

Reason UMR

Message pt called having severe constipation normally OTC meds help. He has tried everything. nothing is helping Can we call in something

Action Taken Cash (UMR), Lisa 04/28/2011 04:26:56 PM EDT > Amitiza 24mcg 1 po bid #60 1 refill called to Walgreens mailorder 297-0385 pt notified

## Reason for Appointment 1. Umr

### Current Medications

Lactulose 300 mg 1 tab (q) once a day  
Lactulose 300 mg 1 tab (q) 5 times a day  
Ciprofloxacin 500 mg 1 tab (q) 2 times a day  
Vitamin D 1000 IU 1 tab (q) 1 time a day  
Vitamin E 1000 IU 1 tab (q) 1 time a day  
Vitamin K 1000 IU 1 tab (q) 1 time a day  
Vitamin B 1000 IU 1 tab (q) 1 time a day  
Vitamin C 1000 mg 1 tab (q) 1 time a day  
Vitamin A 1000 IU 1 tab (q) 1 time a day  
Vitamin D 1000 IU 1 tab (q) 1 time a day  
Vitamin E 1000 IU 1 tab (q) 1 time a day  
Vitamin K 1000 IU 1 tab (q) 1 time a day  
Vitamin B 1000 IU 1 tab (q) 1 time a day  
Vitamin C 1000 mg 1 tab (q) 1 time a day  
Vitamin A 1000 IU 1 tab (q) 1 time a day

### Past Medical History

MS - has had for 12 years, diagnosed for 1 year  
DVT  
Depression/Anxiety disorder  
Varicose veins

### Allergies

None  
NKDA

### Assessments

1. Back pain, low back - 724.2 (Primary)

### Treatment

1. Back pain, low back  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day, 30 day(s), 60, Refills: 1

Patient: TALMAGE, JOHN JONES DOB: 03/07/1964 Provider: Leonard, Robert 04/28/2011

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GREENVILLE  
HEALTH SYSTEM

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Telephone Encounter

Answered by

Williams, Janelle

Caller Jessica at Walgreen's Pharmacy

Reason Needs referral

Message 0845 07/14/11, Jessica at Walgreen's Pharmacy states that she faxed over a request for PA authorization to refill Amitiza for pt Jessica provided a number for GMR to call the pt's insurance company, if needed: (800) 310-6826. The pt's I.D.# is 002992073. Jessica can be reached at (864) 297-0739.

Action Taken Harvey, Theresa 07/14/2011 09:58:57 AM EDT > I spoke with the pharmacy and told them; I just tried to get the pt approved back in may and the insurance states medication did

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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN

Id: 8851 DOB:  
Z: GREENVILLE  
Home: 86  
Provider: LEBK

Telephone Encounter

Answered by Williams, Juanita

Date  
Time

Caller John Faubert

Reason Refills

Message 0946 07/18/11. Pt. requests prior auth to have Amitiza refilled Pt. uses Walgreen's in Mauldin (864) 297-0733. Pt. # 1x (864) 2

Action Taken Harvey, Theresa 07/18/2011 01:47:00 PM EDT > I did speak with Dr. Lang with the auth dept. Dr. Lang did approve the Amitiza after I informed him why amitiza was prescribed. was informed of this.

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Provider: LeBlond Robert 07/18/2011

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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

B. DOB: 03/07/1964  
TVET: 13, NC 29607  
Home: 864-297-9963  
Provider: LeBlond, Robert

Telephone Encounter

Answered By Shroud, Connie

Date: 10/24/2011  
Time: 11:38 AM

Message pt states that you told him to call back in a couple of weeks for the results of his blood work. Ris # 18 101-1750

Action Taken LeBlond, Robert 10/24/2011 12:02:55 PM EDT > let him know normal Shroud, Connie 10/24/2011 12:15:45 PM EDT > notified pt of his results.

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Provider: LeBlond, Robert 10/24/2011  
This document is a copy of a document from the Greenville Health System.


**GREENVILLE  
HEALTH SYSTEM**
**FAUBERT, JOHN JONES**

 Old Name: DOD: 03/07/1964  
 2, GREENVILLE, SC 29607  
 Home: 843-297-2462  
 Provider: LeBlond, Robert

**Telephone Encounter**
**Answered by** Dove, April

 Date: 01/23/2014  
 Time: 02:51 PM

**Caller** PATIENT

**Reason** MESSAGE

**Message** PATIENT REQUEST THAT YOU CALL HIM RE HIS CARE

**Action Taken** Goldsmith, David 01/23/2014 03:09:40 PM EST > PC 10 PM. His recent labx. Hoping to find a cause of wt loss. Abn (mild) in cholesterol only. Pt should continue to pursue answers to wt loss with PCP. I got the impression he is not interested in seeing his current MD. He'll attempt to contact somebody if wt loss persists.

 Patient: FAUBERT, JOHN JONES DOD: 03/07/1964 Provider: LeBlond, Robert 01/23/2014  
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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

37 Male, DOB: 03/07/1964  
GREENVILLE, SC 29607  
Home: 864-297-3563  
Provider: LeBlond, Robert

## Telephone Encounter

Answered by Dove, April

Date: 08/13/2012  
Time: 03:59 PM

Caller • PATIENT 864-349-6595

Reason MEDICATION

Message PATIENT HAS A APPT WEDS 08/15 HE IS IN THE HOSPITAL, HE ALSO NEEDS TO GET HIS MEDICATION

\*\*\*PLEASE FORWARD TO APPT DESK WHEN THE MEDICATION ? IS ANSWERED\*\*\*

## Action Taken

LeBlond, Robert 08/13/2012 04:27:56 PM EDT &gt; why in hospital???? Morgan, Lobby 08/14/2012 01:11:20 PM EDT &gt; Per Carol at front desk patient called about his meds, told her to let him know that when he gets out of the hospital to call them about getting a script. LeBlond, Robert 08/14/2012 03:40:34 PM EDT &gt; noted-must be seen

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Provider: LeBlond, Robert 08/13/2012

Note generated by eChartWorks EMR/PM Software (www.echartworks.com)

**GREENVILLE  
HEALTH SYSTEM****FAUBERT, JOHN JONES MORRIS**48 Y old Male, DOB: 03/07/1964  
GREENVILLE, NC 29607  
Home: 864-207-3963  
Provider: Leblond, Robert

## Telephonic Encounter

Answered by Serico, Joanne

Date: 08/20/2012  
Time: 11:35 AM

Caller PT

Reason APPT

Message PT IS OUT OF HOSPITAL AND WAS TOLD TO CALL TO BE SEEN ASAP WITH DR LEBLOND. PLEASE LET ME KNOW WHEN WE CAN SCHEDULE HIM.

Action Taken Morgan, Libby 08/20/2012 11:41:04 AM EDT &gt; can schedule with a PA Serico, Joanne 08/21/2012 09:07:43 AM EDT &gt; PT IS SCHEDULED WITH DAVID GOLDSMITH, 8/22/12 08:30 AND WILL BE NEEDING MED REFILL. PT'S WIFE WAS NOTIFIED.

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Provider: Leblond, Robert 08/20/2012

NOTE: PERMISSION BY Greenville Health System 3/11/2014 (www.greenvillehealth.com)



GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

old Male, DOB: 01/07/1963  
WINNIE, SC 29567  
Number 864-297-2963  
Provider, Lalland, Robert

Telephone Encounter

Answered by Pulley, Dakeisha

Date 12/27/2012  
Time: 04:02 PM

Caller KESHA

Reason APPT CHANGE

Message CALLED PT TO SEE IF HE COULD COME IN @ 8:45 ON MON 12/31 WIFE STATES THAT HE HASN'T HOME BUT HE WILL CALL ME BACK

Action Taken Pulley, Dakeisha 12/28/2012 09:58:34 AM EST > PT COMING MONDAY 8:45 12/31

Patient: FAUBERT JOHN JONES DOB: 01/07/1963 Provider: Lalland, Robert 12/27/2012

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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

Male, DOB: 03/07/1963  
GREENVILLE, SC 29603  
Phone: 864-897-4963  
Provider: LeBlond, Robert

Telephone Encounter

Answered by Dove, April

Date: 01/31/2014  
Time: 08:58 AM

Caller PATIENT 864-201-1750

Reason Message

Message PATIENT CALLED AND STATES THAT HIS MEDICATION IS NOT HELPING WITH HIS PAIN . IT WAS ADJUSTED @ THE LAST OFFICE VISIT, PLEASE CALL

Action Taken LeBlond, Robert 01/31/2013 09:23:03 AM EST > must be seen at 1/31 to adjust meds. Weaver, Angela 01/31/2013 11:14:01 AM EST > SPK W/PT. SCHED TO SHH DO 2/15/13.

Patient: FAUBERT, JOHN JONES DOB: 03/07/1963 Provider: LeBlond, Robert 01/31/2013

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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

44 Y old Male, DOB: 03/07/1969  
GREENVILLE, SC 29607  
Home: 803-207-3069  
Provider: LeBlond, Robert

Telephone Encounter

Answered by Morgan, Libby

Date: 02/21/2013  
Time: 11:15 AM

Caller patient 864-201-1750

Message patient calling to see what the status is on the MRI order.

Action Taken Williams, Robin 02/21/2013 03:09:10 PM EST > S/W PT'S WIFE - MRI L @ PATEWOOD - PER PT'S REQUEST - 3-1 @ 10:30

Patient FAUBERT JOHN JONES DOB: 03/07/1969 Provider: LeBlond, Robert 02/21/2013

Note generated by MEDICAL RECORDS SYSTEM Software (Rev. 02/10/2011)



GREENVILLE  
HEALTH SYSTEM

Telephone Encounter

Answered by Pulley, Daksha

Caller Kasha

Reason Per Dr LeBlond

Message Per last note he wanted to this on Monday or Wed I got this yesterday but he is now telling me that he will only this at the surgery

Action Sloval, Tamara 03/26/2013 03:11:01 PM EDT > WE HAD AN OPENING FOR 3/28... I PUT THIS PATIENT IN FOR 11:10 AT THE SURGERY CENTER. PLEASE CALL TO DISCU  
Taken pt with answered & she stated that Mr. Faubert want in & I informed her recent appt change & that I needed to go over pre procedure. She states that they are aware of the pre pro

FAUBERT, JOHN JONES DOD: 03/07/1964 Provider: LeBlond, Robert  
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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

Birth Date: 03/07/1964  
Greenville, SC 29607  
Phone: 864-297-2463  
Provider: LeBlond, Robert

## Telephone Encounter

Answered by Morgan, Libby

Date: 06/21/2013  
Time: 07:44 AM

Reason: UMR rx

Message: patient having procedure at pawwood sent scripts

Refills: Refill Neurontin capsule, 400 mg, orally, 150, 1 cap(s), every 6 hrs; po extra in am or pm; max 5/day, 30 days, Refills=3  
 Continue Amitiza capsule, 24 mg, orally, 1 cap(s), 2 times a day max 2/day  
 Refill MS Contin tablet, extended release, 30 mg, orally, 90, 1 tab(s), q8h max 3/day, 30 days, Refills=0  
 Refill Norco tablet, 325 mg-10 mg, orally, 120, 1-2 tab(s), q6h max 4/day, 30 days, Refills=0

## Reason for Appointment

1. UMR rx

## Current Medications

Orlistat 120 mg capsules, 3 capsules daily  
 Lantus 40 mg insulin, 1 unit/kg twice daily  
 Vitamin D 800 units/mL, 1 unit/kg once daily  
 Tylenol 325 mg tablets, 1 tablet every 6 hours  
 Neurontin 400 mg capsules, 1 capsule every 6 hours  
 Metformin 500 mg tablets, 1 tablet twice daily  
 Vitamin C 1000 mg capsules, 1 capsule once daily  
 ASA 81 mg tablets, 1 tablet daily  
 Neurontin 400 mg capsules, 1 capsule every 6 hours  
 Amitiza 24 mg capsules, 1 capsule 2 times a day  
 MS Contin 30 mg tablets, 1 tablet every 8 hours  
 Norco 325 mg-10 mg tablets, 1-2 tablets q6h  
 Risperdal 1 mg tablets, 1 tablet twice daily  
 Copaxone 800 mg/mL, 1 tablet daily

## Past Medical History

MS - has had for 17 years, diagnosed for 1 year  
 DVT  
 Degenerative disc disease  
 Varicose veins

## Allergies

None known

## Treatment

1. Others

Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; po extra in am or pm; max 5/day, 30 days, 150, Refills=3  
 Continue Amitiza capsule, 24 mg, 1 cap(s), orally, 2 times a day max 2/day  
 Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 days, 90, Refills=0  
 Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 4/day, 30 days, 120, Refills=0

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Provider: LeBlond, Robert 06/21/2013

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**GREENVILLE  
HEALTH SYSTEM**
**FAUBERT, JOHN JONES**

 Male, DOB: 03/07/1964  
 FAUBERT, JOHN JONES  
 Phone: 864-397-3953  
 Provider: LeMond, Robert

**Telephone Encounter**

Answered by Tallyen, Courtney

 Date: 07/02/2013  
 Time: 07:26 AM

Caller pump

Reason f/u

Action Taken Tallyen, Courtney 07/02/2013 03:25:25 PM EDT &gt; completed follow-up evaluation, see Virtual Visit RPT

**Reason for Appointment**  
 f/u

**History of Present Illness**  
Post Operative Follow Up:

Information obtained from Spouse Procedure. Type of Procedure: Caudal Epidural Inj. Date of Procedure: 06/24/2013. Anesthesia: Local Assessment: Clean and dry? Met, No excessive bleeding from operative site? Met, No redness or swelling? Met, No temperature greater than 101 degrees? Met, Medication is effective / pain at acceptable level for patient? Met, No nausea or vomiting? Met, Have a follow up appointment? Met Reminded about f/u appt with Dr. Goldsmith on the 8th.

**Current Medications**  
 None

**Past Medical History**  
 MI - had had for 13 years, diagnosed 2007  
 DVT in leg  
 Dependent on insulin  
 Varicose veins  
 JRS  
 OSTE  
 Asthma

**Allergies**  
 Latex, milk, insect Allergy

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964 Provider: LeMond, Robert 07/02/2013

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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES MORRIS

DOB: 03/07/1964  
GREENVILLE, SC 29607  
Home: 864-297-2483  
Provider: LeBlond, Robert

Telephone Encounter

Answered by Morgan, Libby

Date: 07/25/2013  
Time: 02:08 PM

Caller walgreens 864-297-0739

Reason umm

Message patient has norco script from 7-8-13 and it has not been signed. need ok to fill

Action Taken Morgan, Libby 07/25/2013 11:27:10 AM EDT > spoke with JENNIFER OK TO FILL NORCO.

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Provider: LeBlond, Robert 07/25/2013

Note generated by eCAREWORKS ENCOUNTER ASSISTANCE (www.ECAREWORKS.com)

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GREENVILLE  
HEALTH SYSTEM

Telephone Encounter

Answered by

Goldsmith, David

Message

I wanted to make you aware that this pt had a urine drug screen in our office recently. He had appropriate results



GREENVILLE  
HEALTH SYSTEM

FAI

Telephone Encounter

Answered by Harvey, Theresa

Caller Patient

Reason call

Message Patient states at last visit his medication was changed, he is now having problems with this medication. He would like to go back

Action Goldsmith, David 09/06/2013 09:39:59 AM EDT > Please schedule appt with PA. Bring pill bottles. Duncan, Tania 09/06/2013 12:12 26 PM EDT > Patient states that he is having  
Taken breathing or rash spoke with David and patient can return remaining amount of Percocet patient will be given enough of old rx to get him to appt on the 13th patient is not able to  
be leaving until 4:30p I asked if would could call in meds and patient return un-used portion of meds to us at appt time okayed by David Goldsmith patient notified of this Duncan  
with Jennifer and called in rx

Refills Stop Percocet-10/325 tablet, 325 mg-10 mg, orally, 120, 1 tab(s), q6h max 4/day, 30 days release on 08/23/2013  
Start Norco tablet, 325 mg-10 mg, orally, 28, 1 tab(s), q6h max 4/day, 7 days, Refills-0

Patient: PAUL HRY, JOHN JONES MONTUZE DOB: 07/07/1964 Provider: Goldsmith, David 09/06/2013

Note generated by MC-CareLink EHR/PH Software (www.mc-carelink.com)



GREENVILLE  
HEALTH SYSTEM

Telephone Encounter

Answered by

Duncan, Tania

Message please call and reschedule patient appts according to release date please his meds are not due until the 21st of oct and his dose

Action Taken Weaver, Angela 09/13/2013 01:48:41 PM EDT > SPK W/ TANIA, THIS IS AN ERROR

Patient: PA



GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN]

Telephone Encounter

Answered by Golden, Ericks

Caller N

Reason UMR

Message pt called stating that there was a mix up with his medications and needs to speak with someone about this, pt states that he could

Action Taken Cash (UMR) Ltr 10/10/2013 02:52:07 PM RDT > spoke with pt and informed of mix up with release dates. Informed pharmacy was contacted with correct release date. pt under

Pauch: FAUBERT, JOHN JONAS MORRIS DOB: 03/07/1964 Provider: LeBlond, Robert 10/10/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES

d Mdx  
GDA  
Ilin  
P. 11/11/14

Telephone Encounter

Answered by Harvey, Theresa

Caller Patient

Reason call

Message Patient states he would like a 90/d supply of his Neurontin called to express scripts He states his co pay will be much cheaper

Action Taken Cash (UMH), 11/11/2013 11:34:46 AM EST > will do it med refill on Wednesday

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Provider: Gekker, David 11/10/2013

Note generated by eClinicalWorks EMR, P.A. Software (www.eClinicalWorks.com)



GREENVILLE  
HEALTH SYSTEM

FAUBERT, JOHN JONES MORRIS

49 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC 29607  
Home: 864-297-3983  
Provider: LeBlond, Robert

Telephone Encounter

Answered by Harvey, Theresa

Date: 02/03/2014  
Time: 11:21 AM

Caller Patient

Reason call

Message Patient states he had a bad fall last week, his PCP told him to see Dr. LeBlond Please call 201-1760

Action Taken Morgan, Libby 02/03/2014 01:35:47 PM EST > patient fell and landed face down on the concrete his knee is swollen, back and legs hurting pcp did x-ray, no problems going to the bathroom. LeBlond, Robert 02/03/2014 04:10:59 PM EST > I suspect he will hurt for some time. Rec ice/heat, etc. Can set up PA to see him asap if he wants. Morgan, Libby 02/04/2014 09:56:28 AM EST > please schedule patient with a PA asap per Dr LeBlond Morrell/Nadia 02/04/2014 10:17:44 AM EST > 87K W/PT SCHEDULED APPT FOR 02/05/14 AT 10:30 AM W/DG

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Provider: LeBlond, Robert 02/03/2014

Note generated by eChartWorks CLIN PM Interface (www.eChartWorks.com)




**GREENVILLE  
HEALTH SYSTEM**
**FAUBERT, JOHN JONES MORRIS**

 Male, DOB: 03/07/1964  
 GREENVILLE, SC 29607  
 Home: 864-307-0963  
 Provider: Goldsmith, David

**Telephone Encounter**
**Answered by** Harvey, Theresa

**Date:** 02/14/2014

**Time:** 01:42 PM

**Caller** patient

**Reason** call

**Message** Patient states " David told him to call if was no better". please call 201-1760  
 please call and schedule patient for earlier appt please schedule next week thanks

**Action Taken** Goldsmith, David 02/17/2014 09:13:19 AM EST > Patient make appt for further eval. If he is unable to get here, I will call. Stovall Tamara 02/18/2014 09:28 14 AM EST > PT STATES THAT HE IS STILL OUT OF WORK AND HE WILL COME IN FOR EVAL. HE IS SCHEDULED FOR 2.21.14.

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Provider: Goldsmith, David 02/14/2014

Note generated by eGenda/Horus EM/PHI Software (www.eGendaHorus.com)



Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
864-797-7100

**PHYSICIAN INFORMATION**

Requesting: LeBlond, Robert

**PATIENT INFORMATION**

Name: FAUBERT, JOHN JONES  
DOB: 03/07/1964  
Sex: male  
Tel: 864-297-3963

**REPORT DETAILS**

Name: DRUG SCREEN, SERUM  
Accession ID:  
Lab Ref Id: 08015620902

**REPORT DATES**

Order: 06/13/2012  
Collection: 06/13/2012 10:29:00  
Report: 06/13/2012 null

| NAME               | VALUE                |
|--------------------|----------------------|
| SPECIMEN           | SERUM                |
| DRUG ABUSE RESULTS | REPORT               |
|                    | See Below for Report |
|                    | See Below for Report |

**(NOTE)**

Drug Abuse Screen - 5 (Serum) NC

MARIJUANA negative

AMPHETAMINES negative

COCAINE METABOLITE negative

OPIATES \* POSITIVE

PCP (Phencyclidine) negative

The submitted serum specimen was tested at the  
listed immunoassay screen cutoffs (ng/mL).

**Initial Test**

| Drug Class          | Level |
|---------------------|-------|
| Marijuana           | 30    |
| Amphetamines        | 100   |
| Cocaine metabolite  | 100   |
| Opiates             | 100   |
| PCP (Phencyclidine) | 10    |

**PLEASE READ THIS IMPORTANT MESSAGE:**

THIS DRUG SCREEN IS FOR MEDICAL USE ONLY. THE  
RESULTS ARE PRESUMPTIVE; BASED ONLY ON SCREENING  
METHODS AND THEY HAVE NOT BEEN CONFIRMED BY A  
SECOND INDEPENDENT METHOD. THESE RESULTS SHOULD  
BE USED ONLY BY PHYSICIANS TO RENDER DIAGNOSIS OR  
TREATMENT, OR TO MONITOR PROGRESS OF MEDICAL  
CONDITIONS.

Test Performed by Quest, Chantilly,  
Quest Diagnostics Nichols Institute,  
14225 Newbrook Drive, Chantilly, VA 20151  
Kenneth Hisco, M.D., Ph.D., Director of Laboratories  
(703) 802-6900, CLIA 49D0221801

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964

Patient Name: FAUBERT, JOHN JONES  
MORRIS  
Date of Birth: 03/07/1964  
Telephone: 864-297-3963

Greenville Hospital

| Pain Therapy Drug Screen (14), urine |                                          |
|--------------------------------------|------------------------------------------|
| COLLECTION DATE                      | 06/08/2011                               |
| ORDER DATE                           | 06/08/2011                               |
| RESULT DATE                          | 06/08/2011                               |
| ORDERING PHYSICIAN                   | MedAsst2/Leblond PRO UMR                 |
| Cannabinoids                         | Neg ( )                                  |
| Cocaine Metabolite                   | Neg ( )                                  |
| Phencyclidine                        | Neg ( )                                  |
| Amphetamines                         | Neg ( )                                  |
| Benzodiazepines                      | Neg ( )                                  |
| Barbiturates                         | Neg ( )                                  |
| Methadone                            | Neg ( )                                  |
| Propoxyphene                         | Neg ( )                                  |
| Tricyclic Antidepressants (GHS)      | Neg ( )                                  |
| Med Cutoff Levels (GHS)              | AMPHETAMINE CUTOFF LEVEL: 1000 ng/ml ( ) |
| pH, Urine (GHS)                      | 6.8 (4.5-8.0)                            |
| Creatinine concentration             | 50.9 (>20 mg/dL)                         |

| Fentanyl w/confirmation, urine |                          |
|--------------------------------|--------------------------|
| COLLECTION DATE                | 06/08/2011               |
| ORDER DATE                     | 06/08/2011               |
| RESULT DATE                    | 06/08/2011               |
| ORDERING PHYSICIAN             | MedAsst2/Leblond PRO UMR |
| Fentanyl                       | Neg ( )                  |

| Opiate Metabolites drug screen, urine |                                         |
|---------------------------------------|-----------------------------------------|
| COLLECTION DATE                       | 06/08/2011                              |
| ORDER DATE                            | 06/08/2011                              |
| RESULT DATE                           | 06/08/2011                              |
| ORDERING PHYSICIAN                    | MedAsst2/Leblond PRO UMR                |
| Codine                                | Neg ( ng/mL )                           |
| Morphine                              | >4000 ( ng/mL )                         |
| Hydrocodone (Lortab, Vicodin)         | 787 ( ng/mL )                           |
| Hydromorphone (Dilaudid)              | 128 ( ng/mL )                           |
| Oxycodone (Percodan, Percocet, Tylox) | Neg ( ng/mL )                           |
| Oxymorphone                           | Neg ( ng/mL )                           |
| Opiate Detection Level                | LC/MS/MS Detection Limit: 100 ng/mL ( ) |

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
864-797-7100

**PHYSICIAN INFORMATION**

Requesting: Goldsmith, David

**PATIENT INFORMATION**

Name: FAUBERT, JOHN JONES

DOB: 03/07/1964

Sex: male

Tel: 864-297-3963

**REPORT DETAILS**

Procedure Name: Hip, AP, Lateral,  
right (complete, unilateral)  
Session Id: 12957454

**REPORT DATES**

Order: 02/13/2013  
Procedure: 02/13/2013 09:16:00

**REPORT****Exam :RIGHT HIP COMPLETE 2+VIEWS UNI**

See Below for Report

UMG73510R - RIGHT HIP COMPLETE 2+VIEWS UNI 02/13/2013 9:16 EXAM#:  
12957454

ORDERED BY: Dr. DAVID E. GOLDSMITH, PA

ADMISSION DATE/TIME: 02/13/2013 8:11

REASON FOR EXAM: rt hip pain

**RESULT:**

FAUBERT, JOHN

RIGHT HIP, AP AND FROG LEG LATERAL VIEW, 2/13/2013

HISTORY: 48-year-old male with right hip pain.

Mineralization of the included portions of the right hemipelvis are unremarkable. Joint space of the hip is well preserved. Contour of the femoral head is normal. No acute bony injury is seen in the right hemipelvis or proximal femur.

**IMPRESSION:**

NO ACUTE BONY INJURY IS SEEN.

TRANSCRIPTIONIST: ANNE, SVRINGLA

TRANSCRIBE TIME/DATE: 2/13/2013 3:58:00 PM

READ BY: MATTHEW CARSON, MD.

**SIGNED BY:**

0 ELECTRONIC SIGNATURE / CARSON, MD, MATTHEW

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
864-797-7100

**PHYSICIAN INFORMATION**

Requesting: LeBlond, Robert

**PATIENT INFORMATION**

Name: FAUBERT, JOHN JONES

DOB: 03/07/1964

Sex: male

Tel: 864-297-3963

**REPORT DETAILS**

Procedure Name: MRI Spine

Lumbar w/wo contrast EMI

Session Id: 13003047

**REPORT DATES**

Order: 03/08/2013

Procedure: 03/08/2013 12:30:00

**REPORT****Exam :MRI LUMBAR SPN W/WO CONTRAST**

See Below for Report

RK600166 - MRI LUMBAR SPN W/WO CONTRAST 03/08/2013 12:30 EXAM#:  
13003047

ORDERED BY: Dr. ROBERT E. LEBLOND

ADMISSION DATE/TIME: 03/08/2013 10:39

REASON FOR EXAM: SPONDYLOSIS LUMBAR-----

RESULT: FAUBERT, JOHN

MRI LUMBAR SPINE 3-8-13

HISTORY: Back pain. Prior history of surgery.

Sagittal T1, T2, STIR, axial T1, T2; sagittal T1 and axial T1 post  
20 ml. Magnavist.

Images fail to reveal any bony abnormality.

Conus is intact.

At T11-12, there is a small central disk protrusion without  
significant lateralized findings.

At T12-L1, there is mild facet hypertrophy.

At L1-2, there is also mild facet hypertrophy. Canal is relatively  
small congenitally. Significant central stenosis not seen at this  
time.At L2-3, there is some moderate facet hypertrophy bilaterally. There  
is a broad-based disk protrusion and moderate foraminal narrowing  
bilaterally. In addition, there is significant central stenosis both  
developmentally and also with the hypertrophic facets and disk  
protrusion.At L3-4, again there is central stenosis on the basis of broad-based  
disk protrusion and facet hypertrophy. Moderate foraminal narrowing  
is seen bilaterally.At L4-5, there is again central stenosis which is more severe.  
Marked facet hypertrophy is present. There is a broad-based disk  
protrusion and moderate to severe foraminal narrowing bilaterally.  
Disk slightly extrudes over the posterior margin of L5.At L5-S1, there is marked facet hypertrophy. Again, significant  
central stenosis is present. There is a central and right

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964

paracentral disk extrusion which extends over the S1 vertebral body. There is very severe foraminal narrowing on the right and severe narrowing on the left. Small laminectomy changes are noted on the left posteriorly.

Following contrast, minimal enhancement is seen. The disk material at L4-5 and L5-S1 does not enhance.

Small fluid area is noted in the left kidney, likely a renal cyst.

IMPRESSION:

MULTILEVEL DEGENERATIVE DISK AND FACET CHANGES ON A BACKGROUND OF A CONGENITALLY SMALL CANAL. THIS IS CAUSING SIGNIFICANT STENOSIS AT MULTIPLE LEVELS AS DESCRIBED. IN ADDITION, THERE ARE DISK FINDINGS AT L4-5 AND L5-S1. COMPARISON WITH PRIOR STUDY OF 2008 DOES REVEAL INTERVAL WORSENING IN THE DEGREE OF STENOSIS. DISK FINDINGS AT L4-5 ARE NEW. L5-S1 ALSO APPEARS SOMEWHAT WORSENERD.

TRANSCRIPTIONIST: CONNIE, HUNNINGS

TRANSCRIBE TIME/DATE: 3/8/2013 4:58:00 PM

READ BY: PENELOPE J GALBRAITH, MD,

SIGNED BY:

0 ELECTRONIC SIGNATURE / GALBRAITH, MD, PENELOPE J

Patient: FAUBERT, JOHN JONES DOB: 03/07/1964





**Carolina Cardiology Consultants**

877 West Faris Rd Greenville, SC 29605  
(864) 455-6900 Fax (864) 255-5619

June 14, 2013

Page 1

Chart Document

**Mr JOHN JONES FAUBERT**

Male DOB 03/07/1964

Home: (864)297-3963 Work (864)329-6535

91733-2168001

Ins MEDICAID (M13)

06/04/2013 - Office Visit: CCC Office Visit

Provider: Lee B Taylor III, MD

Location of Care: Carolina Cardiology Consultants

**History of Present Illness**

Primary Care Provider: DR Raja Patnum

Reason for Visit: cardiovascular disease management

Chief Complaint: none

Medication Review: verbal

Refills declined

History from: patient

History of Present Illness:

Dear Dr Patnum

It was my pleasure to see Mr. Faubert again in the outpatient setting. He was recently hospitalized from 5/4-5/7/2013 with chest discomfort worrisome for unstable angina. He underwent LHC via radial approach by my partner, Jesse Jorgensen, on 5/4/2013 demonstrating minimal small vessel diagonal disease, but no significant obstructive coronary artery disease. He was discharged to follow-up with us today. He does continue to have episodes of chest discomfort which he now has discovered are triggered by heat. He gets hot, feels like his heart is racing a little bit, and has chest discomfort associated with shortness of breath and lightheadedness. He does not have any true syncope. He has not checked his vital signs during these episodes. He does continue to smoke a third of a pack per day of tobacco. He also is morbidly obese. BNP during recent hospitalization was 27. Blood pressure at home demonstrates good control rather than our reading in the office today.

**Current Problems:**

CHEST PAIN (ICD-786.50) --

DYSPNEA (ICD-786.09) --

**Current Medications:**

ASPIRIN 81 MG TABS (ASPIRIN) 1 per mouth daily

COPAXONE 20 MG/ML KIT (GLATIRAMER ACETATE) 1mL daily

\* CRANBERRY 3000 MG CAPS (CRANBERRY) 1 per mouth twice daily

\* GARLIC 1000 MG CAPS (GARLIC) 1 per mouth twice daily

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 6 tabs daily

MULTIVITAMINS TABS (MULTIPLE VITAMIN) 1 per mouth daily

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) 1 per mouth daily

OMEGA-3 CF 1000 MG CAPS (OMEGA-3 FATTY ACIDS) 3 tabs daily

POMEGRANATE 250 MG CAPS (POMEGRANATE (PUNICA GRANATUM)) 2 tabs daily

\* TURMERIC 450MG TABS 1 per mouth daily

VITAMIN C 1000 MG TABS (ASCORBIC ACID) 1 per mouth daily

VITAMIN D 1000 UNIT TABS (CHOLECALCIFEROL) 1 per mouth daily

LASIX 40 MG TABS (FUROSEMIDE) 1 per mouth daily

KLOR-CON 10 10 MEQ CR-TABS (POTASSIUM CHLORIDE) 1 per mouth daily

MORPHINE SULFATE ER 30 MG CR-TABS (MORPHINE SULFATE) 1 per mouth three times daily

**Current Allergies:**

\* LATEX (Critical)

**Carolina Cardiology Consultants**

377 West Faris Rd Greenville, SC 29605  
(864) 455-6900 Fax: (864) 255-5619

June 14, 2013

Page 2

Chart Document

**Mr JOHN JONES FAUBERT**

Male DOB: 03/07/1964

Home: (864) 297-3963 Work: (864) 329-6535

91733-2166001

Ins: MEDICAID (M13)

**Review of Systems**

**Constitutional:**

Denies: see HPI, fevers, chills, night sweats, fatigue, weakness, loss of appetite, weight loss

**Cardiovascular:**

Denies: see HPI chest pain, dyspnea, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema, dizziness, claudication

**Pulmonary:**

Denies: see HPI, cough, dyspnea, hemoptysis, wheezing, snoring, sleep apnea

**Cardiovascular Procedures**

**Past Medical History**

1. Multiple sclerosis
2. GERD
3. Barrett's esophagus
4. DVT
5. Obesity

**Past Surgical History**

Back surgery  
leg vein surgery  
Appendectomy

**Vital Signs**

Height: 71  
Weight: 327.4  
BP: 160/100  
Pulse: 85

**Physical Exam**

General: morbidly obese

**Eyes, Ears, Nose, and Throat**

External eye: conjunctiva and lids normal

Oropharynx: no pallor or cyanosis

Neck veins: no visible JVD

**Respiratory**

Respiratory effort: no respiratory distress

Auscultation: lungs clear to auscultation, no wheezes, no crackles

**Cardiovascular**

Palpation: PMI non-displaced

Auscultation: S1, S2, no murmurs, rubs, or gallops

Carotids: normal upstrokes without bruits

Peripheral Pulses: normal pedal pulses bilaterally

Peripheral Circulation: trace bilateral edema

**Gastrointestinal**

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**Carolina Cardiology Consultants**  
377 West Faris Rd Greenville, SC 29605  
(864) 455-6900 Fax: (864) 255-5619

June 14, 2013  
Page 3  
Chart Document

**Mr JOHN JONES FAUBERT**  
Male DOB 03/07/1964

Home: (864) 297-3963 Work: (864) 329-6535  
91733-2168001 Ins: MEDICAID (M13)

Palpation: non-tender, no masses, bowel sounds normal  
Liver/Spleen: no palpable enlargement

**Musculoskeletal**

Gait: normal gait  
Back: normal alignment and mobility, no deformity  
Muscle strength/tone: normal tone and strength

**Extremities**

Digits/Nails: no clubbing or cyanosis

**Skin**

Skin and subcutaneous tissue: warm and dry

**Mental Status/Neuro**

Orientation: oriented to time, place, person  
Mood/Affect: normal mood and affect

**Ancillary Data**

**Cath/PCI**

Date 05/04/2013

Procedure(s): Cath

Results: minimal small vessel diagonal disease, otherwise normal coronaries.

**Impression**

This is a 49-year-old morbidly obese gentleman with multiple sclerosis, GERD/Barrett's esophagus, history of DVT, tobacco abuse who presents in follow-up of chest discomfort

He certainly does not have obstructive CAD. Whether or not he is having vasovagal episodes versus some PSVT or other tachypalpitation which are contributing to his episodes is uncertain. Other etiologies would include Copaxone drug reaction and/or psychosomatic/anxiety attacks. Moving forward I recommend the following.

**Plan**

1. Place 14 day event monitor to clinically correlate rhythm with symptoms during these episodes.
2. Consider up-titration of anti-anxiety medications
3. Avoid triggers such as heat if possible.
4. Stay well hydrated during the summer months.
5. Tobacco cessation.
6. Follow-up with me in 3 months. I will call him with his event monitor results in the interim.

Thank you for allowing me to participate in his care. LT/bsm

cc: DR. raja Patnum

Electronically Signed by Lee B Taylor III, MD on 06/06/2013 at 9:03 AM

# Fax



CAROLINA CARDIOLOGY  
CONSULTANTS, P.A.

To: Patnum MD, Raju  
Fax Number: 2999123  
Company: Patnum MD, Raju

From: Katie Semmler  
Fax Number: (864) 255-5619  
Voice Number: (864) 455-6900

Date: June 14, 2013

Subject:

Comments: /

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CAROLINA CARDIOLOGY  
CONSULTANTS

Jim R. Bauman, MD, FACC

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Markus J. Cox, MD, FACC

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Kush D. Desai, MD, FACC

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Michael S. Emery, MD, FACC

Jay P. Goucher, MD, FACC

Zachary C. George, MD, FACC, FSCAI

Joseph H. Henderson, MD, FACC

Craig M. Hudak, MD, FACC, FACP

Jesse P. Jorgensen, MD, FACC

Joseph M. Kinnick, MD, FACC

Timothy R. Kishnowski, MD, FACC

W. Graham Parker II, MD, FACC

William J. Smith, MD, FACC

Mark B. Taylor, MD

David A. Vaz, MD, FACC

John W. Washington, MD, FACC

Jason M. Denton  
Executive of Operations

FAUBERT, John  
DOB 3/7/64  
EVENT MONITOR  
25 June 2013

This patient wore the event monitor from 6/4 through 7/4/13. Transmissions to date have revealed some low grade sinus tachycardia. He did have one episode of chest pain for which he activated the recorder. This was on 6/4/13 at 6:42. This showed sinus rhythm of 90 beats per minute.

CONCLUSION:

1. No significant brady or tachycardic arrhythmias. He does have some low grade sinus tachycardia with rates around 100 at times. These seem to be stored based on auto-detection rather than patient activated.

Arthur L. Eberly, III, MD, FACC

ALE/as

Mailing Address • P.O. Box 8795 • Greenville, SC 29604 • [www.carolinacardio.com](http://www.carolinacardio.com)

Greenville Office • 877-D West Paris Road • Greenville, SC 29605 • (864) 455-6900 • Fax (864) 255-5619

Greer Office • 315 Medical Parkway, Suite 200 • Greer, SC 29650 • (864) 797-9900 • Fax (864) 255-5619

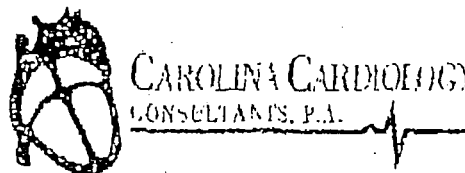
Simpsonville Office • 719A S.E. Main Street • Simpsonville, SC 29681 • (864) 455-6900 • Fax (864) 255-5619

Easley Office • 101 Richard Street • Easley, SC 29640 • (864) 455-6900 • Fax (864) 255-5619

Greenville, Greer, Simpsonville & Easley • Toll Free: 1-877-611-9965

708

# Fax



To.

From:

ALL

Fax Number. 2999123

Fax Number:

Company.

Voice Number:

Date June 27, 2013

Subject.

Comments:

---

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Fax Pack ASHP to (864) 458-9462



## Employer Authorization Form

Complete this form and fax or bring to your Doctors Care center

Thanks

Date: 1/29/14 Patient Name: John Faubert Date of Birth: 3/7/1964  
Company: USC Apprentice Students Phone: 803-777-0776 Fax: ---  
Company Address: 306 Benson School, Columbia SC 29208 BT Account #: ---  
Contact: Scherilyn Lewis Other Authorized Personnel: N/A  
Temporary Staffing Agency: N/A Contact/Phone: 803-777-5674

### REQUIRED SERVICES (check all that apply)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Work Related</b><br><input checked="" type="checkbox"/> Worker's Compensation Injury Treatment:<br>Date of Injury: <u>1/29/14</u><br>Type of Injury: <u>Trip &amp; Fall - Right lower arm, Right wrist, low back, both hips, Right knee</u><br><input type="checkbox"/> Post-accident Drug Screen required                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Physical Examination</b><br><input type="checkbox"/> DOT Physical<br><input type="checkbox"/> Pre-Employment PE<br><input type="checkbox"/> Respirator Clearance PE<br><input type="checkbox"/> Physical (Other):<br>Specify: _____                                                                                                                                                                                                                                                                                                                                                   |
| <b>Drug Screen/Breath Alcohol Testing</b><br><input type="checkbox"/> Drug Screen<br><input type="checkbox"/> NIDA: (check agency below)<br>DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA<br><input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> USCG<br><input type="checkbox"/> Non-NIDA: (fill in test code below)<br><input type="checkbox"/> 5 Panel <input type="checkbox"/> 9 Panel <input type="checkbox"/> 10 Panel<br><input type="checkbox"/> 7 Panel <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Instant<br><input type="checkbox"/> Breath Alcohol<br><input type="checkbox"/> NIDA <input type="checkbox"/> Non-NIDA | <b>Special Examination</b><br><input type="checkbox"/> Audiogram <input type="checkbox"/> Blood Lead Level<br><input type="checkbox"/> Chest X-ray <input type="checkbox"/> Hepatitis B Immunization<br><input type="checkbox"/> Hepatitis B Profile <input type="checkbox"/> Spirometry with Letter<br><input type="checkbox"/> PPD (TB test) <input type="checkbox"/> Tetanus<br><input type="checkbox"/> Flu Shot<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |

### REQUIRED FOR ALL WORKER'S COMPENSATION CLAIMS:

Has Employer filled out First Report of Injury? ☒ Yes ☐ No (send copy if available)  
Where are claims to be filed? ☐ Employer ☒ Carrier ☐ Billing Company Claim #  
WC Carrier: SC State Accident Fund Phone: 803.896-5936 Policy #: 2014-000331  
Address: PO Box 102100, Columbia, SC 29221

### BILLING COMPANY INFORMATION (OPTIONAL):

Billing Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Address: \_\_\_\_\_

This Certifies that the above information is correct.  
I authorize the medical provider to provide medical treatment to the employee named above.

Signature or Company Authorization Number

Megan Cooper  
Printed Name

Date

2/27/14  
Adjuster  
Position Title

For Internal Use Only

Form Completed By

Congaree 27 FAX: 864-458-9462

Center Name

Initials

Date

## Order Requisition

Doctors Care - Congaree

701 CONGAREE RD

GREENVILLE, SC, 29607

Phone: (864) 458-7289 Fax: (864) 458-9462

**Patient: FAUBERT, JOHN**

Birthdate: 03/07/1964 Age: 49 Years

Sex: Male

Weight: 310 lb (02/28/14)

MRN: 739145

FIN: 1890452

Height: 70 in (02/28/14)

PCP: G27 -UNKNOWN, PERSONNEL

Allergies: Latex

\*\*Please note -- Allergy list may be incomplete\*\*

Patient Home Address:

GREENVILLE, SC 29607

Home Phone: (864) 297-3963

Work Phone:

Cell Phone:

Insured:

FAUBERT, JOHN

Insured Birthdate: 03/07/1964

Primary Health Plan: WC/STATE ACCIDENT FUND

M:034-58-8667

Secondary Health Plan:

Guarantor:

GREENVILLE, SC 29607

Phone:

(864) 297-3963

## Order Requisition(s): Requests (Consults / Referrals)

Order/Test: Referral

Requested Date/Time: 02/28/2014 09:59

Referred to Specialty: Physical Therapy

Reason for Referral: Exacerbation of low back pain. Has hx of MS and chronic pain.

Additional Instructions: Please start ASAP and expedite if possible.

Original Order Date/Time: 02/28/2014 09:59

Order Status: Ordered

Order ID: 723881347

Diagnoses: 1 - 847.9

Back sprain

Electronically signed by Forrest Pommerenke MD on 02/28/2014 09:59 (Ordering Provider)

NPI: 1952331662

Schedule Appt Date/Time &amp; Location: \_\_\_\_\_

Comments:

## Occupational Medicine Note

FAUBERT, JOHN - 739145

### Back pain, MS, WC injury

Patient: FAUBERT, JOHN MRN: 739145 FIN: 1890452  
Age: 49 years Sex: Male DOB: 03/07/1964  
Associated Diagnoses: Back sprain  
Author: Pommerenka MD, Forrest

#### Visit Information

Additional Information: 02/28/2014 9:15 AM EST WkC/ back injury from fall on Jan29th .

#### \* History of Present Illness

Complicated case. It seems like an injury has been accepted as a workers comp case.  
49 yo w/m fell 1/29/2014 during unpaid internship for his Masters of Social Work.  
His full time job for last 7 years has been managing Mc Donalds.  
He has had an MRI ordered by his PMD, results unavailable.  
Had back surgery for HLD 30 years ago and has had intermittent problems ever since.  
Has MS, dx'd 6-7 years ago.  
Is in pain management program with Dr. Lablond, and takes 3 Oxycontin 30 mg/day, and 5 Norco 10mg/d for several years.  
Sees Dr. Kistler, an neurologist for MS treatments with injectable Copaxone  
Sees his PMD Dr Patnam for BP, fluid, asthma,  
Sees Dr. Mazanik, a gastroenterologist for GERD.

He has not had physical therapy but its been discussed with his pain doctor.

I will start PT, and suggest that he return to sedentary duty in regard to his MSW program. Will get release to get MRI report.

#### Review of Systems

Constitutional: Decreased activity.  
Eye: Negative.  
Ear/Nose/Mouth/Throat: Negative.  
Respiratory: Negative except as documented in history of present illness, Uses inhaler PRN.  
Cardiovascular: Negative.  
Gastrointestinal: Negative except as documented in history of present illness.  
Genitourinary: Negative.  
Hematology/Lymphatics: Negative.  
Endocrine: Negative.  
Immunologic: Negative.  
Musculoskeletal: Negative except as documented in history of present illness.  
Integumentary: Negative.  
Neurologic: Negative except as documented in history of present illness.  
Psychiatric: Negative.

#### Health Status

##### Allergies:

##### Allergic Reactions (Selected)

Severity Not Documented

Latex (No reactions were documented)

##### Medications: (Selected)

##### Prescriptions

##### Prescribed

Polytrim 10,000 units-1 mg/mL ophthalmic solution: 1 drop(s), Both eyes, q3hr, # 10 mL, 0 Refill(s), Type:  
Maintenance, Pharmacy: Walgreens Drug Store 09230, 1 drop(s) both eyes q3 hrs, x7 day(s)

##### Documented Medications

##### Documented

Copaxone: 0 Refill(s), Type: Maintenance

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Printed on: 02/28/2014 10:52 AM EST

Page 1 of 3  
(Continued)

## Occupational Medicine Note

FAUBERT, JOHN - 739145

Lortab 10/500: 0 Refill(s), Type: Maintenance  
 MS Contin 15 mg/12 hr oral tablet, extended release: 0 Refill(s), Type: Maintenance  
 Neurontin: 0 Refill(s), Type: Maintenance  
 Norco 7.5 mg-325 mg oral tablet: 0 Refill(s), Type: Maintenance

## Problem list:

## All Problems

Morbidity / ICD-9-CM 278.01 / Probable

## Histories

## Social History:

No active social history items have been recorded.

## Physical Examination

## VS/Measurements

## Vital Signs

02/28/2014 9:15 AM EST

|                          |            |
|--------------------------|------------|
| Temperature Oral         | 98.7 DegF  |
| Peripheral Pulse Rate    | 79 bpm     |
| Respiratory Rate         | 15 br/min  |
| Systolic Blood Pressure  | 138 mmHg   |
| Diastolic Blood Pressure | 94 mmHg HI |
| Mean Arterial Pressure   | 109 mmHg   |
| BP Site                  | Left arm   |
| Oxygen Saturation        | 97 %       |

## Measurements from flowsheet: Measurements

02/28/2014 9:15 AM EST

|                 |             |
|-----------------|-------------|
| Height          | 70 in       |
| Weight          | 310 lb      |
| BSA             | 2.63 m2     |
| Body Mass Index | 44.48 kg/m2 |

General: Alert and oriented, No acute distress, Walks with cane. Morbidly obese.

Eye: Pupils are equal, round and reactive to light.

HEENT: Normocephalic.

Neck: Supple.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Musculoskeletal: Large scar L2-L1 from surgery 30 years ago. Very difficult for him to get out of chair. Somewhat unsteady on feet due to pain and MS. Comprehensive exam difficult as he's pain interferes with every movement.

Integumentary: Warm, Dry, No rash.

Neurologic: Alert, Oriented, Mild tremor noted R UE. Slightly ataxic gait? Baseline unknown to me.

Psychiatric: Cooperative, Appropriate mood &amp; affect, Normal judgment.

## Impression and Plan

## Diagnosis

Back sprain (ICD9 847.9).

Course: Unchanged.

\* Summary: Needs rehab in major way. I encouraged his activities as much as he could. He is to keep his pain treatment under the care of his pain doctor. Not much I can add at this time. Doubt that steroids would help as it probably not an inflammatory process. Will start PT and recheck in 2 weeks. Released to part time, completely sedentary work at his MSW program. Unable to work at all at McDonalds.

## Orders

## Orders

## Requests (Consults / Referrals):

Referral (Request) (Order): Referred to: Physical Therapy, Reason for referral: Exacerbation of low back pain. Has hx of MS and chronic pain., Instructions: Please start ASAP and expedite if possible.

## Charges (Evaluation and Management):

Printed by: Rude, Stacy  
 Printed on: 02/28/2014 10:52 AM EST

Page 2 of 3  
 (Continued)





medical affiliates

## Fax Cover Sheet

WKC Fax &amp; Authorization Form

Progressive



Physical Therapy

TO: Meggan CooperDATE: 2/28/14FROM: Stacy

TIME: \_\_\_\_\_

ATTN: \_\_\_\_\_

PAGES (including cover): 4RE: John FaubertCENTER NAME: PT Congaree

ADDRESS(optional): \_\_\_\_\_

DESTINATION FAX #: 803-612-2736SENDER'S FAX #: (864) 627-1756CLAIM # or DOB: 2014-000331SENDER'S PHONE #: (864) 329-0983☒ URGENT☐ FYI☒ APPROVE☒ REPLY REQUESTED☒ REVIEW/ADVISE☐ PER YOUR REQUEST☒ PLEASE POST TO STAFF☐ OTHER

## COMMENTS:

We are requesting authorization for Physical Therapy on the above patient. Please feel free to contact us with any questions, and to contact us with authorization. You may respond by phone/fax. Thank you!

IF YOU WISH TO FAX AUTHORIZATION BACK, PLEASE USE THIS SAME PAGE AND COMMENT BELOW

## Physical Therapy Authorization:

Name of the person giving authorization: \_\_\_\_\_

Title ☐ Adjuster ☐ Nurse Case Manager ☐ Other: \_\_\_\_\_

I authorize \_\_\_\_\_ total Physical Therapy Visits for the duration of \_\_\_\_\_ times a week X \_\_\_\_\_ weeks.

If applicable: Auth # \_\_\_\_\_ Dates Valid: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

## Denial for Treatment of Physical Therapy

☐ Treatment is denied for the above named patient Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Name &amp; Title of Person Denying Claim: \_\_\_\_\_

## ADDITIONAL COMMENTS:

\* seek 12 visits per eval  $\frac{1}{2}$  treat RX

## SIGNED/STAMPED: \_\_\_\_\_

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[CORP-F002-(8-07)]



A CORVEL NETWORK

Care<sup>IQ</sup> Therapy Program  
301 Pennsylvania Parkway, Suite 210  
Indianapolis, IN 46280

## Appointment Confirmation

|                 |                                 |                 |              |
|-----------------|---------------------------------|-----------------|--------------|
| Provider Name:  | Progressive Physical Therapy PA | Claim #:        | 032014000331 |
| Patient's Name: | John Faubert                    | Date of Injury: | 01/29/2014   |
| Body Part:      | Lower Back Area -               | Today's Date:   | 3/4/2014     |
| Service:        | Physical Therapy.               |                 |              |

### The Patient's Therapy Appointment Is Scheduled

John Faubert has been scheduled at Progressive Physical Therapy PA located at:

701 Congaree Rd  
Greenville, SC 29607  
Phone: 8643290983

The appointment is scheduled at 9:30AM on 03/07/2014.

If you have any questions or concerns, please contact Care<sup>IQ</sup> at (866) 866-1101.

#### DISCLAIMER:

This is not to serve as a certification/pre-certification. Please ensure you have received certification/pre-certification prior to the appointment.

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**Progressive Physical Therapy**  
**LUMBOSACRAL PROGRAM**

Patient Name: JOHN FAUBERT

Next MD appt: \_\_\_\_\_

|                       | DATE                         | DATE       | DATE | DATE | DATE | DATE |
|-----------------------|------------------------------|------------|------|------|------|------|
| CARDIO                | 3-7-14                       |            |      |      |      |      |
|                       |                              |            |      |      |      |      |
|                       |                              |            |      |      |      |      |
|                       |                              |            |      |      |      |      |
| CORE STABILIZATION    | PELVIC TILTS                 |            |      |      |      |      |
|                       | MULTIFIDUS/ TrA "drawing in" | →          |      |      |      |      |
|                       | BRIDGING                     |            |      |      |      |      |
|                       | ABS                          |            |      |      |      |      |
|                       | LT Rotation                  | X(1)       |      |      |      |      |
|                       | TAYLOR SIT- ROWS             |            |      |      |      |      |
|                       | TAYLOR SIT- T's              |            |      |      |      |      |
|                       | TAYLOR SIT-PULL DOWNS/LATS   |            |      |      |      |      |
|                       | PRONE ON ELBOWS              |            |      |      |      |      |
|                       | PRONE PRESS UPS              |            |      |      |      |      |
|                       | PRONE ALT UE / LE "superman" |            |      |      |      |      |
|                       | PRONE PLANKS                 |            |      |      |      |      |
|                       | SIDE PLANKS                  |            |      |      |      |      |
|                       | Stool Prep                   |            |      |      |      |      |
|                       | SB (R) 10                    | →          |      |      |      |      |
|                       | RM (R) 10                    |            |      |      |      |      |
|                       | QUADRUPED UE/LE "bird dog"   |            |      |      |      |      |
|                       | STANDING I's, T's, Y's       |            |      |      |      |      |
|                       | KNEEL → ½ KNEEL              |            |      |      |      |      |
|                       | HIP - 4 PLANES               |            |      |      |      |      |
| SWISS BALL WALLSLIDES |                              |            |      |      |      |      |
| SWISS BALL TRUNK EXT. |                              |            |      |      |      |      |
| STRETCHES             | IRONING                      |            |      |      |      |      |
|                       | PIRIFORMIS C-leaf (B)        | Horizontal |      |      |      |      |
|                       | GLUT                         |            |      |      |      |      |
|                       | HAMSTRING C-leaf (B)         | Horizontal |      |      |      |      |
|                       |                              |            |      |      |      |      |
| FUNCTIONAL            | BOX LIFTS FLOOR → WAIST      |            |      |      |      |      |
|                       | BOX LIFTS WAIST → SHOULDER   |            |      |      |      |      |
|                       | BOX LIFTS SHLDR → OVERHEAD   |            |      |      |      |      |
|                       | BOX CARRIES X 25 FT          |            |      |      |      |      |
|                       | STOOPS/ SQUATS               |            |      |      |      |      |
|                       |                              |            |      |      |      |      |
|                       |                              |            |      |      |      |      |
| WRITTEN HEP ISSUED?   |                              |            |      |      |      |      |
| THERAPIST'S INITIALS  | MF                           |            |      |      |      |      |

\* Balance Re-Entry \*



# Progressive Physical Therapy

## LUMBOSACRAL PROGRAM

**Patient Name:**

JOHN FACEBROT

Next MD appt:           

|                       | DATE                         | DATE       | DATE               | DATE |
|-----------------------|------------------------------|------------|--------------------|------|
| CARDIO                | 3-7-14                       | 3-10-14    |                    |      |
| CORE STABILIZATION    | PELVIC TILTS                 |            | 2 AXES             |      |
|                       | MULTIFIDUS/ TRA "drawing in" | →          | HANDS X 10         |      |
|                       | BRIDGING                     |            |                    |      |
|                       | ABS - Hip Flex Isometrics    |            | HANDS X 10 (R)     |      |
|                       | L7 POGO 20x10                | X 10       | X 10               |      |
|                       | TAYLOR SIT- ROWS             |            |                    |      |
|                       | TAYLOR SIT- T's              |            |                    |      |
|                       | TAYLOR SIT-PULL DOWNS/LATS   |            | NATURAL FREE RINGS |      |
|                       | HIP ABD (Hooking)            |            | X 10               |      |
|                       | PRONE ON ELBOWS              |            |                    |      |
|                       | PRONE PRESS UPS              |            |                    |      |
|                       | PRONE ALT UE/ LE "superman"  |            |                    |      |
|                       | PRONE PLANKS                 |            |                    |      |
|                       | SIDE PLANKS                  |            |                    |      |
|                       | STOOL FEET                   |            | X 10               |      |
|                       | SB (R) 10                    | →          | X 10 X 10          |      |
|                       | ROW (R) 10                   |            | X 10 X 10          |      |
|                       | QUADRUPED UE/LE "bird dog"   |            |                    |      |
|                       | STANDING P's, T's, Y's       |            |                    |      |
|                       | KNEEL → 1/2 KNEEL            |            |                    |      |
| HIP - 4 PLANES        |                              |            |                    |      |
| SWISS BALL WALLSLIDES |                              |            |                    |      |
| SWISS BALL TRUNK EXT. |                              |            |                    |      |
| SITUP (ALT UE/L)      |                              | 24 X 10 C2 |                    |      |
| STRETCHES             | IRONING                      |            |                    |      |
|                       | PIRIFORMIS (Leap) (B)        | HANDS X 3  | HANDS X 5          |      |
|                       | GLUT                         |            |                    |      |
|                       | HAMSTRING (Leap) (B)         | HANDS X 3  | HANDS X 5          |      |
| FUNCTIONAL            | BOX LIFTS FLOOR → WAIST      |            |                    |      |
|                       | BOX LIFTS WAIST → SHOULDER   |            |                    |      |
|                       | BOX LIFTS SHLDR → OVERHEAD   |            |                    |      |
|                       | BOX CARRIES X 25 FT          |            |                    |      |
|                       | STOOPS/ SQUATS               |            |                    |      |
|                       |                              |            |                    |      |
| WRITTEN HEP ISSUED?   |                              |            |                    |      |
| THERAPIST'S INITIALS  | MP                           | HE         |                    |      |

\* BALANCE DEFICIT \*

# ⌘ LATEX ALLERGY ⌘

218

# Progressive Physical Therapy LUMBOSACRAL PROGRAM

Patient Name: JOHN FAUBERT

Next MD appt: \_\_\_\_\_

|                              | DATE     | DATE      | DATE     | DATE | DATE | DATE |
|------------------------------|----------|-----------|----------|------|------|------|
| CARDIO                       | 3-7-14   | 3-10-14   | 3/12/14  |      |      |      |
| PELVIC TILTS                 |          |           |          |      |      |      |
| MULTIFIDUS/ TrA "drawing in" | →        | 2 AACE    | 2 AACE   |      |      |      |
| BRIDGING                     |          | HND 3X10  | HND 3X10 |      |      |      |
| ABS - HLFEE 7 samples        |          | HND 3X10  | HND 3X10 |      |      |      |
| LT ROTATION                  | X10      | X10       | X10      |      |      |      |
| TAYLOR SIT- ROWS             |          |           |          |      |      |      |
| TAYLOR SIT- T's              |          |           |          |      |      |      |
| TAYLOR SIT-PULL DOWNS/LATS   |          |           |          |      |      |      |
| HIP ADD (Hookly)             |          | (K 10)    | (K 10)   |      |      |      |
| PRONE ON ELBOWS              |          |           |          |      |      |      |
| PRONE PRESS UPS              |          |           |          |      |      |      |
| PRONE ALT UE/LE "superman"   |          |           |          |      |      |      |
| PRONE PLANKS                 |          |           |          |      |      |      |
| SIDE PLANKS                  |          |           |          |      |      |      |
| STOOL FEET                   |          |           |          |      |      |      |
| SB (R) 10                    | →        | X10       | X10      |      |      |      |
| LB (R) 10                    |          | X10/10    | X10/10   |      |      |      |
| QUADRUPED UE/LE "birdog"     |          | X10/10    | X10/10   |      |      |      |
| STANDING T's, T's, Y's       |          |           |          |      |      |      |
| KNEEL → 1/2 KNEEL            |          |           |          |      |      |      |
| HIP - 4 PLANES               |          |           |          |      |      |      |
| SWISS BALL WALLSLIDES        |          |           |          |      |      |      |
| SWISS BALL TRUNK EXT.        |          |           |          |      |      |      |
| SITTING (ALT UE/LE)          |          | 24 X10/10 |          |      |      |      |
| IRONING                      |          |           |          |      |      |      |
| PIRIFORMIS 2nd rep (B)       | HND 20x3 | HND 20x3  |          |      |      |      |
| GLUT                         |          |           |          |      |      |      |
| HAMSTRING 2nd rep (B)        | HND 20x3 | HND 20x3  | 5X200    |      |      |      |
| BOX LIFTS FLOOR → WAIST      |          |           |          |      |      |      |
| BOX LIFTS WAIST → SHOULDER   |          |           |          |      |      |      |
| BOX LIFTS SHLDR → OVERHEAD   |          |           |          |      |      |      |
| BOX CARRIES X 25 FT          |          |           |          |      |      |      |
| STOOPS/ SQUATS               |          |           |          |      |      |      |
| WRITTEN HEP ISSUED?          |          |           |          |      |      |      |
| THERAPIST'S INITIALS         | UP       | he        | RAD      |      |      |      |

\* BALANCE DEFICIT \*

\* LATEX ALLERGY \*

# Progressive Physical Therapy LUMBOSACRAL PROGRAM

Patient Name: JOHN FAUBERT

Next MD appt: \_\_\_\_\_

|                             | DATE     | DATE             | DATE             | DATE    | DATE | DATE |
|-----------------------------|----------|------------------|------------------|---------|------|------|
| CARDIO                      | 3-7-14   | 3-10-14          | 3-12-14          | 3-14-14 |      |      |
| Pelvic Tilts                |          | 2 sets           | 2 sets           |         |      |      |
| MULTIFIDUS/TrA "drawing in" | →        | Hand 3x10        | Hand 3x10        | 35x10   |      |      |
| BRIDGING                    |          |                  |                  |         |      |      |
| ABS - Hip Flex Isometric    |          | Hand 3x10        | Hand 3x10        |         |      |      |
| LT POGA 20x10               | X10      | X10              | X10              | X10     |      |      |
| TAYLOR SIT-ROWS             |          |                  |                  |         |      |      |
| TAYLOR SIT-T's              |          |                  |                  |         |      |      |
| TAYLOR SIT-PULL DOWNS/LATS  |          | Lat pull - 1 set | Lat pull - 1 set | 2x10    |      |      |
| HAPPAB (Hookup)             |          | X10              | X10              |         |      |      |
| PRONE ON ELBOWS             |          |                  |                  |         |      |      |
| PRONE PRESS UPS             |          |                  |                  |         |      |      |
| PRONE ALT UE/LE "superman"  |          |                  |                  |         |      |      |
| PRONE PLANKS                |          |                  |                  |         |      |      |
| SIDE PLANKS                 |          |                  |                  |         |      |      |
| Stool flex                  |          | X10              | X10              | X10     |      |      |
| SB (B) 10                   | →        | X10              | X10              | X10     |      |      |
| RM (B) 10                   | →        | X10              | X10              | X10     |      |      |
| QUADRUPED UE/LE "bird dog"  |          |                  |                  |         |      |      |
| STANDING I's, T's, Y's      |          |                  |                  |         |      |      |
| KNEEL → 1/2 KNEEL           |          |                  |                  |         |      |      |
| HIP - 4 PLANES              |          |                  |                  |         |      |      |
| SWISS BALL WALLSLIDES       |          |                  |                  |         |      |      |
| SWISS BALL TRUNK EXT.       |          |                  |                  |         |      |      |
| SIT (ALT UE)                |          | 2x10             |                  |         |      |      |
| IRONING                     |          |                  |                  |         |      |      |
| PIRIFORMIS 1 set (B)        | Hand 2x3 | Hand 2x3         |                  | 5x20    |      |      |
| GLUT                        |          |                  |                  |         |      |      |
| HAMSTRING 1 set (B)         | Hand 2x3 | Hand 2x3         | 5x20             | 5x20    |      |      |
| BOX LIFTS FLOOR → WAIST     |          |                  |                  |         |      |      |
| BOX LIFTS WAIST → SHOULDER  |          |                  |                  |         |      |      |
| BOX LIFTS SHLDR → OVERHEAD  |          |                  |                  |         |      |      |
| BOX CARRIES X 25 FT         |          |                  |                  |         |      |      |
| STOOPS/ SQUATS              |          |                  |                  |         |      |      |
| WRITTEN HEP ISSUED?         |          |                  |                  |         |      |      |
| THERAPIST'S INITIALS        | WP       | no               | RAD              | JE      |      |      |

\* Balance Deficient \*

\* LATEX ALLERGY \*

# Progressive Physical Therapy LUMBOSACRAL PROGRAM

Patient Name: JOHN FAUBERTNext MD appt: 3/24/14

|                    | DATE                         | DATE    | DATE     | DATE      | DATE      | DATE      |
|--------------------|------------------------------|---------|----------|-----------|-----------|-----------|
| CARDIO             | 3-7-14                       | 3-10-14 | 3/12/14  | 3-14-14   | 3/18/14   |           |
| CORE STABILIZATION | PELVIC TILTS                 | 2 Arc   | 3rd      | 55" x 10" | 55" x 10" |           |
|                    | MULTIFIDUS/ Tra "drawing in" | →       | hld 3x10 | hld 3x10  |           |           |
|                    | BRIDGING                     |         |          |           |           |           |
|                    | ABS - Hip Flex Isometric     |         | hld 3x10 | hld 3x10  |           |           |
|                    | L7 Rotation                  | X(1)    | X10      | X10       | X10       | X10       |
|                    | TAYLOR SIT-ROWS              |         |          |           | green x10 |           |
|                    | TAYLOR SIT-T's               |         |          |           |           |           |
|                    | TAYLOR SIT-PULL DOWNS/LATS   |         | (K 10)   | hld 3x10  | green x10 | green x10 |
|                    | HIP ABD (Hooking)            |         |          |           |           |           |
|                    | PRONE ON ELBOWS              |         |          |           |           |           |
|                    | PRONE PRESS UPS              |         |          |           |           |           |
|                    | PRONE ALT UE/LE "superman"   |         |          |           |           |           |
|                    | PRONE PLANKS                 |         |          |           |           |           |
|                    | SIDE PLANKS                  |         |          |           |           |           |
|                    | Sit Floor                    |         | X10      | X10       | X10       | X10       |
|                    | SB (R) 10                    | →       | X10      | X10       | X10       | X10       |
|                    | SB (L) 10                    |         | X10      | X10       | X10       | X10       |
|                    | QUADRUPED UE/LE "bird dog"   |         |          |           |           |           |
|                    | STANDING I's, T's, Y's       |         |          |           |           |           |
|                    | KNEEL → 1/2 KNEEL            |         |          |           |           |           |
| STRETCHES          | HIP - 4 PLANES               |         |          |           |           |           |
|                    | SWISS BALL WALLSLIDES        |         |          |           |           |           |
|                    | SWISS BALL TRUNK EXT.        |         |          |           |           |           |
|                    | SIT (ALT UE/L)               |         | 2x 10ea  |           | 2x 10ea   |           |
| FUNCTIONAL         | IRONING                      |         |          |           |           |           |
|                    | PIRIFORMIS (Leap) (B)        | hld 2x3 | hld 2x3  | 5x20x10   | 5x20x10   |           |
|                    | GLUT                         |         |          |           |           |           |
|                    | HAMSTRING (B) (B)            | hld 2x3 | hld 2x3  | 5x20x10   | 5x20x10   |           |
| FUNCTIONAL         | BOX LIFTS FLOOR → WAIST      |         |          |           |           |           |
|                    | BOX LIFTS WAIST → SHOULDER   |         |          |           |           |           |
|                    | BOX LIFTS SHLDR → OVERHEAD   |         |          |           |           |           |
|                    | BOX CARRIES X 25 FT          |         |          |           |           |           |
| FUNCTIONAL         | STOOPS/ SQUATS               |         |          |           |           |           |
|                    |                              |         |          |           |           |           |
| FUNCTIONAL         | WRITTEN HEP ISSUED?          |         |          |           |           |           |
|                    | THERAPIST'S INITIALS         | WP      | he       | PAD       | JE        | PAD       |

\* BALANCE DEFICIT \*

\* LATEX ALLERGY \*



2010-1237

6P

BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1003932

John Faubert,  
Employee-Claimant,  
vs.  
GREENVILLE COUNTY DSN BOARD,  
Employer, and  
State Accident Fund,  
Carrier-Defendants.

PETITION FOR APPROVAL  
OF  
COMPROMISE SETTLEMENT  
AGREEMENT

**APPROVED**

MAR 8 2011

S. C. Workers' Comp. Comm.

The Petition of John Faubert, Employee, GREENVILLE COUNTY DSN BOARD, Employer, and the State Accident Fund, Carrier, respectfully shows:

1. That Employee sustained an injury by accident arising out of and in the course of employment by Employer on or about 04/06/2010, in Greenville County, South Carolina. Employee suffered injuries to the cervical spine, lumbar spine and right wrist.
2. That Employee received medical treatment for the above injuries. That on 12/08/2010, Dr. Robert LeBlond gave a rating of Three Percent (3%) to the lumbar spine, Five Percent (5%) to the cervical spine and One Percent (1%) to the right wrist.
3. That Employee has an average weekly wage of \$839.52, making a compensation rate of \$559.71.
4. That an actual bona fide disagreement exists between Employee on the one hand and Employer and Carrier on the other as to the extent of residual disability, if any, and the amount of compensation for

disability, if any, and the amount of compensation for any disfigurement to which Employee might be due and for which Employer and Carrier may be liable under the South Carolina Workers' Compensation Law based upon the aforesaid accident and injuries.

5. That an agreement has been reached among the Employee, Employer and Carrier whereunder Employer and Carrier will pay and Employee will accept the sum of Forty Five Thousand and no/100 (\$45,000.00) Dollars in full payment and compromise settlement of all rights and claims of Employee under South Carolina Workers' Compensation Law for the above accident. That this agreement shall act as a full and final release of all claims of Employee against the Employer and Carrier. That this agreement shall release Employer and Carrier of all claims of Employee for compensation of any and every kind under the law for disability to include temporary and permanent, total and partial, past, present and future disability, and claim for disfigurement or for a change of condition.

6. That this agreement shall release Employer and Carrier for all medical care and treatment including hospital, surgical, nursing, physician, prescriptions and any other medical expenses for which Employee has incurred or will in the future. Medicals authorized by Carrier prior to the date of this agreement will be paid by Carrier. Medicals previously denied or unknown will remain denied by Carrier and will be the responsibility of Employee.

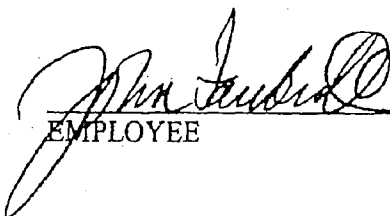
7. That the payment and receipt of the sum of Forty Five Thousand and no/100(\$45,000.00) Dollars represents any and all disabilities under WCC File Number 1003932 including Four Percent (4%) to the right arm, and Twenty Percent (20%) to the back and Six Thousand Four Hundred Ninety One and 03/100 (\$6,491.95) Dollars for future medicals.

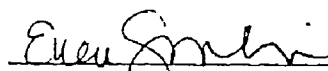
8. That Employer and Carrier do not waive any right to a third party lien or the proceeds of any third party recovery from the above accident.

9. That Employee appeared pro-se' at the Clincher Conference. The Hearing Commissioner explained the right of representation to Employee and further explained the purpose of the hearing, the terms of the clincher, and the finality of the agreement. Employee was informed of his right to proceed with a hearing on the issues of the claim and that he would be given a chance to retain an attorney for that hearing if so desired. After this explanation of rights, Employee elected to proceed without an attorney stating that he understood his rights. Employee executes this agreement voluntarily under his own free will and acknowledges that this agreement constitutes his understanding of the settlement and that there are no other outstanding issues to be resolved.

10. That both parties believe this final release and compromise settlement agreement to be in their best interests and is fair, reasonable, and proper under all of the circumstances of this matter.

WHEREFORE, the Petitioners each pray that the South Carolina Workers Compensation Commission does consider the said compromise settlement agreement, and enter an Order confirming and approving the same and authorizing the parties hereto to carry the said compromise settlement agreement out and make and receive the aforesaid payment in full settlement, acquittance and discharge of all of the rights of Employer and Carrier based upon the aforesaid accident and injuries, and all disability and expenses resulting hereafter to result therefrom.

  
EMPLOYEE

  
Attorney for EMPLOYER  
AND CARRIER/DEFENDANTS



BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1003932

John Faubert,

Employee-Claimant,

vs.

GREENVILLE COUNTY DSN BOARD,

Employer, and

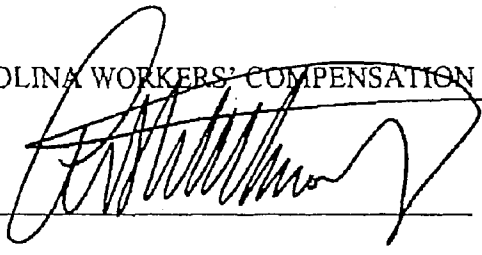
State Accident Fund,

Carrier-Defendants.

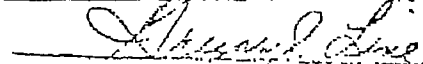
ORDER APPROVING  
SETTLEMENT AGREEMENT

The foregoing settlement was examined after a review of the Workers' Compensation Commission file relative to this case. Relying upon the representations of the parties and/or counsel, the same is hereby approved this 18<sup>th</sup> day of March, 2011 and this case is dismissed with prejudice. All orders, awards and opinions heretofore issued in this case are hereby set aside, abrogated and nullified.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

By: 

I certify this to be a true and correct copy.





THE LAW FIRM OF  
ZANDRA L. JOHNSON, LLC

330 East Coffee Street | Greenville, SC 29601 | Phone: 864.527.5915 | Fax: 864.527.3153 | Email: zandra@zfirmllc.com

September 15, 2014

New Fax Number: (864) 551-2913

S.C. Workers' Compensation Commission  
P.O. Box 1715  
Columbia, S.C. 29202-1715

Re: Claimant: John Faubert  
Employer: Univ. of S.C. Apprentice Students  
Carrier: State Accident Fund  
W.C.C. No.: 1402080

TRANSMITTAL OF AMENDED FORM 58/PREHEARING BRIEF AND  
AMENDED/SUPPLEMENTAL NOTICE OF WITNESSES, WRITTEN MEDICAL  
REPORTS AND OTHER DOCUMENTS TO BE INTRODUCED ON BEHALF OF  
CLAIMANT

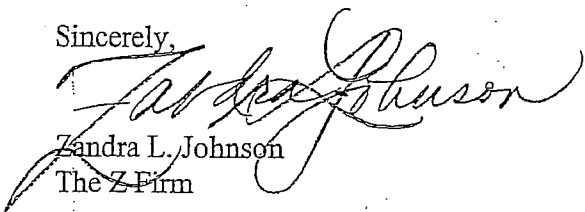
Dear Sir or Madame:

Please find enclosed the original and one (1) copy each of Claimant's Amended Form 58/Pre-Hearing Brief and Amended/Supplemental Notice of Witnesses, Written Medical Reports and Other Documents to be Introduced as Direct Evidence, along my firm's Certificate of Mailing, evidencing service of same upon counsel for the Employer/Carrier Defendants. After filing, please return the copies to me in the self-addressed, stamped envelope provided.

Should you have any questions or concerns regarding this filing, please feel free to give me a call.

With kindest regards, I remain

Sincerely,

  
Zandra L. Johnson  
The Z Firm

zfirm  
enclosures (4)



Claimant's Name: John Faubert  
Address: \_\_\_\_\_  
City: Greenville State: SC Zip: 29607  
Home Phone: 864 297 3963 Work Phone: \_\_\_\_\_  
Preparer's Name: Zandra L. Johnson, The Law Firm of Zandra L. Johnson, LLC  
Employer's Name: University of SC Apprentice Students  
Address: 1600 Hampton Street, Suite 705  
City: Columbia State: SC Zip: 29208  
Carrier: State Accident Fund  
Preparer's Phone #: 864 527 5915

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$500.55 2. AWW: \$ 750.79 Date of Injury: 01/29/2014
3. Type of injury and body part(s): right leg, right knee, neck, right shoulder, right wrist, lower back
4. Facts in controversy: Those relevant to issues to be determined according to Form 50/51.
5. Legal issues involved: (1) Proper calculation of average weekly wage and corresponding compensation rate (S.C. Code Sec. 42-1-40; S.C. Code Sec. 42-9-350); (2) Reinstatement of TT benefits to include benefits from 03/05/2014 - Present and continuing (S.C. Code Sec. 42-9-260); (3) Reimbursement of medical expenses personally incurred during periods medical not provided; Necessity of additional medical treatment since Claimant is not at MMI.
6. Unusual aspects: Claimant has been returned to work as student with restrictions but has not been returned to work at wage-earning employment.
7. Witnesses (designate if expert):\* John Faubert (claimant)
8. Exhibits: Submitted as APA Submissions Nos. 4 - 10: (4) USC Apprentice Students Form 20; (5) McDonald's Form 20; (6) Claimant's 2013 W-2; (7) USC Apprentice Students Form 15; (8) State Accident Fund Check to Claimant for TT benefits; (9) Letter/Memo from McDonald's dated 08/28/2014; (10) Letter/Memo from McDonald's dated 09/14/2014
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):  
Medical evidence will be submitted pursuant to R.67-612 and APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Forrest Pommerenke and Paul Kellett, Doctors Care, 701 Congaree Rd., Greenville, S.C. 29607; Robert LeBlond, Upstate Medical Rehabilitation, 111 Doctors Drive, Greenville, S.C. 29605; Progressive Physical Therapy, 701 Congaree Rd., Greenville, S.C. 29607
11. Impairment rating(s); body part(s); physician and date of opinion: None yet assigned; Not at MMI
12. I am amending my Form 50/51 in the following manner: to include an injury to the lower back; to request recalculation of the AWW and the corresponding compensation rate

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

Signature: *Zandra L. Johnson*

Email: zandra@zfirmssc.com

Date of hearing: September 23, 2014

Time needed for hearing: 1 hour

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611. Do not send medical reports.

\* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

John Faubert, Employee,  
Claimant,

W.C.C. FILE NO.: 1402080

vs.

University of SC Apprentice Students,  
Employer,

and

S.C. State Accident Fund, Carrier

Defendants.

AMENDED/SUPPLEMENTAL NOTICE  
OF WITNESSES, WRITTEN MEDICAL  
REPORTS AND OTHER DOCUMENTS  
TO BE INTRODUCED AS DIRECT  
EVIDENCE ON BEHALF OF CLAIMANT

TÓ: The Honorable Aisha Taylor, Commissioner, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and Peter S. Leventis, IV, The McKay Law Firm, P.O. Box 7217, Columbia, S.C. 29202-7217, Attorney for Defendants Employer/Carrier.

YOU ARE HEREBY NOTIFIED THAT the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code § 1-23-330 (1976, as amended) and Regulation 67-612, herewith amends and/or supplements his original Notice of Witnesses, Written Medical Reports and Other Documents to Be Introduced as Direct Evidence on Behalf of the Claimant, as follows, to wit:

| APA No. | Provider Name                      | Treating Physician                         | Date(s) of Service included | Page Nos. |
|---------|------------------------------------|--------------------------------------------|-----------------------------|-----------|
| 1       | GHS Upstate Medical Rehabilitation | Dr. Robert LeBlond                         | 01/09/2014-07/03/2014       | 1 - 25    |
| 2       | Doctor's Care                      | Dr. Forrest Pommerenke<br>Dr. Paul Kellett | 02/28/2014-04/10/2014       | 26 - 50   |

|    |                               |                                  |                       |         |
|----|-------------------------------|----------------------------------|-----------------------|---------|
| 3  | Progressive Physical Therapy  | Wendy Rampey, Physical Therapist | 03/07/2014-03/21/2014 | 51 – 60 |
| 11 | Greenville Medical Associates | Raju Patnam                      | 02/03/2014-02/25/2014 | 71 – 77 |

The following OTHER DOCUMENTS are also submitted as direct evidence on behalf of the Claimant:

| APA No. | Description of Document                                     | Document Date(s) | Page Nos. |
|---------|-------------------------------------------------------------|------------------|-----------|
| 4       | USC Apprentice Students Form 20                             | N/A              | 61        |
| 5       | McDonald's Form 20                                          | N/A              | 62        |
| 6       | Claimant's 2013 W-2                                         | 2013             | 63        |
| 7       | USC Apprentice Students Form 15                             | 03/21/2014       | 64        |
| 8       | State Accident Fund Check to Claimant for TT benefits       | 03/21/2014       | 65        |
| 9       | Letter/Memo from McDonald's                                 | 08/28/2014       | 66        |
| 10      | Letter/Memo from McDonald's regarding Return to Work Policy | 09/14/2014       | 67 - 70   |

Claimant respectfully reserves the right to amend this response and submit additional reports and/or documents.

YOU ARE HEREBY FURTHER NOTIED THAT you have the right of cross-examination; and, should you desire to exercise that right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED THAT the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the hearing before

the South Carolina Workers' Compensation Commission, for inclusion in the file of the South Carolina Workers' Compensation Commission and admission into evidence on behalf of the Employee/Claimant.

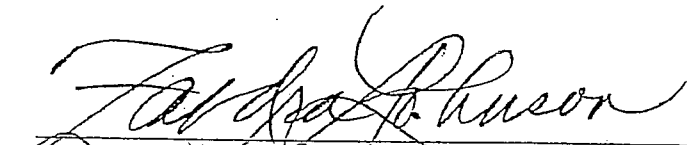
YOU ARE FURTHER NOTIFIED THAT the following witnesses may be called on behalf of the Employee/Claimant.

(a) John Faubert, Claimant

Claimant respectfully reserves the right to amend this response and call additional witnesses as necessary.

Respectfully Submitted,

THE Z FIRM



Zandra L. Johnson (S.C. Bar #72014)

The Law Firm of Zandra L. Johnson, LLC

Attorney for the Employee/Claimant

330 E. Coffee Street

Greenville, S.C. 29601

Phone: 864.527.5915/Fax: 864.551.2913

Email: [zandra@zfirmsc.com](mailto:zandra@zfirmsc.com)

September 15, 2014

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

John Faubert, Employee,  
Claimant,

W.C.C. FILE NO.: 1402080

vs.

CERTIFICATE OF MAILING

University of SC Apprentice Students,  
Employer,

and

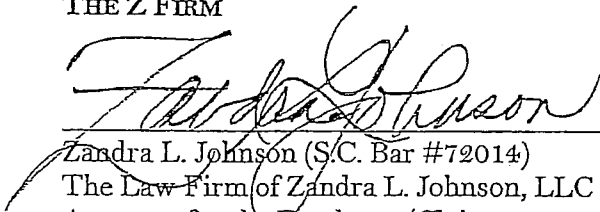
S.C. State Accident Fund, Carrier  
Defendants.

IT IS HEREBY CERTIFIED THAT a copy of the Claimant's AMENDED Form 58/Pre-Hearing Brief and AMENDED/SUPPLEMENTAL Notice of Witnesses, Medical Reports and Other Documents submitted pursuant to the Administrative Procedures Act was served upon the Employer/Carrier, Defendants, by placing a copy of same in the United States Mail, postage prepaid, on the 15th day of September, 2014, addressed as follows:

Mr. Peter P. Leventis, IV  
The McKay Law Firm  
P.O. Box 7217  
Columbia, S.C. 29202-7217

Respectfully Submitted,

THE Z FIRM

  
Zandra L. Johnson (S.C. Bar #72014)  
The Law Firm of Zandra L. Johnson, LLC  
Attorney for the Employee/Claimant  
330 E. Coffee Street  
Greenville, S.C. 29601  
Phone: 864.527.5915/Fax: 864.551.2913  
Email: [zandra@zfirmsc.com](mailto:zandra@zfirmsc.com)

September 15, 2014



## Kencorp-Mauldin, Inc.

---

Db: McDonald's Restaurants  
John & Ida Kennedy, Owner/Operators  
P.O. Box 853  
Mauldin, SC 29662

Telephone (864)-288-0868  
Fax (864)-288-6484

September 14, 2014

TO: Zandra Johnson

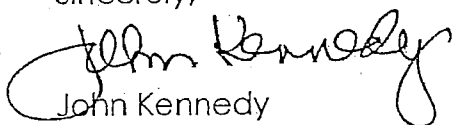
FROM: John Kennedy/Kencorp-Mauldin, Inc.

RE: John Faubert/Return to Work Policy

This letter is to certify that it is our company policy to require John Faubert to provide a release from his doctor indicating that he is able to perform the essential functions of his management position, with or without an accommodation, in order to return to work.

I have attached a job description for the position that John was assigned prior to his non-work related injury. Please let me know if I can be of any other assistance.

Sincerely,

  
John Kennedy  
Owner/Operator



McDonald's Corporation  
2111 McDonald's Dr.  
Oak Brook, IL 60523  
(800) 244-6227



The following two pages provide information of the Shift Manager's Role and Responsibilities and an overview of the leadership behaviors the shift manager needs to display.

# Role Profile Shift Manager



## Restaurant Department Management

### Overview

A McDonald's Shift Manager is responsible for providing leadership to crew and other managers during a shift to ensure great QSC to our customers.

Shift Managers plan for each shift, monitor performance during the shift, take action to ensure the team is meeting McDonald's standards, monitor safety, security, and profitability, and communicate with the next Shift Manager to help prepare him/her to run a great shift, too.

Shift Managers are also responsible for meeting targets during their shifts and for helping their assigned Departments meet their goals.

### Responsibilities

#### FOOD SAFETY

- Complete and verify daily food safety checklist
- Monitor food safety procedures during the shift

#### INTERNAL COMMUNICATION

- Read messages from ISP and /or manager's communication log
- Communicate with manager on shift and identify sales trends/problems
- Communicate shift targets and goals to all
- Monitor and communicate progress toward targets throughout the shift
- Communicate results and opportunities to the next manager

#### INVENTORY MANAGEMENT

- Maintain stock levels for 24/2
- Receive products by checking order accuracy, quality, and condition
- Track raw and completed waste on each shift

#### PLANNED & DAILY MAINTENANCE /CLEANLINESS

- Identify and respond to equipment and physical plant failure/ unplanned activities
- Verify completion/follow-up on cleaning tasks
- Verify completion/follow-up on PM tasks

#### PEOPLE PRACTICES

- Check crew appearance
- Coordinate breaks for team
- Enforce all applicable labor and employment laws and McDonald's policies

#### PRODUCTION

- Monitor and correct production procedures
- Monitor cabinet levels
- Monitor UHC for correct holding times
- Monitor finished food quality

#### SERVICE

- Monitor and correct service procedures
- Seek customer feedback during travel path
- Document customer complaints and action taken in log book
- Follow customer recovery process when necessary

#### SAFETY AND SECURITY

- Ensure cash controls are in place for shift (safe contents, skims, deposits, cash +/-)
- Check security equipment for proper operation
- Maintain safety and security during the shift
- Use staggered method of open and close
- Enforce all applicable laws and policies

#### SHIFT MANAGEMENT

- Review sales projections
- Complete pre-shift checklist
- Complete positioning plan (shift prep tool)
- Manage from the Observation Post
- Identify danger zones and give direction
- Conduct QSC travel path every half hour
- Maintain/adjust positioning according to positioning guide

#### SCHEDULING (Crew)

- Review crew schedule for proper staffing
- Ensure labor controls are in place each hour and each shift

#### TRAINING (CREW)

- Complete follow-up SOC's and training
- Review training needs for crew
- Monitor execution of shift training

### Performance Targets

- ✓ Sales (actual vs. projected)
- ✓ Drive-thru Car Counts
- ✓ TPCH
- ✓ Cash (+/-)
- ✓ Raw and Completed Waste %
- ✓ Assigned SOC's, PM, and Cleanliness Tasks Complete
- ✓ KVS, FC, DT Times
- ✓ Pre-shift Checklists Complete
- ✓ Travel paths Complete

# Leadership Behaviors Shift Manager



## Restaurant Department Management

### Overview

Completing assigned responsibilities for shifts and systems is critical to being a great manager. But so is using the right leadership behaviors to get results.

McDonald's Managers use specific leadership behaviors to lead their teams, serve their customers, and get great restaurant results.

To the right are the leadership behaviors critical to being a great Shift Manager. These aren't all the things Shift Managers need to do to lead, but are some of the behaviors that are most important at McDonald's.

By demonstrating these behaviors, the Shift Managers will set the right example and improve results.

### Behaviors

#### BUILDS TEAMWORK

- Participates actively and willingly as a team member; volunteers to help others when it is important to the restaurant's performance
- Addresses conflict in a timely manner; does not avoid dealing with situations that might impact crew or customers during the shift
- Finds ways to work well with others, even when there are differences in approaches or viewpoints
- Discourages "we vs. they" thinking in the restaurant by providing coaching and team encouragement

#### COMMUNICATES EFFECTIVELY & HONESTLY

- Uses a positive, high-energy tone when leading others
- Speaks calmly and professionally with customers, employees, and vendors, even in situations where there is disagreement or conflict
- Communicates "with" others, not down to them; shows empathy and understanding
- Listens carefully to others' opinions and ideas during discussions; asks questions to help clarify others' point of view
- Keeps the personal or private issues of others confidential
- Accepts personal feedback professionally and non-defensively
- Keeps the team updated on targets and results

#### DEVELOPS CREW & MANAGERS

- Works to make sure training and development happen during the shift, even when things get hectic
- Proactively coaches crew and other managers when they want to or need to learn something new
- Acknowledges others' efforts and accomplishments on a daily basis
- Delegates daily tasks and demonstrates trust in others' ability to perform them

#### INFLUENCES BY EXAMPLE

- Influences by being credible; shows consistency in words and actions by following through on what he/she says
- Keeps performance consistent, even when the restaurant environment is challenging
- Influences others to do things the right way by personally standing behind them; not by "blaming" other people or reasons for why things need to be done
- Communicates expectations to others by explaining the "why" of them (not just the "what")

#### ORGANIZES THE WORK

- Prepares and organizes for work (e.g., completes shift prep and pre-shift checklist)
- Uses work routines consistently to keep self and others on track (e.g., travel paths, following up)
- Proactively addresses barriers during the shift (e.g., staff conflict, dissatisfied customers, equipment issues) to minimize disruptions
- Sets and reinforces minimum standards of performance for self and others
- Creates a sense of urgency for achieving goals
- Conveys clear expectations for assignments and follow-up to make sure there is understanding
- Asks questions of his/her boss to clarify priorities when there are competing demands

#### PLANS BEYOND THE SHIFT

- Shows an ability to think "beyond the shift" by reviewing past shift information to plan for the current shift (e.g., manager's logs)
- Records important information about the shift to help with planning for the next or future shifts (e.g., record the impact of promotions or community events in the manager's log)

#### PUTS THE CUSTOMER FIRST

- Responds to all customers respectfully and professionally
- Makes self visible and accessible to customers when on the floor by addressing them, responding to them promptly, resolving problems
- Is observant of customers in the restaurant so that he/she can improve a customer's level of service or prevent a customer from being dissatisfied
- Takes actions that clearly show a commitment to total customer satisfaction (e.g. holding doors, helping with high chairs, complimenting customers, refilling drinks)
- Coaches others to provide high levels of customer service
- Follows up with customers to ensure problems are solved

#### SUPPORTS CHANGE

- Shows a positive attitude about change when being asked to do something new or when explaining new things to others
- Quickly picks up on and adapts to different or new ways of doing things
- Explains to others why changes are important

**Progress Notes**

Patient: Faubert, John J  
Account Number: 15574  
DOB: 03/07/1964 Age: 49 Y Sex: Male  
Phone: 854-297-3963  
Address: , Greenville, SC-29607

Provider: Raju Patnam, MD

Date: 02/03/2014

**Subjective:**

**Chief Complaints:**

1. Low back pain. 2. Right knee pain.

**HPI:**

Continuity Of Care:

fell down at the hospital, developed severe pain in the right knee and lower back which is getting worse. patient had previous history of low back pain and low back surgery taking pain meds given by the pain management doctor.

**ROS:**

General ROS:

General: Positive for, alert, fatigue. Constitutional feels generally well. HEENT Negative for, congestion, sore throat, ear ache, ringing in the ears. Cardiology: no problems. Gastroenterology: Negative for, nausea, vomiting, diarrhea. GI/GU no problems. Neurology: no problems. Endocrinology: Negative for, polyuria, polydipsia. Psychology: no suicidal thoughts.

**Medical History:** BACK PAIN, GASTRITIS.

**Surgical History:** back surgery .

**Hospitalization/Major Diagnostic Procedures:** Denies Past Hospitalization.

**Family History:** Spouse: alive 1 brother(s) - healthy. 4 son(s) , 1 daughter(s) - healthy.

**Medications:** Taking Lasix 40 Tablet 1 tablet Once a day, Taking KLOR-CON 10 M TABLET 1 TABLET QD, Taking Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Twice a day, Medication List reviewed and reconciled with the patient

**Allergies:** Latex Exam Gloves.

**Objective:**

**Vitals:** Wt 316, BP 160/100, Ht 72", BMI 42.85, Oxygen sat % 98, HR 72.

**Examination:**

General Examination:

GENERAL APPEARANCE: alert. FACE: Normal. EYES: pupils, equal, round, reactive to light and accomodation (PERRLA). HEENT: unremarkable. ORAL CAVITY: no significant abnormality . NECK/THYROID: no lymphadenopathy, no thyromegaly, supple, thyroid normal . CARDIOVASCULAR: normal S1S2, regular rate and rhythm, no murmurs. CHEST: clear to auscultation, no crackles or ronchi. RESPIRATORY: clear to auscultation bilaterally, no wheezes, rhonchi, rales. GASTROINTESTINAL: no hepatosplenomegaly, no masses palpated. SKIN: normal, no rash.

Back:

INSPECTION: normal contour. PALPATION: positive tenderness right paraspinals, positive tenderness left paraspinals, positive tenderness right sacroiliac joint, positive tenderness left sacroiliac joint, positive tenderness right sciatic notch, positive tenderness left sciatic notch. RANGE OF MOTION: limited secondary to pain. MOTOR STRENGTH: 5/5 all groups bilaterally. SENSATION OF LIGHT TOUCH: intact and equal bilaterally. REFLEXES: normal and equal bilaterally. GAIT: heel walking normal. TESTS: negative straight leg raise.

Right knee:

INSPECTION: trace effusion. ALIGNMENT: mild varus. PALPATION: medial joint line tenderness present. lateral joint line tenderness present. tender over MCL insertion site. tender over LCL insertion site. WOUNDS: no surgical wounds are appreciated. ROM: severe crepitus with motion.

**Summary View for Faubert, John J**

**Page 2 of 2**

limited due to pain. LIGAMENOUS LAXITY (NEG): significant guarding on exam. LIGAMENOUS LAXITY (POS): 1 + Lachman's test. LEG EXAMINATION: negative Homan's sign.

**Assessment:**

**Assessment:**

1. Lumbago - 724.2 (Primary)
2. Pain in joint, lower leg - 719.46

**Plan:**

**1. Lumbago**

Imaging: X ray : LS Spine Abnormal  
DJD Patnam, Raju 2/3/2014 11:34:34 AM >  
Imaging: MRI : Lumbar with and without Contrast

**2. Pain in joint, lower leg**

Imaging: X ray : Knee, right 3 views Abnormal  
DJD Patnam, Raju 2/3/2014 11:34:45 AM >

Procedure Codes: 72100 X-RAY EXAM OF LOWER SPINE, 73562 X-RAY EXAM OF KNEE, 3

Follow Up: 2 Weeks (Reason: continuity of care)

Provider: Raju Patnam, MD

Patient: Faubert, John J DOB: 03/07/1964 Date: 02/03/2014

Electronically signed by Raju Patnam, MD on 09/12/2014 at 09:30 AM EDT

Sign off status: Pending

7°

## GREENVILLE MEDICAL ASSOCIATES

545 WEST BUTLER RD, GREENVILLE, S. C. 29607  
 PHONE (864) 299-1990 FAX (864) 299-9123

X-Ray #:

Date: 2-3-14Patient Name: Faubert, JohnPatient ID: 15574DOB: 3-7-64Age: 49Requesting Provider: Dr. PatmanPregnancy Status: N/ASex: MOperator's Signature: [Signature]Indication: Re Knee & Back Pain

History:

Films Taken:

|                                             |                                                     |                                                         |                                                   |
|---------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Abdomen, 1V, 74000 | <input type="checkbox"/> Finger, 3V, 73140          | <input checked="" type="checkbox"/> L5-Spine, 3V, 72100 | <input type="checkbox"/> Sinuses, 2V, 70210       |
| <input type="checkbox"/> Abdomen, 3V, 74022 | <input type="checkbox"/> Foot, 2V, 73620            | <input type="checkbox"/> Mandible, 1V, 70100            | <input type="checkbox"/> Sinuses, 3V, 70220       |
| <input type="checkbox"/> Ankle, 3V, 73610   | <input type="checkbox"/> Foot, 3V, 73630            | <input type="checkbox"/> Neck, 3V, 70160                | <input type="checkbox"/> Skull, 2V, 70230         |
| <input type="checkbox"/> C-Spine, 3V, 72040 | <input type="checkbox"/> Foot-FB, 2V, 73620         | <input type="checkbox"/> Neck-ST, 2V, 70360             | <input type="checkbox"/> Skull, 4V, 70260         |
| <input type="checkbox"/> C-Spine, 3V, 72050 | <input type="checkbox"/> Forearm, 2V, 73090         | <input type="checkbox"/> Occipitals, 2V, 73650          | <input type="checkbox"/> T-Spine, 2V, 72070       |
| <input type="checkbox"/> Chest, 1V, 71010   | <input type="checkbox"/> Hand, 2V, 73120            | <input type="checkbox"/> Pelvis, 1V, 72170              | <input type="checkbox"/> Thumb, 3V, 73140         |
| <input type="checkbox"/> Chest, 2V, 71020   | <input type="checkbox"/> Hand, 3V, 73130            | <input type="checkbox"/> Ribs, 4V, 71101                | <input type="checkbox"/> Tib & Fib, 2V, 73590     |
| <input type="checkbox"/> Clav, 2V, 73000    | <input type="checkbox"/> Hip, 2V, 73510             | <input type="checkbox"/> Ribs-Bilat, 4-3V, 71111        | <input type="checkbox"/> Toes, 3V, 73660          |
| <input type="checkbox"/> Coccyx, 2V, 72220  | <input type="checkbox"/> Humerus, 2V, 73060         | <input type="checkbox"/> Sacrum, 2V, 72220              | <input type="checkbox"/> Wrist, 2V, 73100         |
| <input type="checkbox"/> Elbow, 2V, 73070   | <input checked="" type="checkbox"/> Knee, 2V, 73560 | <input type="checkbox"/> Scapula, 2V, 73010             | <input type="checkbox"/> Wrist w/Nav, 3-5V, 73110 |
| <input type="checkbox"/> Elbow, 4V, 73080   | <input type="checkbox"/> Knee & Sun, 3+1, 73564     | <input type="checkbox"/> Shoulder AC, 2V, 73050         | <input type="checkbox"/> Add View, 1V, 70001      |
| <input type="checkbox"/> Femur, 2V, 73550   | <input type="checkbox"/> Knee & Tan, 3+1, 73564     | <input type="checkbox"/> Shoulder, 2V, 73030            |                                                   |

☐ Unlisted X-Ray Description: \_\_\_\_\_ # of Views: \_\_\_\_\_ Code: \_\_\_\_\_

## Doctors Interpretation

Right or Left Extremity: ☐ R ☐ L  
 Lead Shielding Used: ☐ Y ☐ N  
 Is Patient pregnant: ☐ Y ☐ N

Practitioner Signature: \_\_\_\_\_

Circle # of Films Taken 1 2 3 4 5

## Radiologist's Response

Very limited 2° to underper. Severe degend  
E multilevel DDD - worse at L5-S1 & 4-5, 1-2  
(allure DTD) grade 3 - mild

Date of Review: \_\_\_\_\_

2-3Radiologist Signature: [Signature]

## Follow Up Date

Date: 4

Report Reviewed By Doctor/Practitioner: \_\_\_\_\_

Further action required? ☒ Yes ☐ NoPatient notified? ☒ Yes ☐ No

If yes to either question, follow up steps initiated (describe): \_\_\_\_\_

**Summary View for Faubert, John J**

**Page 1 of 2**

**Progress Note**

**Patient:** Faubert, John J  
**Account Number:** 15574  
**DOB:** 03/07/1964 **Age:** 49 Y **Sex:** Male  
**Phone:** 864-297-3963  
**Address:** Greenville, SC-29607

**Provider:** Raju Patnam, MD

**Date:** 02/07/2014

**Subjective:**

**Chief Complaints:**

1. LOW BACK PAIN IS GETTING WORSE.

**HPI:**

Continuity Of Care:

fell down at the hospital, developed severe pain in the right knee and lower back which is getting worse. patient had previous history of low back pain and low back surgery taking pain meds given by the pain management doctor.

NOW BACK PAIN IS GETTING WORSE, WITH PAIN RADIATING DOWN BOTH LEGS, WITH SOME WEAKNESS. WALKING WITH A STICK.

**ROS:**

General ROS:

General: Positive for, alert, fatigue. Constitutional feels generally well. HEENT Negative for, congestion, sore throat, ear ache, ringing in the ears. Cardiology: no problems. Gastroenterology: Negative for, nausea, vomiting, diarrhea. GI/GU no problems. Neurology: no problems. Endocrinology: Negative for, polyuria, polydypsia. Psychology: no suicidal thoughts.

**Medical History:** BACK PAIN, GASTRITIS, MULTIPLE SCLEROSIS, BACK SURGERY.

**Surgical History:** back surgery.

**Family History:** Spouse: alive 1 brother(s) - healthy. 4 son(s), 1 daughter(s) - healthy. Non-Contributory

**Medications:** Taking Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Twice a day, Taking Klor-Con 10 M TABLET 1 TABLET QD, Taking Lasix 40 Tablet 1 tablet Once a day, Taking Norco 10-325 MG Tablet 1 tablet as needed every 6 hrs, Taking Neurontin 300 MG Capsule 1 capsule Three times a day, Taking MS Contin 30 MG Tablet Extended Release 12 Hour 1 tablet every 12 hrs, Taking Nexium 40 MG Capsule Delayed Release 1 capsule Once a day, Taking Copaxone 20 MG/ML Kit 1 Once a day, Medication List reviewed and reconciled with the patient

**Allergies:** Latex Exam Gloves.

**Objective:**

**Vitals:** Wt 316, Temp 98, BP 140/80, Ht 72", BMI 42.85, Oxygen sat % 100, HR 90, RR 20, Pain scale 10.

**Examination:**

General Examination:

GENERAL APPEARANCE: alert. FACE: Normal. EYES: pupils, equal, round, reactive to light and accommodation (PERRLA). HEENT: unremarkable. ORAL CAVITY: no significant abnormality. NECK/THYROID: no lymphadenopathy, no thyromegaly, supple, thyroid normal. CARDIOVASCULAR: normal S1S2, regular rate and rhythm, no murmurs. CHEST: clear to auscultation, no crackles or ronchi. RESPIRATORY: clear to auscultation bilaterally, no wheezes, rhonchi, rales. GASTROINTESTINAL: no hepatosplenomegaly, no masses palpated. SKIN: normal, no rash.

Back:

INSPECTION: normal contour. PALPATION: positive tenderness right paraspinals, positive tenderness left paraspinals, positive tenderness right sacroiliac joint, positive tenderness left sacroiliac joint, positive tenderness right sciatic notch, positive tenderness left sciatic notch. RANGE OF MOTION: limited secondary to pain. MOTOR STRENGTH: 5/5 all groups bilaterally. SENSATION OF LIGHT TOUCH: decreased on the right, decrease don the left. REFLEXES: normal and equal bilaterally. GAIT: weak dorsiflexion, weak plantar flexion. TESTS: POSITIVE straight leg raise.

7.1

Right knee:

INSPECTION: trace effusion. ALIGNMENT: mild varus. PALPATION: medial joint line tenderness present. lateral joint line tenderness present. tender over MCL insertion site. tender over LCL insertion site. WOUNDS: no surgical wounds are appreciated. ROM: severe crepitus with motion. limited due to pain. LIGAMENOUS LAXITY (NEG): significant guarding on exam. LIGAMENOUS LAXITY (POS): 1 + Lachman's test. LEG EXAMINATION: negative Homan's sign.

**Assessment:**

**Assessment:**

1. Lumbago - 724.2 (Primary)
2. Pain-in joint, lower leg - 719.46

**Plan:**

**1. Lumbago**

Imaging: MRI : Lumbar with and without Contrast

Notes: PREAUTHORISATION CALL 803 777 6650 SCHERILYN LEWIS.

Follow Up: 3 Months (Reason: continuity of care)

Provider: Raju Patnam, MD

Patient: Faubert, John J DOB: 03/07/1964 Date: 02/07/2014

Electronically signed by Raju Patnam , MD on 09/12/2014 at 09:35 AM EDT  
Sign off status: Pending

75



Greenville Health System  
GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Faubert, John Jones Morris  
DOB: 03/07/1964  
SEX: M  
PT. CLASS: O

MED. REC. NO.: 971297984  
PT. NS./ROOM:  
CORP. ACCOUNT NO.:  
ADMISSION NO.: 43019702560

ORDERING MD: RAJU PATNAM, MD

OP LOCATION:

RK600 - MR LUMBAR SPINE W/O CON  
ORDERED BY: RAJU PATNAM, MD

ACCESSION NO: 13676320

DATE OF EXAM: 02/25/2014  
REASON FOR EXAM: lumbago----

ADMISSION DATE: 02/25/2014 07:25

MRI lumbar spine 02/25/2014:

49-year-old male with history of remote lumbar spine surgery presents with low back and bilateral leg pain following fall.

Sagittal T1-T2/STIR and axial T1/T2-weighted images were submitted. Evaluation in the postoperative patient is limited without gadolinium. Compared with a gadolinium enhanced MRI of the lumbar spine 03/03/2013.

The patient is status post left laminotomy and microdiscectomy at the L5-S1 level. There are multiple Schmorl's nodes identified in the thoracolumbar region and wedge deformity at T12 and L1 are stable. Chronic discogenic signal primarily in the vertebral body endplates at L5-S1 have progressed. There is no marrow signal abnormality to suggest an acute osseous abnormality. Multilevel disc space narrowing is noted.

At the T11-T12 level, right paracentral disk herniation has somewhat enlarged and effaces the distal aspect of the thoracic cord no foraminal stenosis is apparent.

At the T12-L1 level, no significant neural impingements noted.

At the L1-L2 level, no significant disk bulging is identified. Mild congenital narrowing of the central canal is apparent. No foraminal narrowing is noted. Mild bilateral facet joint degeneration is identified.

At the L2-L3 level, fairly minor posterior disk bulging and congenital narrowing of the central canal produces moderate central canal stenosis this has not significantly changed. No significant foraminal narrowing is identified.

At the L3-L4 level, shallow central disk herniation and congenital narrowing of the central canal again produce at least moderate central canal stenosis. Posterior lateral disk herniation produces foraminal narrowing on the left which is not significantly changed in again effaces the exiting left L3 nerve root. The right foramen is widely patent.

At the L4-L5 level, posterior disk herniation, bilateral facet joint/ligamentum flavum hypertrophy, and congenital narrowing of the central canal again produce advanced degree of central canal and bilateral lateral recess stenosis. This has not significantly changed. Bilateral foraminal narrowing is apparent, to a slightly greater degree on the left. The exiting L4 nerve roots are not obviously effaced or compressed.

At the L5-S1 level, postoperative findings are again noted following left laminotomy and microdiscectomy. Enhancing epidural scar tissue is again noted in the left lateral recess. Central, right paracentral, right posterior lateral disk

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GHS\_Dolbey

2/25/2014 9:51:47 AM PAGE 2/002 Fax Server

Patient Name:

FAUBERT, JOHN JONES MORRIS

MRN: 971297884

protrusion/extrusion is again noted producing central canal, right lateral recess, right foraminal narrowing. The exiting right L5 nerve root is again noted to be compressed in the foramen. Left foramen is not significantly narrowed. Moderate bilateral facet joint degeneration is noted.

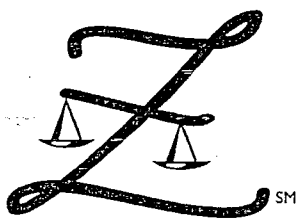
Images of the cones are intrinsically normal. The imaged paravertebral soft tissues again demonstrate a cyst in the inferior portion of the right kidney which is stable.

**IMPRESSION:**

1. Evaluation within the postoperative patient is limited due to lack of intravenous gadolinium. No acute osseous abnormality is identified.
2. Fairly extensive degenerative changes are noted with multilevel disk bulging/herniation/protrusion, facet joint degeneration, and congenital narrowing of the central canal. This results in significant neural impingement at multiple levels throughout the lumbar spine as described above. These findings have changed very little upon comparison with study of 03/08/2013.

TRANSCRIPTIONIST: lca  
TRANSCRIBE TIME/DATE: 02/25/2014 09:41 am  
READ BY: L. CHASE ALLEN, MD

|                                       |
|---------------------------------------|
| 2/25/2014 9:41 AM: L. CHASE ALLEN, MD |
|---------------------------------------|



THE LAW FIRM OF  
ZANDRA L. JOHNSON, LLC

330 East Coffee Street | Greenville, SC 29601 | Phone: 864.527.5915 | Fax: ~~864.527.3153~~ | Email: zandra@zfirmssc.com

September 12, 2014

**New Fax Number: (864) 551-2913**

Mr. Peter P. Levntis, IV  
The McKay Law Firm  
P.O. Box 7217  
Columbia, S.C. 29202-7217

**Re: John Faubert, Employee Claimant  
W.C.C. No.: 1402080  
FORM 58/PREHEARING BRIEF AND APA  
SUBMISSIONS**

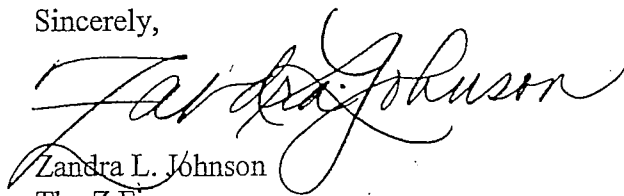
Dear Peter:

In preparation for the upcoming hearing in the above-referenced matter, please find enclosed and hereby served upon you as counsel for the Defendants Employer/Carrier, the Employee Claimant's Form 58/Pre-Hearing Brief, Notice of Witnesses, Written Medical Reports and Other Documents to be Introduced as Direct Evidence, APA Submissions and my firm's Certificate of Mailing regarding same.

Should you have any questions or concerns, please feel free to give me a call. Otherwise, I look forward to seeing you at the hearing on the 23rd.

With kindest regards, I remain

Sincerely,

  
Zandra L. Johnson  
The Z Firm

zfirm  
enclosures (4)



Claimant's Name: John Faubert Employer's Name: University of SC Apprentice Students  
Address: \_\_\_\_\_ Address: 1600 Hampton Street, Suite 705  
City: Greenville State: SC Zip: 29607 City: Columbia State: SC Zip: 29208  
Home Phone: 864 297 3963 Work Phone: \_\_\_\_\_ Carrier: State Accident Fund  
Preparer's Name: Zandra L. Johnson, The Law Firm of Zandra L. Johnson, LLC Preparer's Phone #: 864 527 5915

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$500.55 2. AWW: \$ 750.79 Date of Injury: 01/29/2014
3. Type of injury and body part(s): right leg, right knee, neck, right shoulder, right wrist, lower back
4. Facts in controversy: Those relevant to issues to be determined according to Form 50/51.
5. Legal issues involved: (1) Proper calculation of average weekly wage and corresponding compensation rate (S.C. Code Sec. 42-1-40; S.C. Code Sec. 42-9-350); (2) Reinstatement of TT benefits to include benefits from 03/05/2014 - Present and continuing (S.C. Code Sec. 42-9-260); (3) Reimbursement of medical expenses personally incurred during periods medical not provided; Necessity of additional medical treatment since Claimant is not at MMI.
6. Unusual aspects: Claimant has been returned to work as student with restrictions but has not been returned to work at wage-earning employment.
7. Witnesses (designate if expert):\* John Faubert (claimant)
8. Exhibits: Submitted as APA Submissions Nos. 4 - 9: (4) USC Apprentice Students Form 20; (5) McDonald's Form 20; (6) Claimant's 2013 W-2; (7) USC Apprentice Students Form 15; (8) State Accident Fund Check to Claimant for TT benefits; and (9) Letter/Memo from McDonald's dated 08/28/2014
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):  
Medical evidence will be submitted pursuant to R.67-612 and APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Forrest Pommerenke and Paul Kellett, Doctors Care, 701 Congaree Rd., Greenville, S.C. 29607; Robert LeBlond, Upstate Medical Rehabilitation, 111 Doctors Drive, Greenville, S.C. 29605; Progressive Physical Therapy, 701 Congaree Rd., Greenville, S.C. 29607
11. Impairment rating(s); body part(s); physician and date of opinion: None yet assigned; Not at MMI
12. I am amending my Form 50/51 in the following manner: to include an injury to the lower back; to request recalculation of the AWW and the corresponding compensation rate

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

Signature: Zandra L. Johnson

Email: zandra@zfirmcsc.com

Date of hearing: September 23, 2014

Time needed for hearing: 1 hour

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611. Do not send medical reports.

\* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

John Faubert, Employee,

W.C.C. FILE NO.: 1402080

Claimant,

vs.

NOTICE OF WITNESSES, WRITTEN  
MEDICAL REPORTS AND OTHER  
DOCUMENTS TO BE INTRODUCED AS  
DIRECT EVIDENCE ON BEHALF OF  
CLAIMANT

University of SC Apprentice Students,  
Employer,

and

S.C. State Accident Fund, Carrier

Defendants.

TO: The Honorable Aisha Taylor, Commissioner, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and Peter S. Leventis, IV, The McKay Law Firm, P.O. Box 7217, Columbia, S.C. 29202-7217, Attorney for Defendants Employer/Carrier.

YOU ARE HEREBY NOTIFIED THAT the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code § 1-23-330 (1976, as amended) and Regulation 67-612, herewith submits the following medical reports as direct evidence on behalf of the Claimant, to wit:

| APA No. | Provider Name                      | Treating Physician                         | Date(s) of Service included | Page Nos. |
|---------|------------------------------------|--------------------------------------------|-----------------------------|-----------|
| 1       | GHS Upstate Medical Rehabilitation | Dr. Robert LeBlond                         | 01/09/2014-07/03/2014       | 1 - 25    |
| 2       | Doctor's Care                      | Dr. Forrest Pommerenke<br>Dr. Paul Kellett | 02/28/2014-04/10/2014       | 26 - 50   |
| 3       | Progressive Physical Therapy       | Wendy Rampey, Physical Therapist           | 03/07/2014-03/21/2014       | 51 - 60   |

The following OTHER DOCUMENTS are also submitted as direct evidence on behalf of the Claimant:

| APA No. | Description of Document                               | Document Date(s) | Page Nos. |
|---------|-------------------------------------------------------|------------------|-----------|
| 4       | USC Apprentice Students Form 20                       | N/A              | 61        |
| 5       | McDonald's Form 20                                    | N/A              | 62        |
| 6       | Claimant's 2013 W-2                                   | 2013             | 63        |
| 7       | USC Apprentice Students Form 15                       | 03/21/2014       | 64        |
| 8       | State Accident Fund Check to Claimant for TT benefits | 03/21/2014       | 65        |
| 9       | Letter/Memo from McDonald's                           | 08/28/2014       | 66        |

Claimant respectfully reserves the right to amend this response and submit additional reports and/or documents.

YOU ARE HEREBY FURTHER NOTIED THAT you have the right of cross-examination; and, should you desire to exercise that right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED THAT the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the hearing before the South Carolina Workers' Compensation Commission, for inclusion in the file of the South Carolina Workers' Compensation Commission and admission into evidence on behalf of the Employee/Claimant.

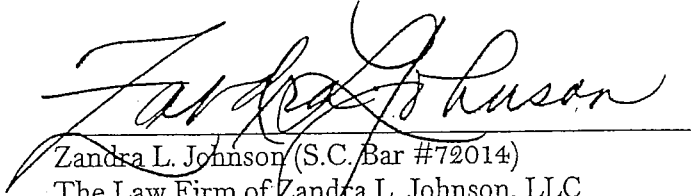
YOU ARE FURTHER NOTIFIED THAT the following witnesses may be called on behalf  
of the Employee/Claimant.

(a) John Faubert, Claimant

Claimant respectfully reserves the right to amend this response and call additional  
witnesses as necessary.

Respectfully Submitted,

THE Z FIRM

A handwritten signature in cursive script, reading "Zandra L. Johnson", is written over a horizontal line.

Zandra L. Johnson (S.C. Bar #72014)  
The Law Firm of Zandra L. Johnson, LLC  
Attorney for the Employee/Claimant  
330 E. Coffee Street  
Greenville, S.C. 29601  
Phone: 864.527.5915/Fax: 864.551.2913  
Email: [zandra@zfirmsc.com](mailto:zandra@zfirmsc.com)

September 12, 2014

# **APA Submissions**

(APA Nos. 1 - 9)





# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

49 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607  
Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS  
Insurance: BCBS PPC/PPO PREFERRED BLUE  
Referring: Kent H Kistler, MD External Visit  
ID: 174660654

Appointment Facility: Upstate Medical Rehabilitation

01/09/2014

Progress Note: Robert LeBlond\*

### Current Medications

ASA 81 capsule 1 CAPS daily  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Symbicort 160/4.5 2 puffs twice daily  
Copaxone 20 mg/mL solution 20 mg Once a day  
Vitamin D 8000 intl units/mL solution 0.025 mL once a day  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Turmeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Lasix 40 mg tablet 1 tab(s) once a day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra (n am or pm); max 5/day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Norco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Allergies

Latex: rash, hives: Allergy

### Reason for Appointment

1. SPONDYLOSIS - 4 MO DR L

### History of Present Illness

#### General:

The patient is a 49 y/o male who presents for follow-up secondary to chronic degenerative back/leg pain. He states he is doing fairly well. The medications are keeping his pain under okay control so that he can function. The pain is around a 6/10 today. He does not believe anything needs to be changed. He notes no change in strength, sensation, bowel, bladder noting chronic constipation but it is not as bad as it was in the past. No fever or weight loss. His MS is stable. He does have trouble with hand tremor but it is not too severe at this point.

No chest pain, shortness of breath, nausea, vomiting, fever or weight loss. No trouble with depression. The rest of the review of systems is negative.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, BP 143/73, HR 78, Pain score 7.

### Examination

#### General Exam:

NEUROLOGIC: Motor is 5/5. Sensation decreased in stocking distribution. DTRs absent. Mild tremor in hand. Station and gait antalgic. Back with tenderness in the paraspinals. Mild pain with facet loading. Straight leg raising negative. EXTREMITIES: No clubbing, cyanosis or edema. No wasting. The medical assistant was present for physical exam.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)
2. BPH (benign prostatic hyperplasia) - 600.90
3. MS (multiple sclerosis) - 340

1. Chronic degenerative back pain with radicular component - stable overall.
2. MS with hand tremor. Followed by Neurology. He appears to be

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 01/09/2014

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coping fairly well.

#### Treatment

##### 1. Spondylosis (Lumbar)

Refill Norco tablet, 325 mg-10 mg, 1 tab(s), orally; release 1-10-14, q6h max 4/day, 30 day(s), 120, Refills 0

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally; release 1-20-14, q8h max 3/day, 30 day(s), 90, Refills 0

Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 90 Days, 450, Refills 0

Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 day(s), 60, Refills 3

##### 2. Others

Continue heat, home exercises, and current medications. We will see him back in two to three months or sooner as needed. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

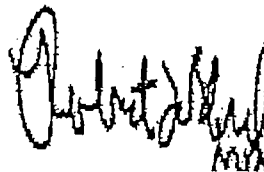
REL/cld/010914.

#### Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

#### Follow Up

3 Months



Electronically signed by Robert LeBlond on 01/15/2014 at 04:00 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 01/09/2014

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Aug. 21. 2014 4:35PM

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Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert  
LeBlond\* 01/09/2014

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3



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

Male, DOB: 03/07/1964  
REENVILLE, SC-29607  
Home: 864-297-3963  
Guarantor: FAUBERT, JOHN JONES MORRIS  
Insurance: BCBS PPC/PPO PREFERRED BLUE  
Referring: Kent H Kistler, MD External Visit  
ID: 186454369  
Appointment Facility: Upstate Medical Rehabilitation

02/05/2014

Progress Note: David Goldsmith, PA-C

### Current Medications

Norco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Neurontin 490 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
ASA 81 capsule 1 CAPS daily  
Klor-Con 10 10 mg tablet, extended release 1 tab(s) 1 times a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Symblcort 160/4.5 2 puffs twice daily  
Copaxone 20 mg/mL solution 20 mg once a day  
Vitamin D 800q intl units/mL solution 0.025 mL once a day  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Tumeric tablet 1 tab once daily  
Nexium 40 mg 1 tab daily  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Lasix 40 mg tablet 1 tab(s) once a day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLT bilaterally 12-08

### Family History

Family: high bld. pressure, cancer,

### Reason for Appointment

1. SPONDYLOSIS - FU W/PA
2. Back pain

### History of Present Illness

#### General:

One month F/U for a 49 y/o male with chronic back pain, lower extremity dysesthesias and multiple sclerosis. He called for a work in appointment due to a flare up of his pain. He fell at Marshall Pickens while doing his clinical rotation there through school. He is uncertain if this is considered a work injury. He said he has difficulty ambulating on their flagstone as it is uneven and sometimes he drags his foot. When he fell he had caught his foot on one of the flagstones and fell forward. He hit his knees and then on his hands. He went to his family doctor. X-rays of the knees, hips and back were negative. He is going to follow up with him. Pain has flared up and his PCP recommended he come in to see us. He does continue to have numbness and tingling in the left leg, worse since the fall. He has more pain in the back and knees. Medications do not seem to be helping. He has been taken out of work by his family doctor for one week but he believes he needs to stay out longer.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, Pain score 10, Tech Initial td  
took pain meds this morning.

### Examination

#### General Exam:

Lower extremities showed good strength. DTRs reduced but equal. Sensation decreased in a stocking distribution. Negative SLR. Gait slow, antalgic with cane assist. He does appear to be very uncomfortable both sitting and moving. Low back was tender along the paraspinals and facets. No ligamentary instability in the knees.

### Assessments

1. MS (multiple sclerosis) - 340 (Primary)
2. Spondylosis (Lumbar) - 721.3

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C  
C 02/05/2014

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rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed: today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

### Allergies

Latex; rash, hives: Allergy

### Hospitalization/Major

### Diagnostic Procedure

UTI 2012  
Chest pain, R/O MI 04/2013

### Review of Systems

Sleep varies with pain level. No change in  
bowel or bladder function. No psych  
instability.

Chronic back pain with exacerbation S/P above mentioned fall. He  
might benefit from physical therapy also rest and routine heat and  
stretching.

### Treatment

#### 1. Others

Increase Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 5/day,  
30 day(s) release on 02/09/2014, 150, Refills 0  
Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h  
max 3/day, 30 day(s) release on 02/19/2014, 90, Refills 0  
Continue Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po  
extra in am or pm; max 5/day  
Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day

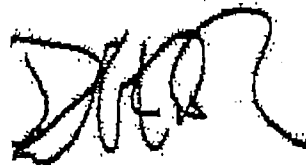
1. Medications: Increase meds by one extra Norco per day. 2. Activities  
as tolerated. 3. Out of work for one and a half weeks and restart on  
February 17th with some restrictions. 4. F/U in four weeks. 5. The  
patient was advised to continue all other medications as prescribed by  
other treating physicians/providers.  
DG/mat/020514.

### Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

### Follow Up

03/11/2014



Electronically signed by David Goldsmith, PA on 02/14/2014  
at 10:55 AM EST

Sign off status: Completed

Upstate Medical Rehabilitation

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 02/05/2014

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111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, FA-  
C 02/05/2014

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

49 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCRS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit

ID: 187568266

Appointment Facility: Upstate Medical Rehabilitation

02/21/2014

Progress Note: David Goldsmith, PA-C

### Current Medications

Norco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Lsxl 40 mg tablet 1 tab(s) once a day  
Symbicort 160/4.5 2 puffs twice daily  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
Copaxone 20 mg/mL solution 20 mg once a day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
Vitamin D 8000 intl units/mL solution 0.025 mL once a day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Tumeric tablet 1 tab once daily  
ASA 81 capsule 1 CAPS daily  
Nexium 40 mg 1 tab daily  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLIT bilaterally 12-08

### Family History

Family: high bld. pressure, cancer,

### Reason for Appointment

1. SPONDYLOSIS/PER JELLYBEAN
2. S/p fall

### History of Present Illness

#### General:

Patient was seen earlier this month for a flare up. He attributed this to falling at work. The financial responsible party is undetermined as he was injured while interning at the Greenville Hospital System through his masters program. He continues to have numbness in the thighs bilaterally. He is starting to have more tingling, prickly like sensations distal to the knees. Back is still severe across the beltline. It is usually worse with trying to sleep, driving, prolonged sitting and first think in the morning. At last visit we increased the Norco by one extra pill per day and it has not made a difference. His family doctor did order an MRI which was scheduled for next week on Tuesday. He has noticed dragging his leg more so the patient is encouraged to follow through with the MRI.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, BP 155/96, HR 92, Pain score 9, BSA 2.71  
Last pain pill: this am.

### Examination

#### General Exam:

Lower extremities showed good strength in the seated position. Sensation decreased in the stocking distribution. DTR's reduced equally. Gait is antalgic. He is dragging the right foot. I am uncertain if this is related to pain or weakness. He does have good strength in the seated position. Examination of the back shows tenderness along the paraspinals bilaterally. Also on the right SI joint pelvic obliquity appreciated with forward flexion with some tenderness in the piriformis muscle and greater trochanter. Habitus obese. He appears fatigued.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 02/21/2014

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rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed: today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

### Allergies

Latex: rash, hives: Allergy

### Hospitalization/Major

### Diagnostic Procedure

UTI 2012  
Chest pain, R/O MI 04/2013

### Review of Systems

No change in bowel or bladder function. No  
psych instability. No other neurological  
changes.

2. BPH (benign prostatic hyperplasia) - 600.90
3. MS (multiple sclerosis) - 340

Chronic back pain with radicular symptoms and exacerbation  
associated with falls. He has no degenerative changes on his last MRI  
so comparison is necessary between last and new MRI for changes. I  
believe there is a mechanical component which might respond to  
physical therapy.

### Treatment

#### 1. Spondylosis (Lumbar)

Start WORK NOTE: \*\*Please excuse, this patient, \*, this patient until  
refill appointment on 3/11/2014, :, \* from work

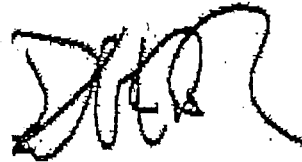
1. Medications: Continue current medications without change.
2. Physical therapy.
3. Keep MRI.
4. F/U in March as already arranged.
5. The patient was advised to continue all other medications as prescribed  
by other treating physicians/providers. DG/dh/022114.

### Preventive Medicine

MED RECONCILIATION: Pt, Ed; Current Meds-Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

### Follow Up

f/u 3/11/14 already scheduled .



Electronically signed by David Goldsmith , PA on 02/28/2014  
at 02:08 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES MORRIS . DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 02/21/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Upstate Medical Rehabilitation-Cross Creek  
109 Doctors Drive Greenville, SC, 29605  
Tel: 864-797-7100 Fax:  
Prepared By: Warner, Ashley  
Trans id: 2014022108343396012551810

David Goldsmith, PA-C

Supervisor: Robert LeBlond\*

PRINTED PRESCRIPTION

FAUBERT, JOHN JONES MORRIS  
GREENVILLE, SC-29607  
DOB: 03/07/1964, Phone: 864-297-3963

Date: 02/21/2014

Rx

WORK NOTE: () \*\*Please excuse this patient  
Disp: \*\*\*\* from work\*\*\*  
Sig: \* this patient until refill appointment on 3/11/2014 :

Refills: \*\*\*\*\* (ZERO)  
DEA #: MG2456982  
LIC.#: 715

Dispense as Written

David Goldsmith, PA-C

Substitution Permitted



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

50 y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607  
Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 186612214

Appointment Facility: Upstate Medical Rehabilitation

03/11/2014

Progress Note: David Goldsmith, PA-C

### Current Medications

Symbicort 160/4.5 2 puffs twice daily  
Lasix 40 mg tablet 1 tab(s) once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Noreco 325 mg-10 mg tablet 1 tab(s) q6h max 4/day  
WORK NOTE: this patient \*\*Please excuse \* this patient until refill appointment on 3/11/2014  
multivitamin Multiple Vitamins tablet 1 tab(s) once a day  
Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day  
Nexium 40 mg 1 tab daily  
ASA 81 capsule 1 CAPS daily  
Turmeric tablet 1 tab once daily  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Vitamin D 8000 Intl units/mL solution 0.025 mL once a day  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day  
Copaxone 20 mg/mL solution 20 mg once a day  
Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day  
MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day  
Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLV bilaterally 12-08

### Reason for Appointment

1. SPONDYLOSIS - 3.11.14 FU
2. Back pain and leg pain

### History of Present Illness

#### General:

Two-week follow-up for a 50 y/o male with chronic back pain, leg pain and recent injury. His injury has changed status to a Worker's Compensation claim. He went to Doctors Care and was sent for physical therapy at Progressive Physical Therapy. He has been two times. In the meantime, his family doctor did order an MRI of the spine. The MRI shows multiple degenerative changes with DDD, congenital canal stenosis, and some foraminal stenosis. When comparing this MRI with the last one in March of last year, there are no significant changes. The patient was fairly stable in terms of symptoms over the last year with a few flare-ups. He does have a history of surgery including a laminotomy and microdiscectomy at L5/S1. Today, he reports he is really no better today than last visit but he believes he will get better with physical therapy and time and, for that reason, he did not want to schedule any procedures or medication changes.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, Pain score 8, Tech Initial td  
took pain meds this morning.

### Examination

#### General Exam:

NEUROLOGIC: The patient is alert and oriented and in no acute distress. He appears more comfortable today than what I recall from last visit. Gait mildly antalgic with cane assist. Conversation appropriate. Habitus obese.

### Assessments

1. Encounter for long-term (current) drug use - V58.69 (Primary)
2. ENCTR THERAP DRUG MONITORING - V58.83

Chronic back pain with some lower extremity dysesthesias status post recent injury. His MRI is about the same as last year, therefore, I think

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 03/11/2014

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**Family History**

Family: high bld. pressure, cancer,  
rheumatoid arthritis  
Father: alive  
Mother: alive

**Social History**

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed: today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

**Allergies**

Latex: rash, hives: Allergy

**Hospitalization/Major****Diagnostic Procedure**

UTI 2012  
Chest pain, R/O MI 04/2013

**Review of Systems**

No chest pain, No change in bowel or bladder  
function. He does have constipation better  
with medication. Today, the pain rates about  
an 8/10. It is usually worse with any  
prolonged sitting, standing and walking. He  
also continues to have pain down the left  
thigh and sometimes it keeps him up at night.  
He feels unable to return to work and he is on  
FMLA but he did start back to his clinical  
studies a couple of hours a shift.

conservative treatment is recommended. If he continues to not  
improve, we can discuss other options - the patient agreed with that.

**Treatment****1. Encounter for long-term (current) drug use**

LAB: Fentanyl w/confirmation, urine  
LAB: Opiate Metabolites drug screen, urine  
LAB: Pain Therapy Drug Screen (14), urine  
LAB: Tramadol with confirmation, urine (Ultram)

**2. ENCTR THERAPY DRUG MONITORING**

LAB: Fentanyl w/confirmation, urine  
LAB: Opiate Metabolites drug screen, urine  
LAB: Pain Therapy Drug Screen (14), urine  
LAB: Tramadol with confirmation, urine (Ultram)

**3. Others**

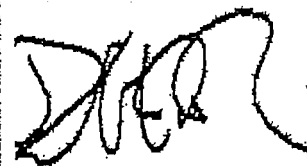
Increase Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 5/day,  
30 day(s) release on 03/11/2014, 150, Refills 0  
Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h  
max 3/day, 30 day(s) release on 03/21/2014, 90, Refills 0  
Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra  
in am or pm; max 5/day, 90 Days, 450, Refills 0  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day, 30 day(s), 60, Refills 3  
Refill WORK NOTE: \*\*Please excuse, this patient, \*, this patient until  
refill appointment, \*, \* from work  
1. Medications: Continue without change. 2. Physical therapy and home  
exercise. 3. Follow-up in four weeks. 4. The patient was advised to  
continue all other medications as prescribed by other treating  
physicians/providers.  
DG/cld/031114.

**Preventive Medicine**

MED RECONCILIATION: Pt, Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

**Follow Up**

keep March appt w Goldsmith/// Needs 3 mo appt w LeBlond



Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 03/11/2014

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Electronically signed by David Goldsmith, PA on 03/18/2014  
at 06:08 PM EDT

Sign off status: Completed

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Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 03/11/2014

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

50 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC 29607  
Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS  
Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 191344977  
Appointment Facility: Upstate Medical Rehabilitation

04/07/2014

Progress Note: David Goldsmith, PA-C

### Current Medications

Tumeric tablet 1 tab once daily  
ASA 81 capsule 1 CAPS daily  
WORK NOTE: this patient \*\*Please excuse \*\*  
this patient until refill appointment  
Nexium 40 mg 1 tab daily  
Amitiza 24 mcg capsule 1 cap(s) 2 times a day  
max 2/day  
Klor-Con 10 10 mEq tablet, extended release 1  
tab(s) 1 times a day  
multivitamin Multiple Vitamins tablet 1 tab(s)  
once a day  
MS Contin 30 mg tablet, extended release 1  
tab(s) q8h max 3/day  
Norco 325 mg-10 mg tablet 1-2 tab(s) q6h  
max 5/day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
Lasix 40 mg tablet 1 tab(s) once a day  
Symbicort 160/4.5 2 puffs twice daily  
Neurontin 400 mg capsule 1 cap(s) every 6  
hrs; 1 po extra in am or pm; max 5/day  
Copaxone 20 mg/mL solution 20 mg once a  
day  
Vitamin D 8000 Intl units/mL solution 0.025  
mL once a day  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
BVLIT bilaterally 12-08

### Family History

### Reason for Appointment

1. SPONDYLOSIS - 3 MONTHS
2. Back pain
3. Leg pain

### History of Present Illness

#### General:

One-month F/U for a 50 year-old male with chronic back pain and leg pain and exacerbation status post work-related injury while doing academic internship. Since we last saw him he has been in physical therapy through Doctors Care. This does not seem to be helping. Actually, it is making it worse. He would consider transferring to another therapist if that was possible given his workers' comp claim. Today pain is still 9/10. It seems to be worse in the right following physical therapy. Typically it is not in this area. Currently it is right sacroiliac joint area with radiation into the buttock and thigh. Pain is present all the time, worse with any type of activity. We increased his Norco by one extra pill per day. He is uncertain if that is helping. He did not want to make any changes. He still feels unable to return to his usual job. He will try to tough it out in terms of completing his clinical practice for his degree.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, Pain score 9,  
Tech Initial td  
took pain meds this morning.

### Examination

#### General Exam:

Lower extremities showed good strength. Gait mildly antalgic. Habitus obese. Low back was tender along the L5/S1 and SI joint area on the right. Pelvic obliquity seen with forward flexion. He has restricted range of motion with flexion and extension and lateral rotation. There is some mild tenderness in the piriformis muscle.

### Assessments

1. Back pain unspecified - 724.5 (Primary)
1. Chronic back pain with mechanical and degenerative components:

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C  
04/07/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Family: high bld. pressure, cancer,  
rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed; today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:.  
no Recreational drug use.

### Allergies

Latex: rash, hives: Allergy

### Hospitalization/Major

### Diagnostic Procedure

UTI 2012  
Chest pain, R/O MI 04/2013

### Review of Systems

No chest pain or change in bowel or bladder  
function. No psych instability.

Recommend specifically manual therapy for his condition.

### Treatment

#### 1. Others

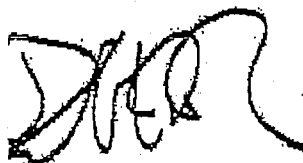
Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 5/day, 30  
day(s) release on 04/10/2014, 150, Refills 0  
Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h  
max 3/day, 30 day(s) release on 04/20/2014, 90, Refills 0  
Refill WORK NOTE: \*\*Please excuse, this patient, \*, this patient until  
refill appointment, ;, \* from work  
Refill Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day, 30 day(s), 60, Refills 3  
1. Medications: Continue current medications, 2. Physical therapy as  
above. 3. F/U in four weeks. In the meantime, continue out of work.  
The patient was advised to continue all other medications as prescribed  
by other treating physicians/providers.  
DG/jp/040714.

### Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

### Follow Up

05/10/2014 w/ Goldsmith LeBlond in 3 mos



Electronically signed by David Goldsmith, PA on 04/11/2014  
at 03:59 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 04/07/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 04/07/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

50 Y old Male, DOB: 03/07/1964  
GREENVILLE, SC-29607  
Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 191955608

Appointment Facility: Upstate Medical Rehabilitation

05/08/2014

Progress Note: David Goldsmith, PA-C

### Current Medications

Lasix 40 mg tablet 1 tab(s) once a day  
Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily  
multivitamin Multiple Vitamins tablet 1 tab(s)  
once a day  
Klor-Con 10 10 mEq tablet, extended release 1  
tab(s) 1 times a day  
Nexium 40 mg 1 tab daily  
ASA 81 capsule 1 CAPS daily  
Tumeric tablet 1 tab once daily  
Amitiza 24 meg capsule 1 cap(s) 2 times a day  
max 2/day  
WORK NOTE: this patient \*\*Please excuse \*  
this patient until refill appointment  
MS Contin 30 mg tablet, extended release 1  
tab(s) q8h max 3/day  
Norco 325 mg-10 mg tablet 1-2 tab(s) q6h  
max 5/day  
Cipro 500 mg tablet 1 tab(s) every 12 hours  
Vitamin C 500 mg capsule 1 cap(s) once a day  
Vitamin D 8000 intl units/mL solution 0.025  
mL once a day  
Copaxone 20 mg/mL solution 20 mg once a  
day  
Neurontin 400 mg capsule 1 cap(s) every 6  
hrs; 1 po extra in am or pm; max 5/day  
Symbicort 160/4.5 2 puffs twice daily  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLV bilaterally 12-08

### Family History

### Reason for Appointment

1. SPONDYLOSIS - 4 WEEK FU
2. Back pain

### History of Present Illness

#### General:

One-month F/U for a 50 year-old male with chronic back pain and exacerbation status post work-related injury. Patient was to find a different physical therapist per our recommendation, but this is in dispute with workers' comp. In the meantime, he did discontinue physical therapy at Doctors Care. He had reported last month that this was causing worse symptoms. He did actually improve with the termination of physical therapy. Pain is still out of control. It is a 7-8/10 with any activity. Pain is present 100% of the time in the back. Right side is present since his injury, typically it was only on the left. No change in leg symptom.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, Pain score 7,  
Tech Initial rd  
took pain meds this morning.

### Examination

#### General Exam:

Lower extremities showed good strength, DTRs reduced. Sensation altered distally. Gait antalgic, slow and labored. Habitus obese. Examination of the back showed tenderness along the facets bilaterally, left side worse than right.

### Assessments

1. Facet Arthropathy - 721.3 (Primary)
1. Chronic back pain with facet mediated component exacerbated by recent injury. Options include medication modification and procedures. I highly recommended a rhizotomy. He wanted to defer that, but we did spend considerable time discussing it.
2. Lower extremity dysesthesias stable.

### Treatment

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C  
C 05/08/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Family: high bld. pressure, cancer,  
rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed: today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

### Allergies

Latex: rash, hives: Allergy

### Hospitalization/Major

### Diagnostic Procedure

UTI 2012  
Chest pain, R/O MI 04/2013

### Review of Systems

No chest pain or change in bowel or bladder  
function. No psych instability.

### 1. Others

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h  
max 3/day, 30 day(s) release on 05/20/2014, 90, Refills 0  
Stop Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 5/day, 30  
day(s) release on 05/12/2014, 150

Refill WORK NOTE: \*\*Please excuse, this patient, \*, until follow up  
appointment, ; \* from work

Continue Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max  
2/day

Start Percocet-10/325 tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max  
5/day, 30 days release on 05/12/2014, 150, Refills 0

1. Medications: Continue long-acting medication. Change short-acting  
medication from Norco to Percocet, same dosing and strength. 2.  
Physical therapy with manual physical therapist if approved. 3. F/U in  
four weeks.

The patient was advised to continue all other medications as prescribed  
by other treating physicians/providers.

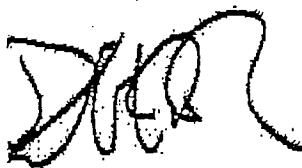
DG/jp/050814.

### Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

### Follow Up

06/11/2014



Electronically signed by David Goldsmith, PA on 05/16/2014  
at 01:22 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 05/08/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Tel: 864-797-7100  
Fax: 864-241-9229

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 05/08/2014

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# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

50 Y old Male, DOB: 03/07/1964  
Account Number: 971297984  
GREENVILLE, SC-29607  
Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: BCBS PPC/PPO PREFERRED BLUE

Referring: Kent H Kistler, MD External Visit ID: 194736153

Appointment Facility: Upstate Medical Rehabilitation

06/11/2014

Progress Note: David Goldsmith, PA-C

### Current Medications

#### Taking

- MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day
- WORK NOTE: this patient "Please excuse \* until follow up appointment"
- Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day
- Percocet-10/325 325 mg-10 mg tablet 1-2 tab(s) q6h max 5/day
- Lasix 40 mg tablet 1 tab(s) once a day
- Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily
- multivitamin Multiple Vitamins tablet 1 tab(s) once a day
- Klor-Con 10 mEq tablet, extended release 1 tab(s) 1 times a day
- Nexium 40 mg 1 tab daily
- ASA 81 capsule 1 CAPS daily
- Tumeric tablet 1 tab once daily
- Cipro 500 mg tablet 1 tab(s) every 12 hours
- Vitamin C 500 mg capsule 1 cap(s) once a day
- Vitamin D 8000 intl units/mL solution 0.025 mL once a day
- Copaxone 20 mg/mL solution 20 mg once a day
- Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day
- Symbicort 160/4.5 2 puffs twice daily
- Chantix Continuing Month 1 mg tablet 1 tab(s) 2 times a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

- MS - has had for 12 years, diagnosed 2007
- DVT in legs
- Degenerative disc disease
- Varicose veins
- IBS
- GERD
- Asthma

### Reason for Appointment

1. Back pain and leg pain

### History of Present Illness

#### Medication:

- DC oxycodone
- DC Amitiza,

#### General:

One month follow up for a 50-year old male with chronic back pain and multiple medical problems. At last month's visit, we trialed him on Percocet for the second time. He had some side effects that were uncomfortable with the medication and it was less effective. He would like to go back to Norco. Pain is still an 8/10, back and legs, usually worse with prolonged sitting or standing. He is still waiting for a hearing related to Worker's Compensation. Approval of various evaluations and treatments has been very frustrating for him as it has been going on for several months. In the meantime, he has continued to go to school and reduced his hours as an intern. He is hoping to get a referral through Worker's Compensation to neurosurgeon as well as physical therapy. I think these referrals are being contested.

### Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 319, Wt kg 144.7, BMI 43.26, Pain score 8, Tech Initial td took pain meds this afternoon.

### Examination

#### General Exam:

Patient is alert and oriented in no acute distress. Gait antalgic. Habitus obese. He is in good spirits today.

### Assessments

1. Spondylosis (Lumbar) - 721.3 (Primary)

1. Chronic back pain with exacerbation associated with work-related injury.
2. Lower extremity pain and weakness associated with MS. Relationship to this injury is difficult to determine.

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C 06/11/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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### Surgical History

Anesthesia or sedation problem- No  
back surgery 1983  
EVLV bilaterally 12-08

### Family History

Family: high bld. pressure, cancer,  
rheumatoid arthritis  
Father: alive  
Mother: alive

### Social History

Interpersonal/family relationships: Married.  
Alcohol men 18-65 yrs Assessment  
completed: today, Alcohol intake: patient  
does not drink alcohol.  
Smoking Status > 13 years old Are you a:  
Former smoker, Pt counseled on the dangers  
of tobacco use and urged to quit. 2/18/2013.  
no Alcohol.  
Smoking: yes, PPD: , years:  
no Recreational drug use.

### Allergies

Latex: rash, hives: Allergy

### Hospitalization/Major

### Diagnostic Procedure

UTI 2012  
Chest pain, R/O MI 04/2013

### Review of Systems

He continues to have trouble with  
constipation, but he is doing better with diet  
and fiber and follows up with  
gastroenterologist. He wants to discontinue  
the Amitiza. No chest pain, no change in  
bowel or bladder function.

3. Deconditioning. Recommend return to physical therapy.

### Treatment

#### 1. Others

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h  
max 3/day, 30 day(s) release on 06/19/2014, 90, Refills 0  
Stop Percocet-10/325 tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max  
5/day, 30 days release on 06/11/2014, 150  
Start Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day  
Refill WORK NOTE: \*\*Please excuse, this patient, \*, until follow up  
appointment, \*, \* from work

Start Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 5/day, 30  
days release on 06/11/2014, 150, Refills 0

Notes: 1. Medications: DC oxycodone. Restart Norco. No change in  
other medications with the exception of discontinuation of Amitiza in  
favor of over the counter medications and/or diet, 2. Healthy lifestyle  
recommended. 3. Follow up with Dr. LeBlond as already arranged in  
early July. 4. The patient was advised to continue all other medications  
as prescribed by other treating physicians/providers. DG/cm/061114.

### Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current  
meds/immunizations reviewed, including purpose with pt. Med Recon  
list given to pt/family. Pt advised to discard old med lists and provide  
all providers with current list at each visit and carry list with them in  
case of emergency.

### Follow Up

07/11/2014; Dr. LeBlond in July



Electronically signed by David Goldsmith, PA on 06/20/2014  
at 01:39 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-  
C 06/11/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Aug. 21. 2014 4:32PM

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Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: David Goldsmith, PA-C  
06/11/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## FAUBERT, JOHN JONES MORRIS

50 Y old Male, DOB: 03/07/1964

Account Number: 971297984

GREENVILLE, SC 29607

Home: 864-297-3963

Guarantor: FAUBERT, JOHN JONES MORRIS

Insurance: MEDICAID-SC

Referring: Kent H Kistler, MD External Visit ID: 191955871

Appointment Facility: Upstate Medical Rehabilitation

07/03/2014

Progress Note: Robert LeBlond\*

### Current Medications

#### Taking

- MS Contin 30 mg tablet, extended release 1 tab(s) q8h max 3/day
- WORK NOTE: this patient \*\*Please excuse \* until follow up appointment
- Amitiza 24 mcg capsule 1 cap(s) 2 times a day max 2/day, stop date 07/03/2014
- Norco 325 mg-10 mg tablet 1-2 tab(s) q6h max 5/day
- Lasix 40 mg tablet 1 tab(s) once a day
- Omega 3 Fish Oil 1000 mg. Tabs 3 q day daily
- multivitamin Multiple Vitamins tablet 1 tab(s) once a day
- Klor-Con 10 10 mEq tablet, extended release 1 tab(s) 1 times a day
- Nexium 40 mg 1 tab daily
- ASA 81 capsule 1 CAPS daily
- Tumeric tablet 1 tab once daily
- Cipro 500 mg tablet 1 tab(s) every 12 hours
- Vitamin C 500 mg capsule 1 cap(s) once a day
- Vitamin D 8000 intl units/mL solution 0.025 mL once a day
- Copaxone 20 mg/mL solution 20 mg once a day
- Neurontin 400 mg capsule 1 cap(s) every 6 hrs; 1 po extra in am or pm; max 5/day
- Symbicort 160/4.5 2 puffs twice daily
- Chantix Continuing Month 1 mg tablet 1 tab(s) 2 times a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

MS - has had for 12 years, diagnosed 2007  
DVT in legs  
Degenerative disc disease  
Varicose veins  
IBS  
GERD  
Asthma

### Reason for Appointment

1. SPONDYLOSIS - 3 MONTHS

### History of Present Illness

#### General:

The patient is a 50 y/o male who presents for follow-up secondary to chronic back and leg pain as well as MS. He recently saw Neurology. They adjusted his injection to one, three times a week instead of daily. He has not seen any change in his back pain. His back pain is a little worse. He notes the medications are not as effective. He is using the MS Contin 30 mg TID and Norco for breakthrough pain as the Percocet had side effects he could not tolerate. He notes no change in bowel or bladder, fever or weight loss. The tremor is intermittent. Pain is worse with bending and lifting. He remains out of work. He is still having trouble with his work injury noting that he needs to see a specialist but they are not allowing him to see a specialist. He notes no other issues.

No chest pain, palpitations, nausea or vomiting. The rest of review of systems is negative.

### Examination

#### General Exam:

NEUROLOGIC: Motor with diffuse weakness in the lower extremities. Sensation altered in the left leg diffusely. DTRs decreased but equal. No clonus. Station and gait antalgic. Back with tenderness in the paraspinals. Pain with facet loading bilaterally. Straight leg raising test negative. EXTREMITIES: No clubbing, cyanosis or edema. The medical assistant was present for physical exam.

### Assessments

1. Varicose veins of leg with swelling - 454.8 (Primary)
2. Spondylosis (Lumbar) - 721.3
3. MS (multiple sclerosis) - 340
4. BPH (benign prostatic hyperplasia) - 600.00
5. Erectile dysfunction - 607.84
6. Hypogonadism male - 257.2
7. Weak urinary stream - 788.62
8. Facet Arthropathy - 721.3

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 07/03/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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**Allergies**

Latex: rash, hives: Allergy

Chronic back and leg pain complicated by MS as well as work injury. I believe there is some tolerance to medication. We discussed switching to a different long-acting medication but he is unsure what he is on so I will have him bring that in next time so we can adjust it. In the meantime, we will continue the current medications. He has quite tobacco and I praised him for that but there has been a weight gain as he has increased his PO intake which we discussed briefly. I recommend heat and regular exercise.

**Treatment****1. Others**

Refill MS Contin tablet, extended release, 30 mg, 1 tab(s), orally, q8h max 3/day, 30 day(s) release on 07/19/2014, 90, Refills 0

Stop Amitiza capsule, 24 mcg, 1 cap(s), orally, 2 times a day max 2/day, 30 days, 60

Refill WORK NOTE: \*\*Please excuse, this patient, \*, until follow up appointment, ;, \* from work

Refill Norco tablet, 325 mg-10 mg, 1-2 tab(s), orally, q6h max 5/day, 30 days release on 07/11/2014, 150, Refills 0

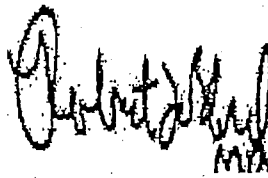
Refill Neurontin capsule, 400 mg, 1 cap(s), orally, every 6 hrs; 1 po extra in am or pm; max 5/day, 90 Days, 450, Refills 0

Notes: Continue current medications but looking at changing his long-acting once we know what is covered. I will see him back in a month or two or sooner as needed. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

REL/cld/070314.

**Follow Up**

2 Months, 3 Months



Electronically signed by Robert LeBlond on 07/25/2014 at 08:13 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation  
111 Doctors Drive

Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert LeBlond\* 07/03/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Aug. 21. 2014 4:32PM

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Page 3 of 92

Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: FAUBERT, JOHN JONES MORRIS DOB: 03/07/1964 Progress Note: Robert  
LeBlond\* 07/03/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**Upstate Medical Rehabilitation**  
111 Doctors Drive Greenville, SC, 29605  
Tel: 864-797-7100 Fax: 864-241-9229  
Prepared By: Cash (UMR), Lisa  
Trans id: 2014080809253543513694169

MedAsst2/Leblond  
Rehabilitation  
Supervisor: Robert LeBlond\*

PRINTED PRESCRIPTION

FAUBERT, JOHN JONES MORRIS  
GREENVILLE, SC-29607

Date: 08/08/2014

DOB: 03/07/1964, Phone: 864-297-3963  
Pharmacy: Walgreens-Mauldin, 104 W Butler Rd, Mauldin Tel: 864-297-0739, Fax: 297-123-5

Rx

WORK NOTE: \*\*Please excuse this patient  
Disp: \*\*\*\* from work\*\*\*  
Sig: \* until follow up appointment : 9/9/2014

Refills: \*\*\*\*\* (ZERO)  
DEA #: BL4575215  
LIC #: 22091

Dispense as Written

MedAsst2/Leblond

*Robert LeBlond*  
Substitution Permitted (P)

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## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

\* Final Report \*

### Visit Summary (Verified)

## Visit Summary for JOHN FAUBERT

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 49 years Sex: Male DOB: 03/07/1964 MRN: 739145  
Address: 2 REENVILLE, SC 29607  
Home: (864) 297-3963 Work: -- Mobile: --  
Primary Care Provider: G27-UNKNOWN, PERSONNEL  
Race: White Ethnicity: Not Hispanic or Latino  
Preferred Language: English  
Health Plan: 1<sup>st</sup> WC/STATE ACCIDENT FUND

### Visit Information

Doctors Care - Congaree  
701 CONGAREE RD GREENVILLE, SC, 29607  
Phone: (864) 458-7289 Fax: (864) 458-9462

Visit Date: 02/28/2014 08:30 am  
Scheduled Provider: Congaree - 76514  
Visit Provider: --  
Referring Provider: --  
Reason for Visit: WkC/ back injury from fall on Jan29th

### Future Appointments

No future appointments scheduled

### Problems and Health Issues

Morbid Obesity (278.01)

### Allergies

Latex

### All Known Current Prescriptions and Reported Medications

#### Prescriptions

Polytrim 10,000 units-1 mg/mL ophthalmic solution (polymyxin B-trimethoprim ophthalmic)  
Take 1 Drops both eyes every 3 hours for 7 Days, 0 refills authorized

#### Other Reported Medications

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:06 AM EDT

Page 1 of 3  
(Continued)

## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

Copaxone (glatiramer)  
Lortab 10/500 (acetaminophen-hydrocodone)  
MS Contin 15 mg/12 hr oral tablet, extended release (morphine)  
0 refills authorized  
Neurontin (gabapentin)  
Norco 7.5 mg-325 mg oral tablet (acetaminophen-hydrocodone)

### New Medications this Visit

#### New Prescriptions

No new prescriptions for this visit

### Vitals and Measurements this Visit

Height: 70 in  
Weight: 310 lb  
Body Mass Index: 44.48 kg/m2  
BSA: 2.63 m2  
Temperature Oral: 98.7 DegF  
Systolic Blood Pressure: 138 mmHg  
Diastolic Blood Pressure: 94 mmHg  
Mean Arterial Pressure: 109 mmHg  
Peripheral Pulse Rate: 79 bpm  
Oxygen Saturation: 97 %  
Respiratory Rate: 15 br/min

### Laboratory and Radiology this Visit

No Laboratory and Radiology documented

### Orders this Visit

No visit orders documented

### Diagnoses this Visit

Back sprain (847.9)

### Referral and Consult Requests this Visit

Referral  
Date/Time: 02/28/2014 By: Pommerenke MD, Forrest  
Referred To: --  
Reason for Referral: Exacerbation of low back pain. Has hx of MS and chronic pain.

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:06 AM EDT

Page 2 of 3  
(Continued)

## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

### Procedures this Visit

No Procedures documented

### Smoking Status

No Smoking Status documented

### Follow up

Follow up with: Forrest Pommerenke

When: Within 1 to 2 weeks

Where: Doctors Care - Greenville; 4200 East North St; P: (864) 292-2266 F: (864) 292-8356, Greenville, SC, 29615; (864) 292-2266 Business (1)

Comments: -

### Patient Education Materials Provided this Visit

No Patient Education documented

### Additional Visit Comments:

Charted Date: February 28, 2014 10:06 AM EST  
Subject / Title: Visit Summary  
Performed By: Pommerenke MD, Forrest on February 28, 2014 10:06 AM EST  
Electronically Signed By: Pommerenke MD, Forrest on February 28, 2014 10:06 AM EST  
Visit Information: 1890452, Doctors Care - Congaree, Outpatient, 2/28/2014 - 3/2/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:06 AM EDT

Page 3 of 3  
(End of Report)

## Occupational Medicine Note

FAUBERT, JOHN - 739145

### Back pain, MS, WC Injury

Patient: FAUBERT, JOHN MRN: 739145 FIN: 1890452  
Age: 49 years Sex: Male DOB: 03/07/1964  
Associated Diagnoses: Back sprain  
Author: Pommerenka MD, Forrest

### Visit Information

Additional Information: 02/28/2014 9:15 AM EST WkC/ back injury from fall on Jan29th

### History of Present Illness

Complicated case. It seems like an injury has been accepted as a workers comp case.  
49 yo wm fell 1/29/2014 during unpaid internship for his Masters of Social Work.  
His full time job for last 7 years has been managing Mc Donalds.  
He has had an MRI ordered by his PMD, results unavailable.  
Had back surgery for HLD 30 years ago and has had intermittent problems ever since.  
Has MS, dx'd 6-7 years ago.  
Is in pain management program with Dr. Lablond, and takes 3 Oxycontin 30 mg/day, and 5 Norco 10mg/d for several years.  
Sees Dr. Kistler, an neurologist for MS treatments with injectable Copaxone  
Sees his PMD Dr Patnam for BP, fluid, asthma,  
Sees Dr. Mazanec, a gastroenterologist for GERD.

He has not had physical therapy but its been discussed with his pain doctor.

I will start PT, and suggest that he return to sedentary duty in regard to his MSW program. Will get release to get MRI report.

### Review of Systems

Constitutional: Decreased activity.  
Eye: Negative.  
Ear/Nose/Mouth/Throat: Negative.  
Respiratory: Negative except as documented in history of present illness, Uses inhaler PRN.  
Cardiovascular: Negative.  
Gastrointestinal: Negative except as documented in history of present illness.  
Genitourinary: Negative.  
Hematology/Lymphatics: Negative.  
Endocrine: Negative.  
Immunologic: Negative.  
Musculoskeletal: Negative except as documented in history of present illness.  
Integumentary: Negative.  
Neurologic: Negative except as documented in history of present illness.  
Psychiatric: Negative.

### Health Status

#### Allergies:

##### Allergic Reactions (Selected)

Severity Not Documented

Latex (No reactions were documented)

#### Medications: (Selected)

##### Prescriptions

##### Prescribed

Polytrim 10,000 units-1 mg/mL ophthalmic solution: 1 drop(s), Both eyes, q3hr, # 10 mL, 0 Refill(s), Type: Maintenance, Pharmacy Walgreens Drug Store 09230, 1 drop(s) both eyes q3 hrs,x7 day(s)

##### Documented Medications

##### Documented

Copaxone. 0 Refill(s), Type: Maintenance

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:08 AM EDT

Page 1 of 3  
(Continued)

# Occupational Medicine Note

FAUBERT, JOHN - 739145

Lortab 10/500. 0 Refill(s), Type: Maintenance  
MS Contin 15 mg/12 hr oral tablet, extended release: 0 Refill(s), Type: Maintenance  
Neurontin: 0 Refill(s), Type: Maintenance  
Norco 7.5 mg-325 mg oral tablet: 0 Refill(s), Type: Maintenance

## Problem list

### All Problems

Morbid Obesity / ICD-9-CM 278.01 / Probable

## Histories

### Social History:

No active social history items have been recorded.

## Physical Examination

### VS/Measurements

#### Vital Signs

02/28/2014 9:15 AM EST

|                          |            |
|--------------------------|------------|
| Temperature Oral         | 98.7 DegF  |
| Peripheral Pulse Rate    | 79 bpm     |
| Respiratory Rate         | 15 br/min  |
| Systolic Blood Pressure  | 138 mmHg   |
| Diastolic Blood Pressure | 94 mmHg HI |
| Mean Arterial Pressure   | 109 mmHg   |
| BP Site                  | Left arm   |
| Oxygen Saturation        | 97 %       |

### Measurements from flowsheet : Measurements

02/28/2014 9:15 AM EST

|                 |             |
|-----------------|-------------|
| Height          | 70 in       |
| Weight          | 310 lb      |
| BSA             | 2.63 m2     |
| Body Mass Index | 44.48 kg/m2 |

General: Alert and oriented, No acute distress, Walks with cane. Morbidly obese.

Eye: Pupils are equal, round and reactive to light.

HENT: Normocephalic.

Neck: Supple.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur

Musculoskeletal: Large scar L2-L1 from surgery 30 years ago. Very difficult for him to get out of chair. Somewhat unsteady on feet due to pain and MS. Comprehensive exam difficult as he's pain interferes with every movement.

Integumentary: Warm, Dry. No rash.

Neurologic: Alert, Oriented, Mild tremor noted R UE. Slightly ataxic gait? Baseline unknown to me.

Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment.

## Impression and Plan

### Diagnosis

Back sprain (ICD9 847.9).

Course: Unchanged.

Summary: Needs rehab in major way. I encouraged his activities as much as he could. He is to keep his pain treatment under the care of his pain doctor. Not much I can add at this time. Doubt that steroids would help as it probably not an inflammatory process. Will start PT and recheck in 2 weeks. Released to part time, completely sedentary work at his MSW program. Unable to work at all at McDonalds.

### Orders

#### Orders

#### Requests (Consults / Referrals):

Referral (Request) (Order): Referred to: Physical Therapy, Reason for referral: Exacerbation of low back pain. Has hx of MS and chronic pain., Instructions: Please start ASAP and expedite if possible.

#### Charges (Evaluation and Management):

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Printed on: 9/11/2014 10:06 AM EDT

Page 2 of 3  
(Continued)

Occupational Medicine Note

FAUBERT, JOHN - 739145

99203 office outpatient new 30 minutes (Charge) (Order): Quantity: 1.

Signature Line

Signed and Authored by Forrest Pommerenke on 02/28/2014 10:01 AM EST

Charted Date: February 28, 2014 9:44 AM EST  
Subject / Title: Back pain, MS, WC injury  
Performed By: Pommerenke MD, Forrest on February 28, 2014 10:01 AM EST  
Electronically Signed By: Pommerenke MD, Forrest on February 28, 2014 10:01 AM EST  
Visit Information: 1890452, Doctors Care - Congaree, Outpatient, 2/28/2014 - 3/2/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:06 AM EDT

Page 3 of 3  
(End of Report)

## Urgent Care Note

FAUBERT, JOHN - 739145

### Return to Work/School Waiver

Patient: FAUBERT, JOHN MRN: 739145 FIN: 1890452  
Age: 49 years Sex: Male DOB: 03/07/1964  
Associated Diagnoses: None  
Author: Pommerenke MD, Forrest



### Return to Work/School Waiver

Dates of Care: 02/28/2014 10:03 AM  
Return to Work Date: \_\_\_\_\_  
Nature of Illness/Injury (if requested): \_\_\_\_\_  
Work Status: \_\_\_\_\_ Light Duty \_\_\_\_\_ Full Duty  
Comments: \_\_\_\_\_

Will start physical therapy to improve strength and function.  
OK to work part time, as tolerated, sedentary duty only, 3-4 hr/day to start.  
OK to continue to see and work with pain management, neurologist, and PMD for pre-existing problems.

Recheck here, Friday March 18, 2014. Dr. Pommerenke

### Signature Line

Signed and Authored by Forrest Pommerenke on 02/28/2014 10:05 AM EST

Charted Date: February 28, 2014 10:02 AM EST  
Subject / Title: Return to Work/School Waiver  
Performed By: Pommerenke MD, Forrest on February 28, 2014 10:05 AM EST  
Electronically Signed By: Pommerenke MD, Forrest on February 28, 2014 10:05 AM EST  
Visit Information: 1890452, Doctors Care - Congaree, Outpatient, 2/28/2014 - 3/2/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:06 AM EDT

Page 1 of 1  
(End of Report)





## Return To Work Form

### CENTER LOCATION:

- ☐ Anderson - 2126 N Highway 81, Anderson, SC 29621 • (864) 226-2660  
☐ Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392  
☒ Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7289  
☐ Easley - 832 Powdersville Road, Easley, SC 29642 • (864) 859-3899  
☐ East Blackstock - 218 East Blackstock Road, Spartanburg, SC 29301 • (864) 576-8646

- ☐ Greenville - 4200 E North Street, Suite 5, Greenville, SC 29615 • (864) 292-2266  
☐ Greenwood - 516 Montague Avenue, Greenwood, SC 29649 • (864) 223-1468  
☐ Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 968-9144  
☐ Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261  
☐ Simpsonville - 35 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

### PATIENT INFORMATION:

Name: John Eubank Arrival Time: \_\_\_\_\_ Discharge Time: \_\_\_\_\_  
Date: 2/28/14 Company Name: \_\_\_\_\_

### WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of \_\_\_\_\_ without accommodations.  
☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: \_\_\_\_\_  
Estimated return to work date for full duty: \_\_\_\_\_  
Return for re-evaluation at this location on \_\_\_\_\_ Time: \_\_\_\_\_

- ☒ 3. May work with the following accommodations as of: Today  
☒ No lifting more than (5) lbs.  
☐ No operation of hazardous or fast-moving machinery, no driving.  
☐ Ground level work only, no ladders or heights.  
☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.  
☐ No continuous standing and/or sitting.  
☐ Minimal walking or climbing (including stairs)  
☐ Limited use of \_\_\_\_\_  
☐ No overhead lifting.  
☐ No high repetitive hand activities for extended periods of time.  
☐ No use of \_\_\_\_\_

*Sedentary Work Only,  
2-4 hrs/d to start*

- ☐ 4. Has reached Maximum Medical Improvement (MMI)  
☒ 5. Return for re-evaluation at this office on 2 wks - Fri 14th Time: \_\_\_\_\_

Additional Comments:

Need medical release to get reports. Continue with Pain Management and physical therapy for pre-existing conditions

### PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Back Pain Medications: ☒ as directed ☐ as needed  
Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks  
☐ ice every \_\_\_\_\_ ☐ apply heat every \_\_\_\_\_ ☐ wear elastic support/immobilizer/keep taped  
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for \_\_\_\_\_

### REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Physical Therapy Date: \_\_\_\_\_ Time: \_\_\_\_\_  
For: \_\_\_\_\_  
Address: \_\_\_\_\_

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X  
Employee Signature

Date

X GR  
Provider Signature

Date

2/28/14

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## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

\* Final Report \*

Visit Summary (Verified)

### Visit Summary for JOHN FAUBERT

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 50 years Sex: Male DOB: 03/07/1964 MRN: 739145  
Address: GREENVILLE, SC 29607  
Home: (864) 297-3963 Work: -- Mobile: --  
Primary Care Provider: G27-UNKNOWN, PERSONNEL  
Race: White Ethnicity: Not Hispanic or Latino  
Preferred Language: English  
Health Plan: 1\*WC/KEY RISK

#### Visit Information

Doctors Care - Congaree  
701 CONGAREE RD GREENVILLE, SC, 29607  
Phone: (864) 458-7289 Fax: (864) 458-9462

Visit Date: 03/14/2014 08:10 am  
Scheduled Provider: Congaree - 76514  
Visit Provider: Kellett MD, Paul  
Referring Provider: --  
Reason for Visit: f/u WkC

#### Future Appointments

No future appointments scheduled

#### Problems and Health Issues

Morbid Obesity (278.01)

#### Allergies

Latex

#### All Known Current Prescriptions and Reported Medications

##### Prescriptions

Polytrim 10,000 units-1 mg/mL ophthalmic solution (polymyxin B-trimethoprim ophthalmic)  
Take 1 Drops both eyes every 3 hours for 7 Days, 0 refills authorized

##### Other Reported Medications

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Printed on: 9/11/2014 10:07 AM EDT

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(Continued)

## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

Copaxone (glatiramer)  
Lortab 10/500 (acetaminophen-hydrocodone)  
MS Contin 15 mg/12 hr oral tablet, extended release (morphine)  
0 refills authorized  
Neurontin (gabapentin)  
Norco 7.5 mg-325 mg oral tablet (acetaminophen-hydrocodone)

### New Medications this Visit

#### New Prescriptions

No new prescriptions for this visit

### Vitals and Measurements this Visit

Height:: 70 in  
Weight:: 310 lb  
Body Mass Index:: 44.48 kg/m2  
BSA: 2.63 m2  
Temperature Oral: 98.0 DegF  
Systolic Blood Pressure: 118 mmHg  
Diastolic Blood Pressure: 80 mmHg  
Mean Arterial Pressure: 93 mmHg  
Peripheral Pulse Rate: 78 bpm  
Oxygen Saturation: 99 %  
Respiratory Rate: 17 br/min

### Laboratory and Radiology this Visit

No Laboratory and Radiology documented

### Orders this Visit

No visit orders documented

### Diagnoses this Visit

LBP radiating to both legs (724.2)

### Referral and Consult Requests this Visit

No Referral or Consults documented

### Procedures this Visit

No Procedures documented

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Printed on: 9/11/2014 10:07 AM EDT

Page 2 of 3  
(Continued)

## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

### Smoking Status

Never

### Follow up

Follow up with: 10 days

When: Within As needed

Where: -

Comments: -

### Patient Education Materials Provided this Visit

No Patient Education documented

### Additional Visit Comments:

Charted Date: March 14, 2014 8:54 AM EDT  
Subject / Title: Visit Summary  
Performed By: Kellett MD, Paul on March 14, 2014 8:54 AM EDT  
Electronically Signed By: Kellett MD, Paul on March 14, 2014 8:54 AM EDT  
Visit Information: 1915859, Doctors Care - Congaree, Outpatient, 3/14/2014 - 3/16/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:07 AM EDT

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(End of Report)

# Urgent Care Note

FAUBERT, JOHN - 739145

## Back pain, MS, WC injury

Patient: FAUBERT, JOHN MRN: 739145 FIN: 1915659  
Age: 50 years Sex: Male DOB: 3/7/1964  
Associated Diagnoses: LBP radiating to both legs  
Author: Kellelt MD, Paul

### Visit Information

Additional Information: 3/14/2014 8:26 AM EDT f/u WKC

### History of Present Illness

He presents for recheck of worsening of his chronic LBP that was aggravated by his fall while on an internship at Marshall Pickens Hospital. He has pain down the back of his legs made worse by any movement.

### Review of Systems

Constitutional: Decreased activity.  
Eye: Negative.  
Ear/Nose/Mouth/Throat: Negative.  
Respiratory: Negative except as documented in history of present illness, Uses inhaler PRN..  
Cardiovascular: Negative.  
Gastrointestinal: Negative except as documented in history of present illness.  
Genitourinary: Negative.  
Hematology/Lymphatics: Negative.  
Endocrine: Negative.  
Immunologic: Negative.  
Musculoskeletal: Negative except as documented in history of present illness  
Integumentary: Negative.  
Neurologic: Negative except as documented in history of present illness.  
Psychiatric: Negative.

### Health Status

#### Allergies:

##### Allergic Reactions (Selected)

Severity Not Documented

Latex (No reactions were documented)

#### Medications: (Selected)

##### Prescriptions

##### Prescribed

Polytrim 10,000 units-1 mg/mL ophthalmic solution: 1 drop(s), Both eyes, q3hr, # 10 mL, 0 Refill(s), Type: Maintenance, Pharmacy: Walgreens Drug Store 09230, 1 drop(s) both eyes q3 hrs,x7 day(s)

##### Documented Medications

##### Documented

Copaxone: 0 Refill(s), Type: Maintenance

Lortab 10/500: 0 Refill(s), Type: Maintenance

MS Contin 15 mg/12 hr oral tablet, extended release: 0 Refill(s), Type: Maintenance

Neurontin: 0 Refill(s), Type: Maintenance

Norco 7.5 mg-325 mg oral tablet: 0 Refill(s), Type: Maintenance

#### Problem list

##### All Problems

Morbid Obesity / ICD-9-CM 278.01 / Probable

### Histories

#### Social History:

##### Alcohol Assessment

Never

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Page 1 of 3  
(Continued)

# Urgent Care Note

FAUBERT, JOHN - 739145

Tobacco Assessment  
Never  
Substance Abuse Assessment  
Never

## Physical Examination

### VS/Measurements

#### Vital Signs

3/14/2014 8:26 AM EDT

|                          |           |
|--------------------------|-----------|
| Temperature Oral         | 98.0 DegF |
| Peripheral Pulse Rate    | 78 bpm    |
| Respiratory Rate         | 17 br/min |
| Systolic Blood Pressure  | 118 mmHg  |
| Diastolic Blood Pressure | 80 mmHg   |
| Mean Arterial Pressure   | 93 mmHg   |
| BP Site                  | Left arm  |
| Oxygen Saturation        | 99 %      |

#### Measurements from flowsheet : Measurements

3/14/2014 8:26 AM EDT

|                 |             |
|-----------------|-------------|
| Height          | 70 in       |
| Weight          | 310 lb      |
| BSA             | 2.63 m2     |
| Body Mass Index | 44.48 kg/m2 |

General: Alert and oriented, No acute distress, Walks with cane Morbidly obese.

Eye: Pupils are equal, round and reactive to light.

HENT: Normocephalic.

Neck: Supple

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Musculoskeletal: Large scar L2-L1 from surgery 30 years ago. Very difficult for him to get out of chair. Somewhat unsteady on feet due to pain and MS. Comprehensive exam difficult as he's pain interferes with every movement. Very immobile with no foot drop.

Integumentary: Warm, Dry, Pink, No rash.

Neurologic: Alert, Oriented, Mild tremor noted R UE. Slightly ataxic gait? Baseline unknown to me.

Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment.

## Impression and Plan

### Diagnosis

LBP radiating to both legs (ICD9 724.2).

Course: Unchanged.

Plan: Refor to Pain management, Physical therapy.

Summary: We are still awaiting the results of an MRI ordered 2 weeks by his PMD. He is on pain meds from Dr. Lablonde. He states that his goal is to get back to his level of function prior to the fall. However, at that time, he was already assigned to pain Mgmt for a "35 Year" Hx of LBP. We will finish his course of PT, reevaluate and assign an impairment rating at the proper time based on his progress and the results of the MRI.

### Orders

#### Orders

Charges (Evaluation and Management):

99214 office/outpatient visit est (Charge) (Order): Quantity: 1.

## Signature Line

Signed and Authored by Paul Kellett on 03/14/2014 08:54 AM EDT

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:07 AM EDT

Page 2 of 3  
(Continued)

Urgent Care Note

FAUBERT, JOHN - 739145

Charted Date: March 14, 2014 8:39 AM EDT  
Subject / Title: Back pain, MS, WC injury  
Performed By: Kellett MD, Paul on March 14, 2014 8:54 AM EDT  
Electronically Signed By: Kellett MD, Paul on March 14, 2014 8:54 AM EDT  
Visit Information: 1915859, Doctors Care - Congaree, Outpatient, 3/14/2014 - 3/16/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:07 AM EDT

Page 3 of 3  
(End of Report)



## Return To Work Form

### CENTER LOCATION:

- ☐ Anderson - 2126 N Highway 81, Anderson, SC 29621 • (864) 226-2660  
☐ Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392  
☒ Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7289  
☐ Easley - 832 Powdersville Road, Easley, SC 29642 • (864) 859-3899  
☐ East Blackstock - 218 East Blackstock Road, Spartanburg, SC 29301 • (864) 576-8646  
☐ Greenville - 4200 E North Street, Suite 5, Greenville, SC 29615 • (864) 292-2266  
☐ Greenwood - 516 Montague Avenue, Greenwood, SC 29649 • (864) 223-1468  
☐ Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 968-9144  
☐ Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261  
☐ Simpsonville - 35 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

### PATIENT INFORMATION:

Name: John Foubert Arrival Time: 8:10 Discharge Time: 8:42  
Date: 03/14/14 Company Name: USC

### WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of \_\_\_\_\_ without accommodations.  
☒ 2. Off duty due to work-related condition.  
Estimated return to work date with modified duty: cannot determine  
Estimated return to work date for full duty: \_\_\_\_\_  
Return for re-evaluation at this location on \_\_\_\_\_ Time: \_\_\_\_\_  
☐ 3. May work with the following accommodations as of: \_\_\_\_\_  
☐ No lifting more than \_\_\_\_\_ lbs.  
☐ No operation of hazardous or fast-moving machinery, no driving.  
☐ Ground level work only, no ladders or heights.  
☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.  
☐ No continuous standing and/or sitting.  
☐ Minimal walking or climbing (including stairs)  
☐ Limited use of \_\_\_\_\_  
☐ No overhead lifting.  
☐ No high repetitive hand activities for extended periods of time.  
☐ No use of \_\_\_\_\_

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on 10 days Time: \_\_\_\_\_  
Additional Comments: He has a long hx of LBP - Has been under the care of his PMD and goes to Pain Mgmt.

### PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: LBP with Radiculopathy Medications: ☒ as directed ☒ as needed  
Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks  
☒ ice every 6 hrs. ☐ apply heat every \_\_\_\_\_ ☐ wear elastic support/immobilizer/keep taped  
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for \_\_\_\_\_

### REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
For: \_\_\_\_\_  
Address: \_\_\_\_\_

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X John Foubert 3/14/14 X Paul Kellott, M.D. 03/14/14  
Employee Signature Date Provider Signature Date



## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

\* Final Report \*

Visit Summary (Verified)

### Visit Summary for JOHN FAUBERT

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 50 years Sex: Male DOB: 03/07/1964 MRN: 739145  
Address: GREENVILLE, SC 29607  
Home: (864) 297-3963 Work: - Mobile: -  
Primary Care Provider: G27 -UNKNOWN, PERSONNEL  
Race: White Ethnicity: Not Hispanic or Latino  
Preferred Language: English  
Health Plan: 1\*WC/KEY RISK

#### Visit Information

Doctors Care - Congaree  
701 CONGAREE RD GREENVILLE, SC, 29607  
Phone: (864) 458-7289 Fax: (864) 458-9462

Visit Date: 03/24/2014 08:30 am  
Scheduled Provider: Congaree - 76514  
Visit Provider: Pommerenke MD, Forrest  
Referring Provider: -  
Reason for Visit: re-evaluation of back injury

#### Future Appointments

No future appointments scheduled

#### Problems and Health Issues

Morbid Obesity (278.01)

#### Allergies

Latex

#### All Known Current Prescriptions and Reported Medications

##### Prescriptions

No medications documented

##### Other Reported Medications

Copaxone (glatiramer)

Printed by: Moore, Pamela  
Printed on: 8/11/2014 10:08 AM EDT

Page 1 of 3  
(Continued)

## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

MS Contin 15 mg/12 hr oral tablet, extended release (morphine)  
0 refills authorized  
Neurontin (gabapentin)

### New Medications this Visit

#### New Prescriptions

No new prescriptions for this visit

### Vitals and Measurements this Visit

Height:: 70 in  
Weight:: 310 lb  
Body Mass Index:: 44.48 kg/m2  
BSA: 2.63 m2  
Temperature Oral: 98.7 DegF  
Systolic Blood Pressure: 128 mmHg  
Diastolic Blood Pressure: 88 mmHg  
Mean Arterial Pressure: 101 mmHg  
Peripheral Pulse Rate: 72 bpm  
Respiratory Rate: 16 br/min

### Laboratory and Radiology this Visit

No Laboratory and Radiology documented

### Orders this Visit

No visit orders documented

### Diagnoses this Visit

Back pain (724.5)  
Lumbar degenerative disc disease (722.52)

### Referral and Consult Requests this Visit

#### Referral

Date/Time: 03/24/2014 By: Pommerenke MD, Forrest

#### Referred To: --

Reason for Referral: 50 yo McDonalds manager, and Master student, fell 6 wks ago during student internship. Exacerbated bad back. Had surgery 35 years ago. Recent MRI shows multiple degenerative changes. Has been in pain management for several years and has MS.

### Procedures this Visit

Printed by: Moore, Pamela  
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Page 2 of 3  
(Continued)

## Visit Summary

FAUBERT, JOHN - 739145

\* Final Report \*

No Procedures documented

### Smoking Status

Never

### Follow up

Follow up with: Forrest Pommerenke

When: Within 17 days

Where: Doctors Care - Congaree; 701 Congaree Road; P: (864) 458-7289 F: (864) 458-9462, Greenville, SC, 29607; (864) 292-2266 Business (1)

Comments: --

Follow up with: Paul Kellett

When: Within As needed

Where: Doctors Care - Congaree; 701 Congaree Road; P: (864) 458-7289 F: (864) 458-9462, Greenville, SC, 29607; (864) 458-7289 Business (1)

Comments: --

### Patient Education Materials Provided this Visit

No Patient Education documented

### Additional Visit Comments:

Charted Date: March 24, 2014 10:07 AM EDT  
Subject / Title: Visit Summary  
Performed By: Pommerenke MD, Forrest on March 24, 2014 10:07 AM EDT  
Electronically Signed By: Pommerenke MD, Forrest on March 24, 2014 10:07 AM EDT  
Visit Information: 1932951, Doctors Care - Congaree, Outpatient, 3/24/2014 - 3/26/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:08 AM EDT

Page 3 of 3  
(End of Report)

# Urgent Care Note

FAUBERT, JOHN - 739145

## Back Evaluation

Patient: FAUBERT, JOHN MRN: 739145 FIN: 1932951  
Age: 50 years Sex: Male DOB: 03/07/1964  
Associated Diagnoses: Back pain; Lumbar degenerative disc disease  
Author: Pommerenke MD, Forrest

## Chief Complaint

LBP

## History of Present Illness

Fell about a month ago during student internship. On FMLA from management job at Mc Donalds where he had been for 7 years. Until this injury he was "at least functioning" but can't handle the job after his recent fall. Even his internship is difficult. . . with him only being able to be there about 2 hours before having to stand, move, or go home.

MRI showed multiple degenerative changes and spinal stenosis, and disk disease. Interval deterioration since previous MRI a few years ago.

Will refer to neuro surgery.

## Review of Systems

Constitutional: Negative.  
Cardiovascular: Negative.  
Hematology/Lymphatics: Negative.  
Musculoskeletal: Muscle pain, Decreased range of motion.  
Back pain: In the lower region, The pain is severe  
Integumentary: Negative.  
Neurologic: Alert and oriented X4.  
Psychiatric: Negative.

## Physical Examination

### VS/Measurements

### Vital Signs

03/24/2014 8:52 AM EDT

|                          |           |
|--------------------------|-----------|
| Temperature Oral         | 98.7 DegF |
| Peripheral Pulse Rate    | 72 bpm    |
| Respiratory Rate         | 16 br/min |
| Systolic Blood Pressure  | 126 mmHg  |
| Diastolic Blood Pressure | 88 mmHg   |
| Mean Arterial Pressure   | 101 mmHg  |

General: Alert and oriented, No acute distress

HEENT: Normocephalic.

Neck: Supple, Non-tender.

Gastrointestinal: Soft, Non-tender.

Genitourinary: No costovertebral angle tenderness.

Musculoskeletal: Normal range of motion, Normal strength, No swelling, No deformity, Normal gait, Normal posture and movement.  
PTP very mild R trap., Full ROM of back, shoulders, neck, and UE's. , Pain, low lumbar spine, mid-line.

Lumbar and sacral spine palpation: No tenderness of the coccyx noted, No swelling of the coccyx noted Spinous processes tenderness noted: At the level of L3, At the level of L4, At the level of L5, scar noted.

Lumbar spine range of motion: Active range of motion of the lumbar spine: greatly decreased ROM, patient barely tries

Integumentary: Warm, Dry, No rash.

Neurologic: Alert, Oriented, Normal sensory, Normal motor function, No focal deficits, No radicular sx.

Psychiatric: Cooperative, Appropriate mood & affect.

## Impression and Plan

### Diagnosis

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Page 1 of 2  
(Continued)

## Urgent Care Note

FAUBERT, JOHN - 739145

Back pain (ICD9 724.5).

Lumbar degenerative disc disease (ICD9 722.52).

Course: Worsening.

Summary: Patient advised that he should not be driving while taking the medicines he is on. To be particularly careful when fatigued or in pain. It may cause some difficulties, but he is at high risk for accidents. Will refer to neurosurgery.

### Orders

#### Orders

#### Requests (Consults / Referrals):

Referral (Request) (Order): Referred to: Neurological Surgery, Reason for referral: 50 yo McDonalds manager, and Master student, fell 6 wks ago during student internship. Exacerbated bad back. Had surgery 35 years ago. Recent MRI shows multiple degenerative changes. Has been in pain management for several years and has MS. Instructions: This injury seems to have put him over the edge. Surgery may be his best option. Please advise. Interesting and rather unfortunate patient with few options.

#### Charges (Evaluation and Management):

99214 office outpatient visit 25 minutes (Charge) (Order): Quantity: 1.

### Signature Line

Signed and Authored by Forrest Pommerenke on 03/24/2014 10:05 AM EDT

Charted Date: March 24, 2014 9:51 AM EDT

Subject / Title: Back Evaluation

Performed By: Pommerenke MD, Forrest on March 24, 2014 10:05 AM EDT

Electronically Signed By: Pommerenke MD, Forrest on March 24, 2014 10:05 AM EDT

Visit Information: 1932951, Doctors Care - Congaree, Outpatient, 3/24/2014 - 3/26/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:08 AM EDT

Page 2 of 2  
(End of Report)



## Return To Work Form

### CENTER LOCATION:

- ☐ Anderson - 2126 N Highway 81, Anderson, SC 29621 • (864) 226-2660  
☐ Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392  
☒ Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7289  
☐ Easley - 832 Powdersville Road, Easley, SC 29642 • (864) 859-3899  
☐ East Blackstock - 218 East Blackstock Road, Spartanburg, SC 29301 • (864) 576-8646

- ☐ Greenville - 4200 E North Street, Suite 5, Greenville, SC 29615 • (864) 292-2266  
☐ Greenwood - 516 Montague Avenue, Greenwood, SC 29649 • (864) 223-1468  
☐ Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 968-9144  
☐ Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261  
☐ Simpsonville - 35 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

### PATIENT INFORMATION:

Name: John Funder Arrival Time: 8:30 Discharge Time: 10:10  
Date: 3/24/14 Company Name: USC

### WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of \_\_\_\_\_ without accommodations.  
☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: \_\_\_\_\_

Estimated return to work date for full duty: \_\_\_\_\_

Return for re-evaluation at this location on \_\_\_\_\_ Time: \_\_\_\_\_

- ☒ 3. May work with the following accommodations as of: Today

- ☐ No lifting more than \_\_\_\_\_ lbs.  
☐ No operation of hazardous or fast-moving machinery, no driving.  
☐ Ground level work only, no ladders or heights.  
☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.  
☐ No continuous standing and/or sitting.  
☐ Minimal walking or climbing (including stairs)  
☐ Limited use of \_\_\_\_\_  
☐ No overhead lifting.  
☐ No high repetitive hand activities for extended periods of time.  
☐ No use of \_\_\_\_\_

*Part time - completely  
sedentary work*

- ☐ 4. Has reached Maximum Medical Improvement (MMI)

- ☒ 5. Return for re-evaluation at this office on 3/24/14 Time: \_\_\_\_\_

Additional Comments:

Has MRI (+) for DDD - will refer -

### PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Low Back Pain - DDD Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every \_\_\_\_\_ ☐ apply heat every \_\_\_\_\_ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for \_\_\_\_\_

### REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

For: \_\_\_\_\_

Address: \_\_\_\_\_

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X [Signature] 3/24/14 X [Signature] 3/24/14  
Employee Signature Date Provider Signature Date

## Urgent Care Note

FAUBERT, JOHN - 739145

### Back Evaluation

Patient: FAUBERT, JOHN MRN: 739145 FIN: 1065621  
Age: 50 years Sex: Male DOB: 03/07/1964  
Associated Diagnoses: Low back pain; Sacroiliac pain  
Author: Kellett MD, Paul

Chief Complaint  
LBP

### History of Present Illness

There has been no change in his pain across the lower back into the right gluteal area. The pain is worsened by prolonged sitting, standing or walking.

### Review of Systems

Constitutional: Negative.  
Cardiovascular: Negative.  
Hematology/Lymphatics: Negative.  
Musculoskeletal: Muscle pain, Decreased range of motion.  
Back pain: In the lower region, The pain is severe.  
Integumentary: Negative  
Neurologic: Alert and oriented X4.  
Psychiatric: Negative.

### Physical Examination

General: Alert and oriented, No acute distress.  
HEENT: Normocephalic.  
Neck: Supple, Non-tender  
Gastrointestinal: Soft, Non-tender.  
Genitourinary: No costovertebral angle tenderness.  
Musculoskeletal: No swelling, He walks with a cane. He drags his right leg and foot  
Mobility/ gait: Able to walk with a cane, Dragging right foot, Unsteady.  
Upper extremity exam: He has a marked tremor and weakness of right arm and hand..  
Spine/torso exam: Lumbar ( No erythema, No ecchymosis, No swelling, Range of motion ( Diminished, Restricted by pain, He is limited to at best 10 to 15 degrees of movement at waist before pain worsens. ) ).  
Lumbar and sacral spine palpation: No tenderness of the coccyx noted, No swelling of the coccyx noted Spinous processes tenderness noted: At the level of L3, At the level of L4, At the level of L5, scar noted.  
Lumbar spine range of motion: Active range of motion of the lumbar spine: As above.  
Integumentary: Warm, Dry, No rash.  
Neurologic: Alert, Oriented, Normal sensory, He complains of pain into right gluteal region., He has MS with a gait disturbance and tremor as previously described ..  
Psychiatric: Cooperative, Appropriate mood & affect.

### Impression and Plan

#### Diagnosis

Low back pain (ICD9 724.2).  
Sacroiliac pain (ICD9 724.6).

#### Course: Unchanged.

Summary: His Workers Comp carrier has denied his referral to Neurosurgery. We will refer him back to his PMD or to his Neurologist for now. He remains off work..

#### Orders

##### Orders

Charges (Evaluation and Management):  
99214 office/outpatient visit est (Charge) (Order): Quantity: 1.

### Signature Line

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:09 AM EDT

Page 1 of 2  
(Continued)

Urgent Care Note

FAUBERT, JOHN - 739145

Signed and Authored by Paul Kellett on 04/10/2014 04:35 PM EDT

Charted Date: April 10, 2014 4:11 PM EDT  
Subject / Title: Back Evaluation  
Performed By: Kellett MD, Paul on April 10, 2014 4:35 PM EDT  
Electronically Signed By: Kellett MD, Paul on April 10, 2014 4:35 PM EDT  
Visit Information: 1965621, Doctors Care - Congaree, Outpatient, 4/10/2014 - 4/12/2014

Printed by: Moore, Pamela  
Printed on: 9/11/2014 10:09 AM EDT

Page 2 of 2  
(End of Report)





# Return To Work Form

## CENTER LOCATION:

- ☐ Anderson - 2126 N Highway 81, Anderson, SC 29621 • (864) 226-2660  
☐ Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392  
☒ Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7289  
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- ☐ Greenville - 4200 E North Street, Suite 5, Greenville, SC 29615 • (864) 292-2266  
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☐ Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 968-9144  
☐ Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261  
☐ Simpsonville - 35 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

## PATIENT INFORMATION:

Name: John Froubert Arrival Time: \_\_\_\_\_ Discharge Time: \_\_\_\_\_  
Date: 04/10/14 Company Name: \_\_\_\_\_

## WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of \_\_\_\_\_ without accommodations.
- ☒ 2. Off duty due to work-related condition.  
Estimated return to work date with modified duty: cannot determine  
Estimated return to work date for full duty: Referred to Neurosurgery Time: \_\_\_\_\_  
Return for re-evaluation at this location on \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ 3. May work with the following accommodations as of: \_\_\_\_\_
- ☐ No lifting more than \_\_\_\_\_ lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☐ Ground level work only, no ladders or heights.
  - ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☐ No continuous standing and/or sitting.
  - ☐ Minimal walking or climbing (including stairs)
  - ☐ Limited use of \_\_\_\_\_
  - ☐ No overhead lifting.
  - ☐ No high repetitive hand activities for extended periods of time.
  - ☐ No use of \_\_\_\_\_
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on To be followed Time: \_\_\_\_\_  
Additional Comments: by Neurosurgery

## PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Low Back Pain/ injury Medications: ☒ as directed ☒ as needed  
Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks  
☐ ice every \_\_\_\_\_ ☐ apply heat every \_\_\_\_\_ ☐ wear elastic support/immobilizer/keep taped  
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for \_\_\_\_\_

## REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
For: \_\_\_\_\_  
Address: \_\_\_\_\_

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X  
Employee Signature

Date

X Paul Keller, M.D.  
Provider Signature

Date

04/10/14

CareIQ

CareIQ Therapy Program  
301 Pennsylvania Parkway, Suite 210  
Indianapolis, IN 46280

A CORVEL NETWORK

## Return to Work Questionnaire and Goals

Provider Name: Progressive Physical Therapy PA  
Patient's Name: John Faubert  
Body Part: Lower Back Area -  
Service: Physical Therapy

Claim #: 032014000331  
Date of Injury: 01/29/2014  
Today's Date: 3/4/2014

To be completed by patient and therapist on first visit (or as soon as possible, if received after 1<sup>st</sup> visit).

## Completed By Patient: (Subjective Report)

Please circle the number that best represents your current pain level

No Pain 0.....1.....2.....3.....4.....5.....6.....7...(8).....9.....10 Emergency Room Pain

Job Title:

Emergency Room Nurse

Previous Work Status:



Full Time



Part time

Last Day worked (if off duty):

Current Work Status:



Full Duty



Off Duty



Modified Duty; Restrictions:

In one hour of FULL duty, how long do you typically do the following activities:

Sit:



0-15 min



15-30 min



30-40 minutes



45 minutes-1 hour

Kneel:



0-15 min



15-30 min



30-40 minutes



45 minutes-1 hour

Walk/Stand:



0-15 min



15-30 min



30-40 minutes



45 minutes-1 hour

Run:



0-15 min



15-30 min



30-40 minutes



45 minutes-1 hour

How much weight do you push/pull?

How much weight do you lift?

Floor to waist

Waist to Shoulder

Shoulder to Overhead

How many times?

How many times?

How many times?

How many times?

How many times do you do the following in one hour of full duty?

Squat: 000 TimesClimb stairs or ladders never TimesReach 000 Times

Do you have concerns about physically performing your job?



Yes



No

Are you anticipating returning to your same job position?



Yes



No

Completed By Therapist: Please use this form to assist the patient in returning to work by setting goals to address the above demands as given in the patient's subjective report of his/her job duties. Indicate FUNCTIONAL GOALS only.

To be met in 4-6 weeks

1. Improve to 3/10 to 30/10 to ↑ functional tolerance against 10"
2. Pt will walk 5/540, stop, & pat 5th & proper body mechanics
3. Pt will improve sitting, bending tolerance to 10 min

My therapist has reviewed my job functions and return to work goals with me.

John Faubert

Patient Signature

3/7/2014

Date

Nancy Rasper

Therapist Signature

3-7-14

Date



# Progressive Physical Therapy

The Leader In Innovative Therapies

## SPINAL EVALUATION

701 Congaree Road  
Greenville, SC 29607  
Phone: (864) 329-0983  
Fax: (864) 627-1756

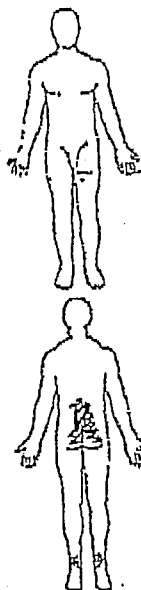
To M.D.:

- ☐ Faxed  
☐ Mailed  
☐ Given to Patient  
☒ Filed in DC chart

Patient Name: TONY FAUBERT Dx/ICD-9: LBP Date: 3-7-14  
 DOB: 3-7-1944 Date of Onset: 1-28-14 Physician: Dr. Pannavante  
 Claim #: 2014-000331 Date of Surgery: \_\_\_\_\_ Therapist: Wendy Ramsey, DPT  
 History: PT/Physical HP LBP and R/L Hip Pain for 11 months while on job  
W/iron (2 essential) problem. Dr. Pannavante. O/D LBP, R/L Hip  
SAVED Pannavante - 1 month later later R/L hip  
 Diagnostic findings: XRAY L5/S1  
 Past Medical History: 5000 lb up to 150 lbs for 15 years M.S. Bartholomew 35 years ago  
 Occupation: U.S. Student - Psychology  
 Physical Demands: Physical 100%  
 Work Status: ☐ full duty ☐ light duty ☐ off duty ☐ N/A  
 Vitals: HR = \_\_\_\_\_; BP = 120/80  
 When Worse: 1st day, 5th day, 2nd day  
 When Better: \_\_\_\_\_  
 Pain: 8/10 @ present, 8/10 @ best, 9/10 @ worst  
 Quality: SHARP/DULL/ACHING/SHOOTING/THROBBING/SCRE Constant

Summary of Objective Findings: \* → denotes pain below with movements; ↑ denotes increased tone palpated

| ACTION                                           | CERVICAL                                                                                                   | THORACIC                                           | LUMBAR                                             |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| Normal range values below                        | ROM                                                                                                        | ROM                                                | ROM                                                |
| FLEXION<br>CERV 0-45° TL 0-50°                   | /                                                                                                          | /                                                  | 22-25°<br>= 30° (P)                                |
| EXTENSION<br>CERV 0-45° TL 0-25°                 | /                                                                                                          | /                                                  | 5-10° (P)                                          |
| SIDEBEND RIGHT<br>CERV 0-45° TL 0-35°            | /                                                                                                          | /                                                  | 8° (P)                                             |
| SIDEBEND LEFT<br>CERV 0-45° TL 0-35°             | /                                                                                                          | /                                                  | 8° (P)                                             |
| ROTATE RIGHT<br>CERV 0-60° TL 0-45°              | /                                                                                                          | /                                                  | /                                                  |
| ROTATE LEFT<br>CERV 0-60° TL 0-45°               | /                                                                                                          | /                                                  | /                                                  |
| POSTURE                                          | Cervical Lordosis<br>Lumbar Lordosis<br>Kyphosis<br>Scapulothoracic<br>Asymmetry<br>Leg length discrepancy | ✓<br>✓<br>✓<br>✓<br>✓<br>R=L                       | □<br>□<br>□<br>□<br>□<br>R=L                       |
| SPECIAL TESTS/<br>& NEURAL<br>TENSION<br>TESTING | ASLR (R/L) (P)<br>□ Slump<br>□ SI gap<br>□ SI compression                                                  | □ WNL<br>□ WNL<br>□ WNL<br>□ WNL<br>□ WNL<br>□ R=L | □ WNL<br>□ WNL<br>□ WNL<br>□ WNL<br>□ WNL<br>□ R=L |



| MYOTOMES                                               | R                                                                                                                                                                    | L  | MYOTOMES               | R | L |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------|---|---|
| L2-L3 Hip Flex                                         | 3-                                                                                                                                                                   | 3- | C1 Cerv Rotation       | / | / |
| L3-4 Knee Ext                                          | 4+                                                                                                                                                                   | 4+ | C4 Shldr. Shrug        | / | / |
| L4 Ankle DF                                            | 4+                                                                                                                                                                   | 4+ | C5 Shldr. Abd          | / | / |
| L5 S1 Toe Ext                                          | 4+                                                                                                                                                                   | 4+ | C6 Wrist Ext/Elb. flex | / | / |
| L5-S2 Toe Walk/ Ev.                                    | 4+                                                                                                                                                                   | 4+ | C7 Wrist flex/Elb. Ext | / | / |
| OSWESTRY<br>SCORE                                      | 72                                                                                                                                                                   | 72 | C8 Finger Flex         | / | / |
| REFLEXES                                               | <input type="checkbox"/> Intact <input type="checkbox"/> Hypertonic <input type="checkbox"/> Hypotonic <input checked="" type="checkbox"/> NT                        |    | T1 Digital Add/ Abd    | / | / |
| DERMATOMES                                             | <input type="checkbox"/> Intact bilaterally<br><input checked="" type="checkbox"/> Impaired - see below                                                              |    |                        |   |   |
| RADICULAR<br>SYMPTOMS                                  | <input type="checkbox"/> tingling/pain <input type="checkbox"/> numbness <input type="checkbox"/> Site: <u>not / post thigh</u>                                      |    |                        |   |   |
| SEGMENTAL<br>MOVEMENT<br>&<br>SOFT TISSUE<br>PALPATION | Segmental mobility <input type="checkbox"/> hypo <input type="checkbox"/> hyper <input checked="" type="checkbox"/> OWNL<br>again with palpation to <u>7-LS para</u> |    |                        |   |   |
| WADDELLS SIGNS<br>(lumbar plex only)                   | NT                                                                                                                                                                   |    |                        |   |   |
| OTHER FINDINGS                                         | set tone <u>H2 (B) pharynx</u>                                                                                                                                       |    |                        |   |   |

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with a differential diagnosis of MECHANICAL LUMBAR PAIN - NO RAPID PAIN OR MOVEMENT  
ON LUMBAR 2° M.S. CLINICAL NO TRAUMA. PT/PHYSICIAN TYPE GAD/PT

Rehab Potential: ☐ good ☒ fair ☐ poor  
 Goals: to be met in 4-6 weeks

1. Patient will report decreased pain to 3/10 at present and 6/10 at worst to allow greater functional mobility.
2. Patient will increase Spinal ROM and strength to WNL to improve bending, stooping, driving, and dressing ability. (4-6/10-15)
3. Patient will be independent with a home exercise program to allow return to his/her previous functional status. (0.5 strength 7/25/14)
4. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty or to allow return to previous functional capacity: reaching, lifting, pushing, pulling, stooping, walking, driving, sitting
5. downward by 10 pte.

Plan of Care: Physical Therapy 3 x per week for 4-6 weeks with treatment including the following:  
 a. Therapeutic exercise- Spinal rehab- ROM/ stabilization/ endurance/MCU/HEP  
 b. Manual therapy- myofascial release, dry needling, joint mobilization, STM  
 c. Patient education- postural awareness/ body mechanics/ injury prevention  
 d. Functional activities- lift, push, pull, stoop, walk  
 e. Modalities- MENS/IPC/TENS, moist heat, ice, ultrasound, laser therapy, shockwave therapy, ionto

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral  
 X [Signature] X Wendy Ramsey, DPT 3-7-14  
 Physician / Nurse Practitioner / Physician's Asst. Date Physical Therapist Date

Time In: 9:20 / Time Out: 10:45

20

TICKET NO.

| ACCOUNT NUMBER             | DATE | TIME       |                            |  |
|----------------------------|------|------------|----------------------------|--|
| * NEW **                   |      | 03/07/2014 | PT CONGAREE,               |  |
| NAME & ADDRESS             |      |            | INSURANCE BALANCE          |  |
| AUBERT, JOHN               |      |            | ACCOUNT BALANCE            |  |
| DOB:                       |      |            | CURRENT CHARGES            |  |
| AGE:                       |      |            | AMOUNT PAID                |  |
| SS#:                       |      |            | NEW BALANCE                |  |
| FCL: 6                     |      |            | CASH - CHECK - M.O. - C.C. |  |
| WRK:                       |      |            |                            |  |
| INSURED: FAUBERT, JOHN     |      |            |                            |  |
| NSURANCE:                  |      |            |                            |  |
| RELATION:                  |      |            |                            |  |
| GRP:                       |      |            |                            |  |
| PERSON: NEW PATIENT (ENCL) |      |            |                            |  |

| PROCEDURES                                                               |       | CPT | FEE |
|--------------------------------------------------------------------------|-------|-----|-----|
| <input checked="" type="checkbox"/> Evaluation ①                         | 97001 | 110 |     |
| <input type="checkbox"/> Re-Evaluation                                   | 97002 |     |     |
| <input type="checkbox"/> OT Evaluation                                   | 97003 |     |     |
| <input type="checkbox"/> Functional Capacity Evaluation                  | 97750 |     |     |
| <input type="checkbox"/> Work Hardening, 2 hours                         | 97545 |     |     |
| <input type="checkbox"/> Work Hardening, add'l. 1 hour                   | 97546 |     |     |
| <input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins ②      | 97110 | 92  |     |
| <input type="checkbox"/> Functional Activities, 15 mins                  | 97530 |     |     |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins           | 97014 |     |     |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare | G0283 |     |     |
| <input type="checkbox"/> Electrical Stim., Manual, 15 mins               | 97032 |     |     |
| <input checked="" type="checkbox"/> Ultrasound, 15 mins ①                | 97035 | 30  |     |
| <input type="checkbox"/> Paraffin Bath                                   | 97018 |     |     |
| <input type="checkbox"/> Massage, 15 mins                                | 97124 |     |     |
| <input type="checkbox"/> Manual Therapy                                  | 97140 |     |     |
| <input type="checkbox"/> Mechanical Traction                             | 97012 |     |     |
| <input type="checkbox"/> Neuromuscular Re-Educ., 15 mins                 | 97112 |     |     |
| <input type="checkbox"/> Self Care Training, 15 mins                     | 97535 |     |     |
| <input type="checkbox"/> ROM Measure and Report                          | 95851 |     |     |
| <input type="checkbox"/> Other / Supplies                                | 99070 |     |     |

S = CIO LBP + ⑧ LE PAW  
 J weakness ; HAS 8 yr Hx  
 OF MS  
 O = PLS ENHANCED EXPLORED ~~OF~~ FORM  
 US (PAIN) C PAIN / BTO PAIN  
 X 8" Q. 1.5 W CAN 2 to LE PAIN  
 IN ② 5/ L  
 THERE PLS FURTHER  
 A: PAIN CAME C' ADVANTAGE DIFFICULTY  
 CLOSING ⑧ FOOT ; HAS Hx OF  
 BACK / BACK / LE PAW weakness  
 P: PAIN COPY OF Hx  
 Visit Number: ① of ⑥  
 Staff: \_\_\_\_\_  
 Therapist's Signature: Wendy Pappert  
 RELEASE OF MEDICAL INFORMATION and  
 ASSIGNMENT OF BENEFITS  
 I hereby authorize the release of medical information necessary to  
 process this claim and authorize payment of medical benefits to PPT or  
 their designee for services described above.  
 Patient or Authorized Person's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

232  
-293-  
232

Visit Number: 1 of 1

Staff:

Therapist's Signature: \_\_\_\_\_

RELEASE OF MEDICAL INFORMATION and  
ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature \_\_\_\_\_

Date \_\_\_\_\_

$$\begin{array}{r} 232 \\ \times 52 \\ \hline \end{array}$$

Time In: 4:00 / Time Out: 5:00

1C3055432

TICKE

| ACCOUNT NUMBER                   | DATE       | TIME |              |                    |
|----------------------------------|------------|------|--------------|--------------------|
|                                  | 03/10/2014 |      | PT CONGAREE, | <del>3054674</del> |
| NAME & ADDRESS                   |            |      | INSURANCE    |                    |
| AUBERT, JOHN                     |            |      | BALANCE      |                    |
| DOB: 03/07/1964                  |            |      | 1222.00      |                    |
| AGE: 50 years                    |            |      | ACCOUNT      |                    |
| SS#:                             |            |      | BALANCE      |                    |
| FCL: 6                           |            |      | 1222.00      |                    |
| REENVILLE, SC 29607              |            |      | CURRENT      |                    |
| 64-297-3963 WRK:                 |            |      | CHARGES      |                    |
| SC                               |            |      | AMOUNT       |                    |
| INSURED: FAUBERT, JOHN           |            |      | PAID         |                    |
| INSURANCE: WC/CORVEL CORPORATION |            |      | NEW          |                    |
| RELATION: SELF                   |            |      | BALANCE      |                    |
| GRP:                             |            |      | CASH         |                    |
|                                  |            |      | CHECK        |                    |
|                                  |            |      | M.O.         |                    |
|                                  |            |      | P.C.         |                    |

|                                     | PROCEDURES                                         | CPT   | FEE |                                                                                                                                                                                              |
|-------------------------------------|----------------------------------------------------|-------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | Evaluation                                         | 97001 |     | S: D/O ↑ PAIN / SORENESS                                                                                                                                                                     |
| <input type="checkbox"/>            | Re-Evaluation                                      | 97002 |     | ON FRIDAY --- " I'M NOT                                                                                                                                                                      |
| <input type="checkbox"/>            | OT Evaluation                                      | 97003 |     | DOING SO WELL --- "                                                                                                                                                                          |
| <input type="checkbox"/>            | Functional Capacity Evaluation                     | 97750 |     | O/R: 2 HRS EK PER WEEK HERE                                                                                                                                                                  |
| <input type="checkbox"/>            | Work Hardening, 2 hours                            | 97545 |     | USED) i' REX (BIOFREEZE)                                                                                                                                                                     |
| <input type="checkbox"/>            | Work Hardening, add'l. 1 hour                      | 97548 |     | b/c @ 1.5w can do                                                                                                                                                                            |
| <input checked="" type="checkbox"/> | Therapeutic Exercise, 15 mins                      | 97110 | 138 | T-L REGION IN A S/L                                                                                                                                                                          |
| <input type="checkbox"/>            | Functional Activities, 15 mins                     | 97530 |     | A'S CHALLENGES i' ALL EXE.                                                                                                                                                                   |
| <input type="checkbox"/>            | Electrical Stim., Unattended, 15 mins              | 97014 |     | Exc. pt + mobility IN BED NOW                                                                                                                                                                |
| <input type="checkbox"/>            | Electrical Stim., Unattended, 15 mins,<br>Medicare | G0283 |     | P: CAN PT                                                                                                                                                                                    |
| <input type="checkbox"/>            | Electrical Stim., Manual, 15 mins                  | 97032 |     | Visit Number: (2) of (6)                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | Ultrasound, 15 mins (1)                            | 97035 | 30  | Staff:                                                                                                                                                                                       |
| <input type="checkbox"/>            | Paraffin Bath                                      | 97018 |     | Therapist's Signature: [Signature]                                                                                                                                                           |
| <input type="checkbox"/>            | Massage, 15 mins                                   | 97124 |     | RELEASE OF MEDICAL INFORMATION AND<br>ASSIGNMENT OF BENEFITS                                                                                                                                 |
| <input type="checkbox"/>            | Manual Therapy                                     | 97140 |     | I hereby authorize the release of medical information necessary to<br>process this claim and authorize payment of medical benefits to PPT or<br>their designee for services described above. |
| <input type="checkbox"/>            | Mechanical Traction                                | 97012 |     | Patient or Authorized Person's Signature _____ Date _____                                                                                                                                    |
| <input type="checkbox"/>            | Neuromuscular Re-Educ., 15 mins                    | 97112 |     |                                                                                                                                                                                              |
| <input type="checkbox"/>            | Self Care Training, 15 mins                        | 97535 |     |                                                                                                                                                                                              |
| <input type="checkbox"/>            | ROM Measure and Report                             | 95851 |     |                                                                                                                                                                                              |
| <input type="checkbox"/>            | Other / Supplies                                   | 99070 |     |                                                                                                                                                                                              |
|                                     |                                                    |       | 168 | -294-                                                                                                                                                                                        |

Time In: 8:30 / Time Out: 9:40

LC-3056535

TICKET NO

| ACCOUNT NUMBER                       | DATE       | TIME |              | CHECK NO.                     |
|--------------------------------------|------------|------|--------------|-------------------------------|
|                                      | 03/12/2014 |      | PT CONGAREE, | 2056148                       |
| NAME & ADDRESS                       |            |      | GENDER       | INSURANCE BALANCE<br>\$400.00 |
| AUBERT JOHN                          |            |      |              | ACCOUNT BALANCE<br>\$400.00   |
| DOB: 03/07/1964                      |            |      |              | CURRENT CHARGES               |
| AGE: 50 years                        |            |      |              | AMOUNT PAID                   |
| SS#:                                 |            |      |              | NEW BALANCE                   |
| FCL: 16                              |            |      |              | CASH CHECK M.D. C.C.          |
| REENVILLE, SC 29607                  |            |      |              |                               |
| 64-297-3963 WRK:                     |            |      |              |                               |
| SC                                   |            |      |              |                               |
| INSURED: FAUBERT, JOHN               |            |      |              |                               |
| INSURANCE: WC/CORVEL THERAPY PROGRAM |            |      |              |                               |
| RELATION: OTHER                      |            |      |              |                               |
| GRP:                                 |            |      |              |                               |

| PROCEDURES                                                               | CPT   | FEE |
|--------------------------------------------------------------------------|-------|-----|
| <input type="checkbox"/> Evaluation                                      | 97001 |     |
| <input type="checkbox"/> Re-Evaluation                                   | 97002 |     |
| <input type="checkbox"/> OT Evaluation                                   | 97003 |     |
| <input type="checkbox"/> Functional Capacity Evaluation                  | 97750 |     |
| <input type="checkbox"/> Work Hardening, 2 hours                         | 97545 |     |
| <input type="checkbox"/> Work Hardening, add'l. 1 hour                   | 97546 |     |
| <input type="checkbox"/> Therapeutic Exercise, 15 mins (3)               | 97110 | 138 |
| <input type="checkbox"/> Functional Activities, 15 mins                  | 97530 |     |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins           | 97014 |     |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare | G0283 |     |
| <input type="checkbox"/> Electrical Stim., Manual, 15 mins               | 97032 |     |
| <input type="checkbox"/> Ultrasound, 15 mins (1)                         | 97035 | 30  |
| <input type="checkbox"/> Paraffin Bath                                   | 97018 |     |
| <input type="checkbox"/> Massage, 15 mins                                | 97124 |     |
| <input type="checkbox"/> Manual Therapy                                  | 97140 |     |
| <input type="checkbox"/> Mechanical Traction                             | 97012 |     |
| <input type="checkbox"/> Neuromuscular Re-Educ., 15 mins                 | 97112 |     |
| <input type="checkbox"/> Self Care Training, 15 mins                     | 97535 |     |
| <input type="checkbox"/> ROM Measure and Report                          | 95851 |     |
| <input type="checkbox"/> Other / Supplies                                | 99070 |     |

**S:** PT c/o 8/10 @ (B) LS region  
& LE'S  
**O:** Pulsed u/s c Dex gel &  
Biofreeze to (B) LS  
in (L) S/L @ 1.5w/cm<sup>2</sup> x 8".  
Then Ex per flow sheet  
ice to (B) LS in hook lying  
x 10m  
**A:** Encouraged frequent gentle  
ROM/mobility exercises @  
home  
**P:** continue PT per POC

Visit Number: (3) of (6)  
Staff: RL Davis, PTA  
Therapist's Signature: Wendy Popey DM

**RELEASE OF MEDICAL INFORMATION and  
ASSIGNMENT OF BENEFITS**  
I hereby authorize the release of medical information necessary to  
process this claim and authorize payment of medical benefits to PPT or  
their designee for services described above.

Patient or Authorized Person's Signature \_\_\_\_\_ Date 5/6/15

Time In: 9:15 / Time Out: 10:3

1C3058248

TICKET NO.

|                                      |      |      |                 |                          |
|--------------------------------------|------|------|-----------------|--------------------------|
| ACCOUNT NUMBER                       | DATE | TIME | PT CONGAREE,    | 7057457                  |
| NAME & ADDRESS<br>AUBERT, JOHN       |      |      | DOB: 03/07/1964 | GENDER                   |
| REENVILLE, SC 29607                  |      |      | AGE: 50 years   | INSURANCE BALANCE \$0.00 |
| 64-297-3963. WRK: SC                 |      |      | SS#: FCL: 6...  | ACCOUNT BALANCE \$0.00   |
| INSURED: FAUBERT, JOHN               |      |      | RELATION: OTHER | CURRENT CHARGES          |
| INSURANCE: WC/CORVEL THERAPY PROGRAM |      |      | GRP:            | AMOUNT PAID              |
| EASON: FOLLOW UP                     |      |      |                 | NEW BALANCE              |
|                                      |      |      |                 | CASH CHECK M.O. C.C.     |

| PROCEDURES                                                               | CPT   | FEE  |
|--------------------------------------------------------------------------|-------|------|
| <input type="checkbox"/> Evaluation                                      | 97001 |      |
| <input type="checkbox"/> Re-Evaluation                                   | 97002 |      |
| <input type="checkbox"/> OT Evaluation                                   | 97003 |      |
| <input type="checkbox"/> Functional Capacity Evaluation                  | 97750 |      |
| <input type="checkbox"/> Work Hardening, 2 hours                         | 97545 |      |
| <input type="checkbox"/> Work Hardening, add'l. 1 hour                   | 97548 |      |
| <input checked="" type="checkbox"/> Therapeutic Exercise, 15 mins (3)    | 97110 | 138  |
| <input type="checkbox"/> Functional Activities, 15 mins                  | 97530 |      |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins           | 97014 |      |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare | G0283 |      |
| <input type="checkbox"/> Electrical Stim., Manual, 15 mins               | 97032 |      |
| <input checked="" type="checkbox"/> Ultrasound, 15 mins (1)              | 97035 | 30   |
| <input type="checkbox"/> Paraffin Bath                                   | 97018 |      |
| <input type="checkbox"/> Massage, 15 mins                                | 97124 |      |
| <input type="checkbox"/> Manual Therapy                                  | 97140 |      |
| <input type="checkbox"/> Mechanical Traction                             | 97012 |      |
| <input type="checkbox"/> Neuromuscular Re-Educ., 15 mins                 | 97112 |      |
| <input type="checkbox"/> Self Care Training, 15 mins                     | 97535 |      |
| <input type="checkbox"/> ROM Measure and Report                          | 95851 |      |
| <input type="checkbox"/> Other / Supplies                                | 99070 |      |
|                                                                          |       | 168  |
|                                                                          |       | -296 |

S. Pain 8/10 currently LS region.

D: Ther EX per flow sheet  
US pulsed c dex gel + biofreeze LS region pt  
S/L X8" X1.5 w/cm<sup>2</sup>

A: Painful difficult mobility

P: Cont PT per POC

Visit Number: 4

Staff: Alpha Engle, PMA

Therapist's Signature: Nancy Kopecky

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to F their designee for services described above.

Patient or Authorized Person's Signature: T36

Date: 55

8-30 / 9-30

10305980

TICKET NO.

|                                      |  |                     |  |
|--------------------------------------|--|---------------------|--|
| NAME & ADDRESS                       |  | INSURANCE BALANCE   |  |
| AUBERT, JOHN                         |  | \$726.00            |  |
| DOB: 03/07/1964                      |  | ACCOUNT BALANCE     |  |
| AGE: 50 years                        |  | \$726.00            |  |
| SS#:                                 |  | CURRENT CHARGES     |  |
| FCL: 6                               |  | AMOUNT PAID         |  |
| REENVILLE, SC 29607                  |  | NEW BALANCE         |  |
| 64-297-3963 WRK:                     |  | CASI: CHIC: MO: CC: |  |
| SC                                   |  |                     |  |
| INSURED: FAUBERT, JOHN               |  | RELATION: OTHER     |  |
| INSURANCE: WC/CORVEL THERAPY PROGRAM |  | GRP:                |  |
| EASON: ELLA SH UP                    |  |                     |  |

| PROCEDURES                                                               |       | CPT | FEE |
|--------------------------------------------------------------------------|-------|-----|-----|
| <input type="checkbox"/> Evaluation                                      | 97001 |     |     |
| <input type="checkbox"/> Re-Evaluation                                   | 97002 |     |     |
| <input type="checkbox"/> OT Evaluation                                   | 97003 |     |     |
| <input type="checkbox"/> Functional Capacity Evaluation                  | 97750 |     |     |
| <input type="checkbox"/> Work Hardening, 2 hours                         | 97545 |     |     |
| <input type="checkbox"/> Work Hardening, add'l. 1 hour                   | 97546 |     |     |
| <input type="checkbox"/> Therapeutic Exercise, 15 mins (9)               | 97110 | 138 |     |
| <input type="checkbox"/> Functional Activities, 15 mins                  | 97530 |     |     |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins           | 97014 |     |     |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare | G0283 |     |     |
| <input type="checkbox"/> Electrical Stim., Manual, 15 mins               | 97032 |     |     |
| <input type="checkbox"/> Ultrasound, 15 mins (1)                         | 97035 | 30  |     |
| <input type="checkbox"/> Paraffin Bath                                   | 97018 |     |     |
| <input type="checkbox"/> Massage, 15 mins                                | 97124 |     |     |
| <input type="checkbox"/> Manual Therapy                                  | 97140 |     |     |
| <input type="checkbox"/> Mechanical Traction                             | 97012 |     |     |
| <input type="checkbox"/> Neuromuscular Re-Educ., 15 mins                 | 97112 |     |     |
| <input type="checkbox"/> Self Care Training, 15 mins                     | 97535 |     |     |
| <input type="checkbox"/> ROM Measure and Report                          | 95851 |     |     |
| <input type="checkbox"/> Other / Supplies                                | 99070 |     |     |

S: Pt c/o B/L/O pain today LS/hip region R > L today.

O: Ther. Ex per flowsheet Pulsed w/ls to Dix gel & Biofreeze to B LS region in L S/L

A: Encouraged pt to be aware of core posture/stability.

P: Continue PT per POC

Visit Number: (5) of (6)

Staff: PT/DAWN M

Therapist's Signature: Wendy Roper, DPT

**RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS**

I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PPT their designee for services described above.

Patient or Authorized Person's Signature \_\_\_\_\_

Date 9/04

1108-297-



Time In: 8:30 / Time Out: 9:45

1C3061913

TICKET NO.

| ACCOUNT NUMBER | DATE       | TIME         |         |
|----------------|------------|--------------|---------|
|                | 03/21/2014 | PT CONGAREE, | 3061255 |

NAME & ADDRESS  
AUBERT, JOHN

DOB: 03/07/1964  
AGE: 50 years  
SS#:   
FOL: 6

REENVILLE, SC 29607  
64-297-3963 WRK:   
SC

INSURED: FAUBERT, JOHN  
INSURANCE: WC/CORVEL THERAPY PROGRAM

RELATION: OTHER  
BRP:

INSURANCE BALANCE  
ACCOUNT BALANCE  
CURRENT CHARGES  
AMOUNT PAID  
NEW BALANCE  
CASH CHECK N.O. C.C.

| PROCEDURES                                                               | CPT   | FEE |                                                                                                                                                                                        |
|--------------------------------------------------------------------------|-------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Evaluation                                      | 97001 |     | S: PT c/o 8/10 pain                                                                                                                                                                    |
| <input type="checkbox"/> Re-Evaluation                                   | 97002 |     |                                                                                                                                                                                        |
| <input type="checkbox"/> OT Evaluation                                   | 97003 |     |                                                                                                                                                                                        |
| <input type="checkbox"/> Functional Capacity Evaluation                  | 97750 |     | O: Then Ex per flowsheet                                                                                                                                                               |
| <input type="checkbox"/> Work Hardening, 2 hours                         | 97545 |     | PN completed, see notes                                                                                                                                                                |
| <input type="checkbox"/> Work Hardening, add'l. 1 hour                   | 97546 |     | Supine & knees flexed right pelvic distortion<br>10 min x 5 min.                                                                                                                       |
| <input type="checkbox"/> Therapeutic Exercise, 15 mins                   | 97110 | 138 |                                                                                                                                                                                        |
| <input type="checkbox"/> Functional Activities, 15 mins                  | 97530 |     |                                                                                                                                                                                        |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins           | 97014 |     | Pulse w/ls & Drgel 2 Biofeedback                                                                                                                                                       |
| <input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare | G0283 |     | (B)LS w/ign x 8" cl. 5ul/cm <sup>2</sup>                                                                                                                                               |
| <input type="checkbox"/> Electrical Stim., Manual, 15 mins               | 97032 |     | A: see PN.                                                                                                                                                                             |
| <input type="checkbox"/> Ultrasound, 15 mins                             | 97035 | 30  |                                                                                                                                                                                        |
| <input type="checkbox"/> Paraffin Bath                                   | 97018 |     |                                                                                                                                                                                        |
| <input type="checkbox"/> Massage, 15 mins                                | 97124 |     |                                                                                                                                                                                        |
| <input type="checkbox"/> Manual Therapy                                  | 97140 |     | P: Hold PT until further                                                                                                                                                               |
| <input type="checkbox"/> Mechanical Traction                             | 97012 |     | Continue PT per POC orders                                                                                                                                                             |
| <input type="checkbox"/> Neuromuscular Re-Educ., 15 mins                 | 97112 |     | Visit Number: (6) of (6)                                                                                                                                                               |
| <input type="checkbox"/> Self Care Training, 15 mins                     | 97535 |     | Staff: [Signature] PTA                                                                                                                                                                 |
| <input type="checkbox"/> ROM Measure and Report                          | 95851 |     | Therapist's Signature: [Signature]                                                                                                                                                     |
| <input type="checkbox"/> Other / Supplies                                | 99070 |     |                                                                                                                                                                                        |
|                                                                          |       |     | RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS                                                                                                                              |
|                                                                          |       |     | I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. |
|                                                                          |       |     | Patient or Authorized Person's Signature                                                                                                                                               |
|                                                                          |       |     | Date 10-7-12                                                                                                                                                                           |

# Progressive Physical Therapy

## LUMBOSACRAL PROGRAM

Patient Name: JOHN LAURENTNext MD appt: 3/24/14

|                      |                             | DATE   | DATE    | DATE    | DATE    | DATE    | DATE    |
|----------------------|-----------------------------|--------|---------|---------|---------|---------|---------|
| CARDIO               |                             | 3-7-14 | 3-10-14 | 3-12-14 | 3-14-14 | 3-18-14 | 3-21-14 |
|                      |                             |        |         |         |         |         |         |
| CORE STABILIZATION   | PELV                        |        |         |         |         |         |         |
|                      | MUL                         |        |         |         |         |         |         |
|                      | BRU                         |        |         |         |         |         |         |
|                      | ABS                         |        |         |         |         |         |         |
|                      | L                           |        |         |         |         |         |         |
|                      | TA                          |        |         |         |         |         |         |
|                      | TA                          |        |         |         |         |         |         |
|                      | TA                          |        |         |         |         |         |         |
|                      | H                           |        |         |         |         |         |         |
|                      | PR                          |        |         |         |         |         |         |
|                      | PR                          |        |         |         |         |         |         |
|                      | PR                          |        |         |         |         |         |         |
|                      | PF                          |        |         |         |         |         |         |
|                      | SI                          |        |         |         |         |         |         |
|                      |                             |        |         |         |         |         |         |
| CORE STABILIZATION   | QUADRUPED UE/LE "birdog"    |        |         |         |         |         |         |
|                      | STANDING P's, T's, Y's      |        |         |         |         |         |         |
|                      | KNEEL → 1/2 KNEEL           |        |         |         |         |         |         |
|                      | HIP - 4 PLANES              |        |         |         |         |         |         |
|                      | SWISS BALL WALLSLIDES       |        |         |         |         |         |         |
|                      | SWISS BALL TRUNK EXT.       |        |         |         |         |         |         |
|                      | SITTING (ALL LEV)           |        |         |         |         |         |         |
|                      |                             |        |         |         |         |         |         |
|                      |                             |        |         |         |         |         |         |
|                      |                             |        |         |         |         |         |         |
| STRETCHES            | IRONING                     |        |         |         |         |         |         |
|                      | PIRIFORMIS <i>Swamp</i> (B) |        |         |         |         |         |         |
|                      | GLUT                        |        |         |         |         |         |         |
|                      | HAMSTRING <i>Swamp</i> (B)  |        |         |         |         |         |         |
| FUNCTIONAL           | BOX LIFT'S FLOOR → WAIST    |        |         |         |         |         |         |
|                      | BOX LIFT'S WAIST → SHOULDER |        |         |         |         |         |         |
|                      | BOX LIFT'S SHLDR → OVERHEAD |        |         |         |         |         |         |
|                      | BOX CARRIES X 25 FT         |        |         |         |         |         |         |
|                      | STOOPS/ SQUATS              |        |         |         |         |         |         |
|                      |                             |        |         |         |         |         |         |
|                      |                             |        |         |         |         |         |         |
| WRITTEN HEP ISSUED?  |                             |        |         |         |         |         |         |
| THERAPIST'S INITIALS |                             |        |         |         |         |         |         |

\* BALANCE DEFICIT \*

-299-  
 \* 1 ATCH ALLERGIC 58

CareIQ

A CORVEL NETWORK

CareIQ Therapy Program  
301 Pennsylvania Parkway, Suite 210  
Indianapolis, IN 46280

## Dates of Service Form

Provider Name: Progressive Physical Therapy PA  
Patient's Name: John Faubert  
Body Part: Lower Back Area -  
Service: Physical Therapy  
Claim #: 032014000331  
Date of Injury: 01/29/2014  
Today's Date: 3/4/2014

Instructions: Complete this form throughout the patient's therapy service. Submit this updated form with a current progress note every 6 visits to the CareIQ Therapy Program when additional visits are being requested.

Submit Documentation To:  
Fax: 866-910-2069 (or)  
Email: PTDocuments@corvel.com

### Level I:

1E) 3-2-14 Initial Evaluation - sent within 48 hours of appt.  
2) 3/10/14  
3) 3/12/14  
4) 3/14/14  
5) 3/18/14  
6) 3/21/14 Progress Note - completed and sent within 24 hours

### Level II:

7)  
8)  
9)  
10)  
11)  
12) Progress Note - completed and sent within 24 hours

### Advanced Care I:

13)  
14)  
15)  
16)  
17)  
18) Progress Note - completed and sent within 24 hours

### Advanced Care :

19)  
20)  
21)  
22)  
23)  
24) Progress Note - completed and sent within 24 hours

### Advanced Care III:

25)  
26)  
27)  
28)  
29)  
30) Progress Note - completed and sent within 24 hours

### Advanced Care IV:

31)  
32)  
33)  
34)  
35)  
36) Progress Note - completed and sent within 24 hours

### Cancellations and No Shows:

↓  
Your facility is responsible for notifying CareIQ Therapy Program within 24 hours of all missed appointments.

### Cancelled Appts:

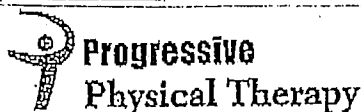
1)  
2)  
3)  
4)  
5)  
6)

### No Show Appts:

1)  
2)  
3)  
4)  
5)  
6)

If care exceeds Advanced Care IV and an additional Dates of Service Form is required, please contact CareIQ Therapy Program to request.

PT COPY



## SPINAL PROGRESS SUMMARY

701 Congaree Road  
Greenville, SC 29607  
864-329-0983  
864-627-1756

## To M.D.:

- ☐ Faxed  
☐ Mailed  
☐ Given to Patient  
☐ Filled in DC chart

The Leader in Innovative Therapies

Patient Name: John Fambert Dx/ICD-9: C50.842.9 Date: 3/21/14  
DOB: 3/7/67 Date of Onset: 1/29/14 Physician: Dr. Pommerehne  
Claim #: 2614-00033.1 Date of Surgery: \_\_\_\_\_ Therapist: Rene Davis, PTA

Date of initial evaluation: 3/2/14 Date of last treatment: 3/21/14 Total visits attended? 6 Missed?: 0

Benefit of treatment perceived by the patient?  
Compliance to PT HEP perceived by therapist?  
Current Work status:

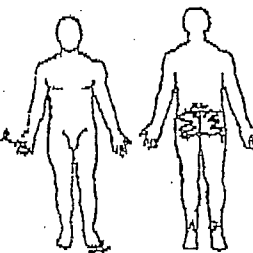
- ☐ Good ☐ Fair ☐ Poor  
☐ Good ☐ Fair ☐ Poor  
☐ N/A ☐ on regular duty  
☐ on light duty ☒ Off duty: Reason \_\_\_\_\_

## SUMMARY OF TREATMENTS

- ☐ Cervicothoracic Rehab-ROM/ stabilization ☐ Back School ☐ Manual Treatments ☐ \_\_\_\_\_  
☒ Lumbosacral Rehab-ROM/ core stabilization ☒ Postural Education ☐ Functional Training ☐ \_\_\_\_\_  
☐ Work Rehab / Conditioning ☒ Home Exercise Program ☒ Physical Agents/ Modalities

## SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 8/10 @ present, 3/10 @ best, 10/10 @ worst Location: (L5/S1) hip  
Quality: (Sharp) dull aching throbbing shooting sore other: burning  
Neuro/ Radicular Complaints: (L5) numbness/tingling post hip through knee  
Functional Limitations/ Aggravating Factors: sitting long periods, standing long periods, sleeping - up multiple times a night  
MS contin, narcotic, acetaminophen pain meds daily



## SUMMARY OF OBJECTIVE FINDINGS:

ROM: LS flex = 12° (RP) ext = 9° (RP) (L) SB = 8° (RP) (L) SB = 8° (RP) \* = worst pain  
Strength: (R) hip flexion = 3/5 knee ext 4/5 knee flex 4/5 DF 4/5  
(L) hip flexion = 3/5 knee ext 4/5 knee flex 4/5 DF 4/5  
Functional Abilities Demonstrated: PT had MRI 3/8/14 ordered by Dr. Pommerehne  
revealed Degenerative disk disease & congenital small canal. Disc bulge @ L4-L5 & L5/S1  
Other Objective Findings: Posture 76° (from 72° @ initial eval)  
PT - difficult mobility, painful

1/4/15  
diff findings  
arrows

## REVIEW OF ESTABLISHED GOALS

Patient has met \_\_\_\_\_ out of \_\_\_\_\_ initial PT goals established at the initial evaluation.

- ☒ Independent with HEP [partially met/ fully met/ not met]  
☒ Decrease symptoms [partially met/ fully met/ not met]  
☒ Increase range of motion [partially met/ fully met/ not met]  
☒ Increase strength [partially met/ fully met/ not met]  
☐ Increase / Decrease joint mobility [partially met/ fully met/ not met]  
☐ Improve quality of movement [partially met/ fully met/ not met]  
☒ Increase functional capacity [partially met/ fully met/ not met]

RECOMMENDATIONS  
REQUESTED BY PT

- ☐ Continue Physical Therapy for \_\_\_\_\_ x per week for \_\_\_\_\_ weeks

ACPT has chronic pain, has shown no improvement OPI, has been  
noncompliant & HEP. Please Advise.

MD ORDERS BASED UPON REVIEW  
OF ABOVE PROGRESS SUMMARY

- ☐ Continue Physical Therapy \_\_\_\_\_ x per week for \_\_\_\_\_ weeks  
☐ Hold Physical Therapy  
☒ Discharge Physical Therapy  
☐ Call physician concerning this patient

Follow up visit scheduled with MD: \_\_\_\_\_

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral.  
X 3/21/14 Rene Davis, PTA 3/21/14  
Physician / Nurse Practitioner / Physician's Asst. Date Physical Therapist Date

100

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

WCC File #  
Carrier File # 2014-000331  
Carrier Code # 500 - SF  
Employer FEIN 570000H27

John Fairbert

Greenville, SC 29607

UNIVERSITY OF SC APPRENTICE STUDENTS  
306 Benson School, Columbia, SC 29208

(home) (864) 297-3963 (work) (864) 201-1750

Preparer's name: Meggan Cooper (803) 896-5936 State Accident Fund, Insurance Carrier

A. Total Wages Paid

Date of injury: 01/29/2014

1. Check Applicable Method:

- ( ) Report of earnings of injured employee based on four completed quarters.  
( ) Report of earnings of injured employee who did not complete four quarters based on actual time worked.  
( ) Report of earnings of similar employee: Injured employee did not work sufficient time before alleged injury.  
Hire date:  
(X) Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

| Quarter         | Ending Date | Total Wages Paid |
|-----------------|-------------|------------------|
| 1 <sup>st</sup> | 12/31/2013  | 371.86           |
| 2 <sup>nd</sup> |             |                  |
| 3 <sup>rd</sup> |             |                  |
| 4 <sup>th</sup> |             |                  |
| Total Paid      |             | 2 371.86         |

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3.

4. Add lines 2 and 3

TOTAL WAGES PAID: 4. 371.86

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 1.00

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. 371.86

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. 250.73

8. The compensation rate is as follows (choose one):

- ( ) When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

~~( ) When the estimate compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.~~

- ( ) When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

(X) Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

- ( ) The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 250.73

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723.

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South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX-1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: John J. Faubert

Employer's Name: Kencorp-Mauldin, Inc., Dba: McDonald's Restaurants

Address: \_\_\_\_\_

Address: 1025 South Street

City: Greenville State: SC Zip: 29607

City: Simpsonville State: SC Zip: 29662

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Preparer's Name: John Kennedy

Preparer's Phone #: 864 386 2755

Date of Injury: 01/29/14  
month day year

**A. Total Wages Paid**

1. Check Applicable Method:

- ☒ Report of earnings of injured employee based on four completed quarters.  
☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.  
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: \_\_\_\_\_  
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

| Quarter | Ending Date | Total Wages Paid |
|---------|-------------|------------------|
| 1st     | 03/25/13    | \$ 5,174.19      |
| 2nd     | 06/17/13    | \$ 3,845.61      |
| 3rd     | 09/23/13    | \$ 5,879.86      |
| 4th     | 12/30/13    | \$ 4,804.48      |

Total Paid 2. \$ 19,704.14

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3. \$ 0.00

4. Add lines 2 and 3.

**TOTAL WAGES PAID:**

4. \$ 19,704.14

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52

**B. Average Weekly Wage**

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

**AVERAGE WEEKLY WAGE:** 6. \$ 378.93

**C. Compensation Rate**

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. \$ 252.63

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.  
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.  
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.  
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.  
☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

**WEEKLY COMPENSATION RATE:** 8. \$ 252.63

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20  
Rev. Date 01/2014

20

STATEMENT OF EARNINGS  
OF INJURED EMPLOYEE

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|                                                                                                      |                                        |                                           |  |
|------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|--|
| Copy B To Be Filed With Employee's<br>FEDERAL Tax Return                                             |                                        | <b>2013</b> OMB No.<br>1545-0008          |  |
| a Employee's social security number                                                                  | 1 Wages, tips, other comp.<br>19054.14 | 2 Federal income tax withheld             |  |
|                                                                                                      | 3 Social security wages<br>19704.14    | 4 Social security tax withheld<br>1221.66 |  |
| b Employer ID number                                                                                 | 5 Medicare wages and tips<br>19704.14  | 6 Medicare tax withheld<br>285.71         |  |
| c Employer's name, address, and ZIP code<br>Kencorp-Mauldin, Inc.<br>PO Box 853<br>Mauldin, SC 29662 |                                        |                                           |  |
| d Control Number<br>GA0059 9562 12845 FAUBERT JOHN                                                   |                                        |                                           |  |
| e Employee's first name and initial Last name<br>JOHN J FAUBERT                                      |                                        |                                           |  |
| f Employee's address, and ZIP code<br>GRENVILLE, SC 29607                                            |                                        |                                           |  |
| 7 Social security tips                                                                               | 8 Allocated tips                       |                                           |  |
| 10 Dependent care benefits                                                                           | 11 Nonqualified plans                  | 12a Code<br>D 650.00                      |  |
| 13 Statutory employee                                                                                | 14 Other                               | 12b Code<br>DD 4627.98                    |  |
| Retirement plan<br>X                                                                                 |                                        | 12c Code                                  |  |
| 3rd party sick pay                                                                                   |                                        | 12d Code                                  |  |
| SC 25194693-4                                                                                        | 19054.14                               | 118.85                                    |  |
| 15 State Emplr's state I.D. #                                                                        | 16 State wages, tips, etc.             | 17 State income tax                       |  |
| 18 Local wages, tips, etc.                                                                           | 19 Local income tax                    | 20 Locality name                          |  |

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

|                                                                                                      |                                        |                                           |  |
|------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|--|
| Copy 2 To Be Filed With Employee's State,<br>City, or Local Income Tax Return                        |                                        | <b>2013</b> OMB No.<br>1545-0008          |  |
| a Employee's social security number                                                                  | 1 Wages, tips, other comp.<br>19054.14 | 2 Federal income tax withheld             |  |
|                                                                                                      | 3 Social security wages<br>19704.14    | 4 Social security tax withheld<br>1221.66 |  |
| b Employer ID number                                                                                 | 5 Medicare wages and tips<br>19704.14  | 6 Medicare tax withheld<br>285.71         |  |
| c Employer's name, address, and ZIP code<br>Kencorp-Mauldin, Inc.<br>PO Box 853<br>Mauldin, SC 29662 |                                        |                                           |  |
| d Control Number<br>GA0059 9562 12845 FAUBERT JOHN                                                   |                                        |                                           |  |
| e Employee's first name and initial Last name<br>JOHN J FAUBERT                                      |                                        |                                           |  |
| f Employee's address, and ZIP code<br>GRENVILLE, SC 29607                                            |                                        |                                           |  |
| 7 Social security tips                                                                               | 8 Allocated tips                       |                                           |  |
| 10 Dependent care benefits                                                                           | 11 Nonqualified plans                  | 12a Code<br>D 650.00                      |  |
| 13 Statutory employee                                                                                | 14 Other                               | 12b Code<br>DD 4627.98                    |  |
| Retirement plan<br>X                                                                                 |                                        | 12c Code                                  |  |
| 3rd party sick pay                                                                                   |                                        | 12d Code                                  |  |
| SC 25194693-4                                                                                        | 19054.14                               | 118.85                                    |  |
| 15 State Emplr's state I.D. #                                                                        | 16 State wages, tips, etc.             | 17 State income tax                       |  |
| 18 Local wages, tips, etc.                                                                           | 19 Local income tax                    | 20 Locality name                          |  |

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

|                                                                                                      |                                        |                                           |  |
|------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|--|
| Copy C For EMPLOYEE'S RECORDS<br>(See Notice to Employee on back of Copy B.)                         |                                        | <b>2013</b> OMB No.<br>1545-0008          |  |
| a Employee's social security number                                                                  | 1 Wages, tips, other comp.<br>19054.14 | 2 Federal income tax withheld             |  |
|                                                                                                      | 3 Social security wages<br>19704.14    | 4 Social security tax withheld<br>1221.66 |  |
| b Employer ID number                                                                                 | 5 Medicare wages and tips<br>19704.14  | 6 Medicare tax withheld<br>285.71         |  |
| c Employer's name, address, and ZIP code<br>Kencorp-Mauldin, Inc.<br>PO Box 853<br>Mauldin, SC 29662 |                                        |                                           |  |
| d Control Number<br>GA0059 9562 12845 FAUBERT JOHN                                                   |                                        |                                           |  |
| e Employee's first name and initial Last name<br>JOHN J FAUBERT                                      |                                        |                                           |  |
| f Employee's address, and ZIP code<br>GRENVILLE, SC 29607                                            |                                        |                                           |  |
| 7 Social security tips                                                                               | 8 Allocated tips                       |                                           |  |
| 10 Dependent care benefits                                                                           | 11 Nonqualified plans                  | 12a Code<br>D 650.00                      |  |
| 13 Statutory employee                                                                                | 14 Other                               | 12b Code<br>DD 4627.98                    |  |
| Retirement plan<br>X                                                                                 |                                        | 12c Code                                  |  |
| 3rd party sick pay                                                                                   |                                        | 12d Code                                  |  |
| SC 25194693-4                                                                                        | 19054.14                               | 118.85                                    |  |
| 15 State Emplr's state I.D. #                                                                        | 16 State wages, tips, etc.             | 17 State income tax                       |  |
| 18 Local wages, tips, etc.                                                                           | 19 Local income tax                    | 20 Locality name                          |  |

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS  
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

|                                                                                                      |                                        |                                           |  |
|------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|--|
| Extra Employee Copy                                                                                  |                                        | <b>2013</b> OMB No.<br>1545-0008          |  |
| a Employee's social security number                                                                  | 1 Wages, tips, other comp.<br>19054.14 | 2 Federal income tax withheld             |  |
|                                                                                                      | 3 Social security wages<br>19704.14    | 4 Social security tax withheld<br>1221.66 |  |
| b Employer ID number                                                                                 | 5 Medicare wages and tips<br>19704.14  | 6 Medicare tax withheld<br>285.71         |  |
| c Employer's name, address, and ZIP code<br>Kencorp-Mauldin, Inc.<br>PO Box 853<br>Mauldin, SC 29662 |                                        |                                           |  |
| d Control Number<br>GA0059 9562 12845 FAUBERT JOHN                                                   |                                        |                                           |  |
| e Employee's first name and initial Last name<br>JOHN J FAUBERT                                      |                                        |                                           |  |
| f Employee's address, and ZIP code<br>GRENVILLE, SC 29607                                            |                                        |                                           |  |
| 7 Social security tips                                                                               | 8 Allocated tips                       |                                           |  |
| 10 Dependent care benefits                                                                           | 11 Nonqualified plans                  | 12a Code<br>D 650.00                      |  |
| 13 Statutory employee                                                                                | 14 Other                               | 12b Code<br>DD 4627.98                    |  |
| Retirement plan<br>X                                                                                 |                                        | 12c Code                                  |  |
| 3rd party sick pay                                                                                   |                                        | 12d Code                                  |  |
| SC 25194693-4                                                                                        | 19054.14                               | 118.85                                    |  |
| 15 State Emplr's state I.D. #                                                                        | 16 State wages, tips, etc.             | 17 State income tax                       |  |
| 18 Local wages, tips, etc.                                                                           | 19 Local income tax                    | 20 Locality name                          |  |

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

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

WCC #: 1402080  
Carrier File: 2014-000331  
Carrier Code #: 500-SF  
Employer FEIN #: 570000H27

John Faubert 034-58-8667  
Greenville, SC 29607  
(864) 297-3963 (home) (864) 201-1750 (work)

UNIVERSITY OF SC APPRENTICE STUDENTS  
306 Benson School, Columbia, SC 29208

Preparer's name: Meggan Cooper (803) 896-5936 State Accident Fund. Insurance Carrier

Date of injury: 01/29/2014

Date of notice to employer of injury: 01/29/2014

- I. Payment of Temporary Compensation (choose A, B, or C) (X) Initial period ( ) Additional period ( ) Corrected compensation rate
- A. Temporary Total at the compensation rate of \$ 250.73 per week. For this period of disability, disability began on 01/30/2014 and the date of first payment was 03/24/2014.
- B. Temporary Partial at the compensation rate of \$ per week. Note: When Temporary Partial compensation rate will vary, report first payment here. Supplement throughout the period of Temporary Partial compensation by filing Form 15S with the Form 18, which shall be filed six months after the date of injury and each six months thereafter until the file is closed. For this period of disability, disability began on and the date of first payment was

Calculation of Temporary Partial rate:

|                                           |    |
|-------------------------------------------|----|
| Average weekly wage before injury         | \$ |
| MINUS Current weekly wage                 | \$ |
| Difference in wages before injury and now | \$ |
| Temporary Partial Compensation Rate       | \$ |

C. Salary in lieu of Temporary compensation in the amount of \$ per week. For this period of disability, disability began on and the date of first payment was

THIS SECTION MAY BE USED ONLY WITHIN 150 DAYS AFTER NOTICE TO EMPLOYER OF THE INJURY, ATTACH DOCUMENTATION AS TO THE REASON FOR THE TERMINATION.

II. Termination of Temporary Compensation. Temporary compensation payments were stopped on 03/05/2014 for the following reason:

- ( ) Claimant has returned to work at least 15 days and no temporary partial compensation is due.
- ( ) Claimant agrees he/she is able to return to work and has signed a Form 17.
- ( ) Based on a good faith investigation, the claim is denied. Reason for denial:
- ( ) Claimant has been released to return to work without restrictions and employment has been offered.
- (X) Claimant has been released to return to work at limited duty and employer has provided limited duty work consistent with the terms upon which the Employee has been released.
- ( ) Claimant has refused medical treatment, examination, or evaluation. Note: Benefits must be resumed if claimant accepts the treatment, examination, or evaluation. Additional report must be filed if compensation is resumed.

I certify that this form has been served on the claimant per R.67-211.

Signature of Claims Administrator

Date

3/21/14

III. Notice to Injured Worker or Legal Representative when Temporary Compensation Has Been Stopped:

The employer's representative may stop temporary compensation within 150 days of the date of notice for the above reasons. However, if you believe that temporary compensation should not have been stopped, you may request a hearing by signing below and returning this form to the SCWCC Judicial Department at the address at the top of the form. A hearing will be held within 60 days of receipt of your request to determine if temporary compensation has been properly terminated.

MY SIGNATURE BELOW INDICATES THAT I DO NOT AGREE WITH THE TERMINATION OF TEMPORARY COMPENSATION. I REQUEST A HEARING TO DETERMINE WHETHER I AM ENTITLED TO FURTHER TEMPORARY COMPENSATION PAYMENTS.

Check one: Form 15(II) ☐ has ☐ has not been received.

Signature of claimant or legal representative

Date

Employer's representative must complete and file Form 15 with Claims Department within ten days after compensation begins or is terminated. Employer's representative must serve the Form 15 on the claimant when compensation begins per R.67-211. Employer's representative must prepare and serve Form 20 within thirty days of beginning compensation per R.07-1603. Employer's representative must serve per R.67-211 two copies of the Form 15 on claimant immediately on termination of compensation with documentation attached as to the reason for the termination. Injured worker may contest termination of compensation by completing section III of the Form 15 and filing it with Judicial Department.

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**State Accident Fund**

P.O. Box 102100  
Columbia, SC, 29221-5000  
(803) 896-5800

Vendor XXXXX8667 JOHN FAUBERT

Check 898122 Date 3/21/2014

| Reference | Date      | Description                                   | Amount   | Total    |
|-----------|-----------|-----------------------------------------------|----------|----------|
| 930718    | 3/21/2014 | Claim (2014-0331) TT: 01/30/2014 - 03/05/2014 | 1,253.65 | 1,253.65 |
| Total     |           |                                               | 1,253.65 | 1,253.65 |

Payments in this case are in accordance with the South Carolina Workers' Compensation Act.  
If you have any questions regarding your payments, please contact the State Accident Fund at 803/896-5800.

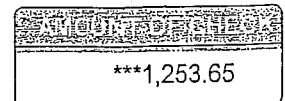
THIS DOCUMENT HAS A MICRO SIGNATURE LINE

**STATE ACCIDENT FUND**

P.O. Box 102100  
Columbia, SC 29221-5000  
(803) 896-5800  
11-24/1210  
One Thousand Two Hundred Fifty-Three and 65/100\*\*\*\*\*

Wells Fargo Bank, N.A.  
Columbia, SC 29226  
11-24/1210

DATE CHECK NO  
3/21/2014 898122



PAY TO THE ORDER OF

JOHN FAUBERT

Greenville, SC 29607

VOID AFTER 6 MONTHS

65



## Kencorp-Mauldin, Inc.

Db: McDonald's Restaurants  
John & Ida Kennedy, Owner/Operators  
P.O. Box 853  
Mauldin, SC 29662

Telephone (864)-288-0868  
Fax (864)-288-6484

Date: 8/28/2014

RE: John Faubert

To Whom It May Concern:

Our employee, John Faubert, has not been receiving workmen's compensation from our company. John has been out of work since February 1, 2014, due to an injury that was not related to his employment with McDonald's.

If you require any other information, contact me at the numbers listed above or email your request to [kencorp.office@gmail.com](mailto:kencorp.office@gmail.com).

Sincerely,

A handwritten signature in cursive script that reads "John Kennedy".

John Kennedy  
Owner/Operator

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STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

John Faubert, Employee,  
Claimant,

W.C.C. FILE NO.: 1402080

vs.

**CERTIFICATE OF MAILING**

University of SC Apprentice Students,  
Employer,

and

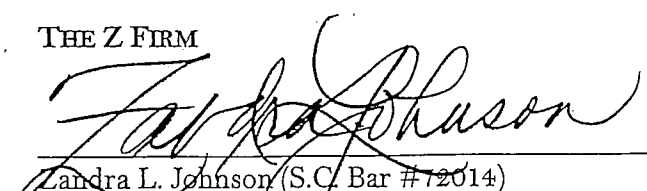
S.C. State Accident Fund, Carrier  
Defendants.

IT IS HEREBY CERTIFIED THAT a copy of the Claimant's Form 58/Pre-Hearing Brief and Notice of Witnesses, Medical Reports and Other Documents submitted pursuant to the Administrative Procedures Act was served upon the Employer/Carrier, Defendants, by placing a copy of same in the United States Mail, postage prepaid, on the 12th day of September, 2014, addressed as follows:

Mr. Peter P. Leventis, IV  
The McKay Law Firm  
P.O. Box 7217  
Columbia, S.C. 29202-7217

Respectfully Submitted,

THE Z FIRM

  
Zandra L. Johnson (S.C. Bar #72014)  
The Law Firm of Zandra L. Johnson, LLC  
Attorney for the Employee/Claimant  
330 E. Coffee Street  
Greenville, S.C. 29601  
Phone: 864.527.5915/Fax: 864.551.2913  
Email: [zandra@zfirmsc.com](mailto:zandra@zfirmsc.com)

September 12, 2014

SOUTH CAROLINA  
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

August 8<sup>th</sup>, 2014

BF

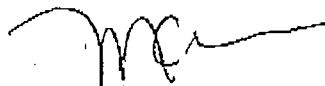
Amy Bracy, Judicial Director  
S. C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202-1715

Re: John Faubert v USC – Apprentice Students  
WCC File No.: 1402080  
SAF File No.: 2014-0331

Dear Sirs/Madam:

Enclosed please find the Form 51 which has been completed by this office in the above-entitled claim. If I may be of further assistance, please feel free to call me.

Sincerely,



Maria I. Ruhborn  
Legal Assistant

Enclosure  
cc: Zandra Johnson, Esquire

Post Office Box 102100 Columbia, South Carolina 29221-5000 (803) 896-5800 FAX (803) 612-2785

[www.saf.sc.gov](http://www.saf.sc.gov)

South Carolina Workers' Compensation Commission  
 1612 Marion Street • Post Office Box 1715  
 Columbia, South Carolina 29202-1715  
 (803) 737-5739  
 www.wcc.sc.gov



WCC File #: 1402080  
 Carrier File #: 2014-0331  
 Carrier Code #:  
 Employer FEIN #:

Claimant's Name: John Faubert SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: Greenville State: SC Zip: 29607  
 Home Phone: ( ) - Work Phone: ( ) -  
 Date of Injury: 01/29/2014  
 Employer's Name: University of South Carolina Apprentice Students  
 Address: 1600 Hampton St Street  
 City: Columbia State: SC Zip: 29208  
 Insurance Carrier: State Accident Fund  
 Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5891

Date of Injury or Illness: 01/29/2014

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

1. It is Admitted the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:  
 The Defendants admit an injury to the right leg, right knee, and right wrist only; however, extent of injury and all other body parts are denied. The Defendants deny the claimant sustained an injury to the cervical spine and the right shoulder.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is Admitted at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is Admitted that notice of injury was given the employer. The reasons for denial are:
6. It is Admitted the employee Needs / Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:  
 The claimant is currently under medical treatment.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of: The Claimant is not entitled to weekly benefits as he is an apprentice student.
8. It is Denied the employee is permanently disabled. The reasons for denial are:  
 Disability, if any to be determined by W.C.C.
9. It is Denied the employee has serious disfigurement.
10. It is contended that the average weekly wage of \$ N/A applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

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

Name: Zandra Johnson, Esquire Judicial Director, SCWCC  
 Address: 330 East Coffee Street, Greenville, SC 29601 P.O. Box 1715, Columbia, SC 29202-1715

on the \_\_\_\_\_ day of August, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.  
 I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Title: Asst. Chief Counsel Email: PSnyder@saf.sc.gov 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.67-106, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



CC File #: **1402080**  
Carrier File #: **2014-000331**  
Carrier Code #: **500-SF**  
Employer FEIN #: **570000HF**

Claimant's Name: John Faubert SSN: \_\_\_\_\_ Employer's Name: University of SC Apprentice Students  
Address: \_\_\_\_\_ Address: 1600 Hampton Street, Suite 705  
City: Greenville State: SC Zip: 29607 City: Columbia State: SC Zip: 29208  
Home Phone: (864) 297-3963 Work Phone: (864) 201-1750 Insurance Carrier: State Accident Fund  
Preparer's Name: Zandra L. Johnson Law Firm: Law Firm of Zandra L. Johnson, LLC Preparer's Phone #: (864) 527-5915

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

Date of Injury or Illness: 01/29/2014

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to right leg, right knee, neck, right shoulder and right wrist (Part(s) of Body Injured) on 01/29/2014 (Month/Day/Year) in GREENVILLE county, state of SOUTH CAROLINA.
2. Body part(s) affected are: right leg, right knee, neck, right shoulder and right wrist.  
Briefly describe how the accident occurred. Claimant was walking along causeway to work in the hospital. As he approached the entrance, his right foot tripped over an uneven surface and/or edge of a paver, causing him to fall forward and down on his knees and then his right side.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 01/29/2014 (Month/Day/Year) in the following manner:  
Verbally to Claimant's supervisor immediately after the fall. Additionally, an Accident Form was partially completed at that time.

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

☐ (a) medical examination and treatment for: \_\_\_\_\_

☒ (b) additional medical examination and treatment for: right leg, right knee, neck, right shoulder and right wrist

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:  
01/29/2014 - present and continuing

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

☐ (1) General Disability: ☐ Total ☐ Partial

☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

9a. ☒ A determination of permanent disability is premature at this time.

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:  
N/A

10a. At the time of the injury, the Claimant was paid weekly wages of \$N/A, 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:  
University of S.C. Apprentice Students—Claimant has been attending classes as directed by physician.

11. Further grounds or unusual aspects of claim:

Claimant was injury during and in the course of his work as a student but was also employed full time as well.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
See Attached.

11b. To the best of your knowledge, did you have any prior permanent disability? Yes  
If yes, describe: See Attached.

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.

14. Estimated time needed for hearing: 30 minutes

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

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

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

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Paige Snyder, P.O. Box 102100, Columbia, S.C. 29221-5000

address P.O. Box 102100, Columbia, S.C. 29221-5000 on the 21<sup>st</sup> day of July 2014, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Zandra L. Johnson Attorney for Claimant  
Preparer's Signature Title

zandra@zfirmsc.com  
Email

July 21, 2014  
Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

ADDENDUM TO FORM 50 (J. Faubert)

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

(1) Dr. Raju Patnam, Primary care Dr.  
545 W. Butler Rd.  
Greenville, SC 29607  
864-299-1990  
864-299-1990

(2) Dr. LaBlond, pain management  
Upstate Medical Rehabilitation  
111 Doctors Dr., Suite E  
Greenville, SC 29605  
864-797-7100

(3) Patewood Radiology  
200 Patewood Dr., Suite A16  
Greenville, SC 29615  
864-454-1000

(4) Dr. Pommerenke  
Dr. Kellett  
Doctors Care  
701 Congaree Rd.  
Greenville, SC 29607  
864-458-7289

(5) Progressive Physical Therapy  
701 Congaree Rd.  
Greenville, SC 29607  
864-329-0983

11b. To the best of your knowledge, did you have any prior permanent disability? Yes  
If yes, describe:

(Statement of Claimant): Prior to incident, I was managing my disability, MS at Neurology Associates and my other issues through pain management and Upstate Medical Rehab. I have documentation for both my disability and my pain issues. While I had difficulties, I was at an operative level. However, I was not pain free, but it was at a manageable level and I was able to function. I worked a full-time job. I was a full-time graduate student in the MSW program at USC which included an additional 16+ hours per week internship. In addition, I was managing family responsibilities. Since the accident, I have not been able to work and am on FMLA. In regards to school, I have recently returned but am not able to make it through all my classes. As a result of my condition, I cannot sit in on position for any duration and have to constantly move around, stand at

the back of the class, or leave to walk around, which is a disruption to my education as well as an interruption for my class mates. I have yet been able to make it through my 2<sup>nd</sup> class because of the increased pain level. In reference to my internship, I have only been able to work half the usual amount of time and will have to extend my internship after the semester has ended.

There are other presenting difficulties as well. I am only able to drive short distances and must use a cane on a full-time basis where previously, it had only been on occasional need. Home life is similar to school in that I cannot sit or stand for more than brief periods. In addition, I sleep very little because of the intensity of the pain.

Before the accident I was only having pain in my lower back and in my left leg. Now my back pain radiates from mid-back down. Both legs are now experiencing difficulties as well as both hips. The pains in my wrist and right knee have all but dissipated and the swelling in the right knee is gone. My pain medication has been increased but has little affect. Doctors Care has also sent me to Physical Therapy which has done little more than exacerbate my condition. On my last visit to the doctor, he suggested that going on disability might be a consideration.

\*NOTE: A copy of this Form 50 and its Addendum was also served on University of S.C. Apprentice Students, 1600 Hampton Street, Suite 705, Columbia, S.C. 29208.



## SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1402080

|                     |   |                                     |
|---------------------|---|-------------------------------------|
| JOHN FAUBERT        | ) |                                     |
|                     | ) |                                     |
| CLAIMANT,           | ) |                                     |
|                     | ) | SC WORKERS' COMPENSATION COMMISSION |
| VS.                 | ) |                                     |
|                     | ) | FULL BOARD HEARING OF               |
| USC,                | ) |                                     |
|                     | ) | JOHN FAUBERT                        |
| EMPLOYER,           | ) |                                     |
| AND                 | ) | VS                                  |
|                     | ) |                                     |
| STATE ACCIDENT FUND | ) | UNIVERSITY OF SOUTH CAROLINA        |
|                     | ) |                                     |
| CARRIER.            | ) |                                     |

This is the Transcript of the South Carolina Workers' Compensation Full Board Hearing of John Faubert versus University of South Carolina, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 2:00 P.M., Monday, July 20, 2015, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

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## APPEARANCES

## FOR THE APPELLANT:

Peter P. Leventis, IV, Esquire  
McKay Cauthen Settana & Stublely, PA  
1303 Blanding Street  
P.O. Box 7217  
Columbia, SC 29202-7217

## FOR THE RESPONDENT:

Zandra L. Johnson, Esquire  
Law Office of Zandra L. Johnson  
330 East Coffee Street  
Greenville, SC 29601

## COMMISSIONERS PRESENT:

Gene McCaskill, Chair  
T. Scott Beck  
Melody James

\*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

\*\*This is an Official Transcript governed by 25A S.C. Code ANN. Regs 67-615 D (Supp. 2000). The unauthorized copying of this document is deemed to be conversion of an asset belonging to the Court Reporter.

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## I N D E X

## WITNESSES

| All Witnesses:                              | Page  |
|---------------------------------------------|-------|
| for Plaintiff                               |       |
| Argument for the Appellant by Mr. Leventis  | 5:6   |
| Argument for the Respondent by Ms. Johnson  | 9:19  |
| Response from the Appellant by Mr. Leventis | 17:21 |
| Certificate                                 | 21    |

## STIPULATIONS

Commissioner McCaskill: Ms. Johnson,  
are you ready?

Ms. Johnson: I am, Your Honor.

Commissioner McCaskill: All right. Mr.  
Leventis, are you ready?

Mr. Leventis: Yes, Your Honor.

Commissioner McCaskill: All right..  
Madame Court Reporter, please call the case.

Court Reporter: Today is July 20th,  
2015. This is South Carolina Workers'  
Compensation Case Number 1402080. This is  
the case of John Faubert, the Claimant,  
versus University of South Carolina, the  
Employer, and the State Accident Fund is the  
Carrier. The Appellant is the Defendant,  
represented by Peter P. Leventis. The  
Respondent is represented by Zandra L.  
Johnson. Each side is allowed ten (10)  
minutes for oral argument and the Appellant  
three (3) minutes in reply. You are  
requested to argue the grounds of exception  
and stay within the record. The Single  
Hearing Commissioner was Commissioner Taylor.

Commissioner McCaskill: Okay. I'm just

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1                   waiting on Commissioner Beck. Let's wait  
2                   until Commissioner Beck comes; we won't have  
3                   -- where you won't have to repeat yourself.  
4                   All right, Mr. Leventis.

5                   ARGUMENT FOR THE APPELLANT

6           By Mr. Leventis:

7                   Thank you, may it please the Commission,  
8                   Peter Leventis on behalf of the Defendant  
9                   Employer and Carrier. Your Honors, the --  
10                  there is really primarily one (1) issue in  
11                  this case; I do want to mention one (1) piece  
12                  of housekeeping first. I had referenced at  
13                  the -- at the last argument section of my  
14                  brief, one of the last argument sections in  
15                  the employer brief under 67-1603 H in regards  
16                  to not filing a Form 20 from another  
17                  employer. There was not one presented at the  
18                  -- in the pre-hearing briefs, which led to my  
19                  confusion on the matter because by the time I  
20                  had come into the case I did not have in my  
21                  file materials that a 20, that apparently was  
22                  filed by Ms. Johnson, so if there is some  
23                  miscommunication in the briefs as to that,  
24                  she noted that she had filed it, I went back  
25                  and noted that; that's a mistake on my part.

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1 So, I would withdraw that argument as far as  
2 the Form 20 goes. As to the primary  
3 argument, Your Honors, the real question is  
4 whether or not somebody under 42-7-65 is  
5 permitted to stack additional wages from  
6 another -- from other employment that they  
7 may have. Your Honors, I could well be wrong  
8 on this, and I have been in the past on  
9 things, but I think that the case law and the  
10 statute is pretty clear on this matter. If  
11 this were -- if I were arguing against this I  
12 would file a motion under SCACR under rule  
13 217 to target against precedent. And the  
14 reason I say that is because it is pretty  
15 much black letter law in South Carolina now  
16 that if you have a second job then you can  
17 stack those wages under 42-1-40 and the basis  
18 for that is that having a second job is  
19 considered, per se, unusual or extraordinary  
20 reason to stack wages under 42-1-40. Under  
21 42-7-65, which I believe is controlling in  
22 this case, there is no exception for unusual  
23 or extraordinary circumstances to increase  
24 the wage. This -- well, the reason I -- I  
25 said as far as precedent goes, is I believe

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1 no matter what arguments Ms. Johnson made,  
2 and she made excellent arguments in a well  
3 written brief, I think that the case of Smith  
4 versus Barnwell is controlling in this  
5 matter.

6 Commissioner Beck: Wasn't that an  
7 inmate only case though? It was an inmate  
8 case, wasn't it?

9 Mr. Leventis: It was, Your Honor;  
10 that's correct. But what I would point out  
11 is, the -- the section in 42-7-65 where  
12 inmates are listed is in the exact same  
13 paragraph, actually the sentence before or  
14 rather maybe the sentence after, where  
15 interns at the working -- working in  
16 internships or private employment off campus  
17 may also receive Workers' Compensation  
18 benefits. And in this particular case this  
19 isn't an instance where there was any tort --  
20 any -- any tort fees or someone who caused  
21 wrongful damage to Mr. Faubert through some  
22 other means, he -- it's a -- it's a big  
23 benefit that the Legislature has chosen for  
24 -- for this particular Claimant -- that the  
25 Legislature has chosen to put these persons

1 under the Workers' Compensation Act and to  
2 give them a statutorily prescribed average  
3 weekly wage and compensation rate; however, I  
4 think that the way the Legislature has  
5 written it and not putting these within  
6 42-1-40 and not putting an unusual or  
7 extraordinary exception means that this is a  
8 case where he is not permitted to stack his  
9 wages. The Smith case, though, that I cite,  
10 which I think is binding on this matter, is  
11 one where an inmate who was staying the week  
12 and working on the weekends, doing his prison  
13 sentence on the weekends but also had a job  
14 during the week, fell off a tractor while he  
15 was on a work assignment for the prison,  
16 injured himself and wanted to stack the wages  
17 from his job during the week. And the Court,  
18 in looking at it, looking under 42-7-65,  
19 which was the only thing that prescribed a  
20 wage for the inmate in the first place, found  
21 that that class of employees -- there was an  
22 argument about whether or not there was an  
23 employer/employee relationship but the Court  
24 in Smith versus Barnwell didn't even reach  
25 that; they just found that under 42-7-65 for

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1 the prescribed wage there was not an ability  
2 to stack and add additional wages. There may  
3 be some further argument if they were in  
4 different parts potentially of the -- of the  
5 statute. I would -- I would still argue for  
6 the other reasons outlined in the brief that  
7 would not permit it; however, since these two  
8 (2) literally appear side-by-side for the  
9 prescribed wage for prisoners and the period  
10 next category is interns working for state  
11 and public universities that there is not the  
12 ability to do that. And I'll take any  
13 questions the panel may have of me.

14 Commissioner McCaskill: Questions?

15 Questions? Thank you, sir.

16 Mr. Leventis: Thank you, Your Honors.

17 Commissioner McCaskill: Ms. Johnson.

18 ARGUMENT FOR THE RESPONDENT

19 By Ms. Johnson:

20 Ms. Johnson: Your Honors, I'd like to  
21 hand up some copies of the -- the statute  
22 relied upon by the Appellant. Your Honors,  
23 Zander Johnson, with the law firm of Zander  
24 Johnson, LLC, representing the  
25 Respondent/Employee, Mr. John Faubert in this

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1 matter. Your Honors it's our position that  
2 section -- code section 42-1-40 does apply in  
3 this case in that Mr. Faubert in pursuing  
4 both educational and full time employment at  
5 McDonald's did at that time engage in  
6 concurrent employment, which according to  
7 section 42-1-40 constitutes an exceptional  
8 circumstance. As has been indicated by Mr.  
9 Leventis, the precise issue in this case is  
10 whether or not Smith versus Barnwell controls  
11 the outcome of this case with respect to the  
12 calculation of the average weekly wage and  
13 corresponding compensation rate and it  
14 therefore requires an interpretation of  
15 section 42-7-65. Your Honors, I've passed --  
16 I've handed up a copy of code section 42-7-65  
17 so that there can be some reference to the  
18 language contained in that statute. The  
19 statute is entitled Average Weekly Wage  
20 Designated for Certain Categories of  
21 Employees, and it is our position that --  
22 that leaving out the word total allows for an  
23 average weekly wage that is greater than what  
24 is contained therein. In the very first  
25 opening paragraph, which only modifies

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1 subparagraph one (1) through (5), the title  
2 specifically says that the total average  
3 weekly wage of the following categories of  
4 employees, and then it enumerates those  
5 persons. Not only does it enumerate those  
6 persons but in a paragraph, a sentence that  
7 directly follows, it says that the wages  
8 provided in two (2), three (3), four (4) and  
9 five (5) may not be increased as a basis for  
10 any computation of benefits other than as a  
11 volunteer. That same language does not  
12 appear in the section in which is included  
13 either inmates or -- or students. It is also  
14 our position that the case of Smith versus  
15 Barnwell is an inmate case and it is specific  
16 to inmates. In that case, in making their  
17 decision, the court indicated that the reason  
18 they found that way -- a part of the reason  
19 they found that way was because of the  
20 removal of inmate from the former code, the  
21 former version of 42-1-40. Inmates, although  
22 they were -- were originally a part of the  
23 average weekly wage and determining -- making  
24 that determination according to 42-1-40,  
25 there was never included in the original --

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1 the original statute any provision for  
2 students of high schools, state technical  
3 schools or state supported colleges and  
4 universities. In looking at the Legislative  
5 history it appears that the -- that in Act  
6 Number 33, which is also included in the  
7 materials handed up and I've highlighted the  
8 sections that are pertinent to this argument,  
9 that in Act Number 33 is when -- 1983, is  
10 when the Legislature first removed inmates  
11 from that statute. It was later in Act  
12 Number 424, the following year of the same  
13 assembly, that the Legislature amended that  
14 statute to provide for benefits for -- for  
15 students under that statute and -- and we  
16 agree that it is a big benefit for students.  
17 Furthermore, Mr. Faubert, in pursuing both a  
18 Masters degree at the same time he was  
19 engaged in full time employment at  
20 McDonald's, we believe that a combination of  
21 the wages does more fairly represent what his  
22 future earning capacity would be. It is on  
23 the basis that we believe -- on these basis  
24 that we believe that Mr. Faubert is entitled  
25 to stack the wages from both his work as a

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1 student, as well as his work as an employee  
2 at McDonald's.

3 Commissioner McCaskill: Okay.

4 Commissioner James: We -- I mean, you  
5 obviously both agree, the -- the wording is  
6 absent from the statute, the exceptional  
7 reasons wording is -- is absent from this  
8 particular statute?

9 Ms. Johnson: Yes, Your Honor.

10 Commissioner James: Okay. And the --  
11 the top part of the -- the statute, which  
12 this other language may have been tacked on  
13 later, I haven't looked at the history, does  
14 address a couple of sections and carves those  
15 out but it doesn't -- it doesn't carve this  
16 out. So, the court in Smith versus Barnwell  
17 County, because this was left out, they had  
18 to look at the intent of the Legislature and  
19 they decided that the intent of the  
20 Legislature here is -- the language is  
21 basically they find the General Assembly  
22 intended inmates not to be allowed to combine  
23 wages in determining this because they --  
24 they were being -- they said basically if  
25 they had not intended such a result there

1 would have been no reason to remove the  
2 inmates from that section. I understand what  
3 you're saying but that is -- that sits --  
4 they sit right beside each other and the --  
5 and there's -- the Legislature doesn't carve  
6 out any exception like it did up in the top  
7 in two (2), three (3), four (4) and five (5).  
8 So, we're looking at the Legislative intent.  
9 The only thing basically we have right now is  
10 what the court thinks the Legislative intent  
11 was with the inmates. Why is that really any  
12 different than what we're looking at now?

13 Ms. Johnson: Your Honor, we're dealing  
14 with -- with a situation where we had a  
15 student who is attending a university in  
16 pursuit of a Masters degree and also working  
17 full time.

18 Commissioner James: No, I know -- I  
19 know the facts and -- and in Smith there was  
20 somebody that was also working a second job;  
21 the inmate was also working a second job.  
22 Why --

23 Ms. Johnson: The -- he --

24 Commissioner James: -- why are the two  
25 (2) different; what Legislative intent do --

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1 do I look at to -- to show -- to show the  
2 difference here?

3 Ms. Johnson: -- Your Honor, in arriving  
4 at the Legislature's intent in Smith versus  
5 Barnwell the thing that the court pointed to  
6 specifically was the fact that the word  
7 inmate or inmates were not included in the  
8 original definition or that it had been  
9 removed from, I guess, the original  
10 calculation or method for calculation of the  
11 average weekly wage.

12 Commissioner James: But if they carve  
13 it out and put it in the same section with  
14 the inmates, why would their intent not be  
15 the same?

16 Ms. Johnson: Honestly, Your Honor, I --  
17 it's my position that their -- that their  
18 intention was not to even carve out inmates  
19 such that their average weekly wages were  
20 capped. In looking at --

21 Commissioner James: Oh. But -- but the  
22 court in Smith says otherwise, so.

23 Ms. Johnson: -- yes, Your Honor, and  
24 it's my position that it -- that that is not  
25 controlling precedent because we're not

1 dealing with the exact specific facts of that  
2 particular case; we're dealing with different  
3 facts and we're dealing with students rather  
4 than dealing with inmates.

5 Commissioner James: All right. But  
6 it's the same analysis -- it's the same  
7 analysis as far as looking at the intent.

8 Ms. Johnson: I expect that a comparison  
9 and analysis can be drawn --

10 Commissioner James: Okay.

11 Ms. Johnson: -- however, it is -- it's  
12 different in that the students of technical  
13 colleges were never anticipated when they  
14 carved out the -- the inmate section because  
15 they were never considered as part of that  
16 original definition. And the -- the Act, Act  
17 Number 424 when it was amended, it was  
18 amended solely to be able to create this  
19 benefit for students who normally, I'd  
20 expect, wouldn't be working. That was the  
21 intent, is to allow the State Control and  
22 Budget Board -- Budget and Control Board to  
23 be able to provide this benefit to the  
24 students and that was a difference that  
25 existed for students and those that follow



1 after students that didn't exist for inmates.  
2 And, Your Honors, we find -- it's our  
3 position that Smith versus Barnwell is  
4 different based on the Legislative history,  
5 specifically with respect to Act 424 and why  
6 it was enacted and the purposes for which it  
7 was enacted versus the removal of inmates  
8 from the original or the previous version of  
9 section 42-1-40 and believe that Mr. Faubert  
10 is entitled to stack his wages on those  
11 grounds. Any questions?

12 Commissioner McCaskill: Commissioner  
13 James, any other questions?

14 Commissioner James: No.

15 Commissioner McCaskill: Commissioner  
16 Beck?

17 Commissioner Beck: No.

18 Commissioner McCaskill: All right.

19 Thank you, ma'am. All right, Mr. Leventis.

20 RESPONSE FROM THE APPELLANT

21 By Mr. Leventis:

22 Just briefly in reply, Your Honors. I  
23 appreciate the -- the arguments that opposing  
24 counsel has made on this but I believe the  
25 fact remains, even looking at the Legislative

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1 intent, it's not where they started out but  
2 where they ended up, and when I say they, I  
3 mean these classifications of job categories.  
4 Both of those did come through the  
5 Legislative -- Legislature in '83 or '84, I  
6 guess, depending on when the Assembly ended  
7 but the fact of the matter is that the Smith  
8 case was decided in 2010, so they had time to  
9 look back at those cases. If my big brother  
10 was still around he'd probably protect me  
11 from Andy Saffrin but Andy Saffrin is -- is a  
12 very good attorney and he argued that case up  
13 in 2010, before the courts up through all the  
14 courts. And my purpose in pointing that out  
15 in the similitude of these is that, in the  
16 statute as it reads now it notes the inmates'  
17 average weekly wage for country municipal  
18 prisoners is forty dollars (\$40.00) per week,  
19 period. The average weekly wage for students  
20 in high schools, state technical collages,  
21 state supported colleges, etcetera, which  
22 falls under for Mr. Faubert. I think it  
23 would be almost impossible for us, is the  
24 very next sentence -- I think it would be  
25 almost impossible for us to make

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1           interpretations of statutes if rather than  
2           looking at what the court has explicably said  
3           about a particular category or essentially,  
4           in my opinion, where it ended up, to go back  
5           through the Legislative history for each  
6           piece that made it in there. I believe the  
7           fact of the matter is that for this  
8           particular -- this particular subsection of  
9           the statute, I think this has been answered  
10          by the courts of South Carolina and the  
11          extent would be binding. I also think it's a  
12          sorted shield approach, particularly for  
13          somebody who is not a -- an employee  
14          otherwise or not earning a wage otherwise to  
15          say, on the one hand I get the shield of  
16          being under the Workers' Comp protection but  
17          I also get the sword of getting the higher  
18          wage that I would not otherwise normally get  
19          under 42-7-65; it has to be controlling in --  
20          in the argument of the Defendants. Thank  
21          you, Your Honors.

22                   Commissioner McCaskill: Questions? All  
23                   right, thank you, sir. Thank concludes this  
24                   proceeding. Good to see you both.

25           (THERE BEING NO FURTHER DISCUSSION, THE HEARING CONCLUDES

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AT 2:29 P.M.)

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STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF RICHLAND )

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of John Faubert, vs. University of South Carolina;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 20 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 30th Day of October, 2015.

Gloria G. Davis  
 Gloria G. Davis  
 Notary Public for South Carolina  
 My Commission Expires 12/21/21

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
COLUMBIA, SOUTH CAROLINA  
WCC FILE NO. 1402080

EMPLOYEE/CLAIMANT: JOHN FAUBERT

EMPLOYER: UNIVERSITY OF SOUTH CAROLINA

INSURER: STATE ACCIDENT FUND

---

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

---

PURSUANT TO NOTICE OF WORKERS' COMPENSATION  
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 23RD DAY OF  
SEPTEMBER, 2014, COMMENCING AT THE HOUR OF 1:48 P.M., IN  
GREENVILLE, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA TAYLOR,  
ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH  
VERBATIM REPORTER

---

JAN L. WHITWORTH  
COURT REPORTING SERVICES  
POST OFFICE BOX 551  
ROEBUCK, S.C. 29376  
(864) 494-2705

APPEARANCES

ZANDRA L. JOHNSON, ESQUIRE  
330 E. COFFEE STREET  
GREENVILLE, SOUTH CAROLINA 29601

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

PETER P. LEVENTIS, ESQUIRE, OF THE FIRM  
MCKAY, CAUTHEN, SETTANA & STUBLEY, P.A.  
1303 BLANDING STREET  
COLUMBIA, SOUTH CAROLINA 29202

ATTORNEY FOR THE EMPLOYER/INSURER.

I N D E X

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JOHN FAUBERT:

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1           PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING  
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY  
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN GREENVILLE,  
4 SOUTH CAROLINA.

5                   \* \* \* \*       \* \* \* \*       \* \* \* \*       \* \* \* \*

6       BY COMMISSIONER TAYLOR:

7       \_\_\_\_\_ TODAY IS TUESDAY, SEPTEMBER 23RD, 2014. WE  
8 ARE HERE ON WORKERS' COMP FILE NUMBER 1402080. THIS  
9 IS THE CLAIM OF MR. JOHN FAUBERT WHO IS REPRESENTED  
10 TODAY BY MS. ZANDRA JOHNSON. THE EMPLOYER IS THE  
11 UNIVERSITY OF SOUTH CAROLINA, AND THE CARRIER IS THE  
12 STATE ACCIDENT FUND. BOTH THE EMPLOYER AND CARRIER  
13 ARE REPRESENTED TODAY BY MR. PETER LEVENTIS. I HAVE  
14 A DATE OF ACCIDENT OF JANUARY 29TH, 2014. WE ARE  
15 SET HERE ON THE CLAIMANT'S FORM 50 REQUEST FOR  
16 HEARING. THE CLAIMANT'S AVERAGE WEEKLY WAGE AND  
17 COMPENSATION RATE ARE AT ISSUE IN THIS HEARING. THE  
18 CLAIMANT ASSERTS AN AVERAGE WEEKLY WAGE OF \$750.79  
19 YIELDING A COMPENSATION RATE OF \$500.55. THE  
20 DEFENDANTS ASSERT AN AVERAGE WEEKLY WAGE OF \$371.86  
21 YIELDING A COMPENSATION RATE OF \$247.91. WE ARE  
22 HERE ALSO ON A REQUEST FOR TEMPORARY TOTAL  
23 DISABILITY AND/OR TEMPORARY PARTIAL BENEFITS AS WELL  
24 AS A REQUEST FOR ADDITIONAL MEDICAL TREATMENT. I  
25 WILL ALLOW THE PARTIES TO PUT MORE DETAILED POSITION

1                   STATEMENTS ON THE RECORD; HOWEVER, PRIOR TO DOING  
2                   SO, ARE THERE ANY OBJECTIONS TO THE APAs,  
3                   JURISDICTION, VENUE, OR ANY OTHER ITEMS? MS.  
4                   JOHNSON?

5                   BY MS. JOHNSON:

6                   \_\_\_\_\_ NONE, YOUR HONOR.

7                   BY COMMISSIONER TAYLOR:

8                   \_\_\_\_\_ OKAY. MR. LEVENTIS?

9                   BY MR. LEVENTIS:

10                   JUST ONE OBJECTION TO CLAIMANT'S APA NUMBER  
11                   NINE AT PAGE 66, A LETTER FROM MCDONALD'S DATED  
12                   8/28/2014.

13                   BY COMMISSIONER TAYLOR:

14                   \_\_\_\_\_ OKAY. ALL RIGHT. AND WE DID HAVE A CHANCE TO  
15                   DISCUSS THAT, AND I HAVE REVIEWED THE DOCUMENT  
16                   DURING THE PREHEARING CONFERENCE. I DO FIND THAT  
17                   THE CORRESPONDENCE ON PAGE 66 OF THE CLAIMANT'S APAs  
18                   ARE TECHNICALLY HEARSAY, SO I WILL EXCLUDE THEM FROM  
19                   THE APA SUBMISSIONS IN THE RECORD HERE TODAY. ANY  
20                   OTHER OBJECTIONS, MR. LEVENTIS?

21                   BY MR. LEVENTIS:

22                   NONE FROM THE DEFENSE, YOUR HONOR.

23                   BY COMMISSIONER TAYLOR:

24                   \_\_\_\_\_ OKAY. WITHOUT FURTHER OBJECTION, THE  
25                   COMMISSION FILE BECOMES A PART OF THE RECORD WITH

1 THE EXCEPTION OF ANY SELF-SERVING DECLARATIONS AND  
2 UNSTIPULATED MEDICAL REPORTS.

3 MS. JOHNSON, YOUR POSITION STATEMENT, PLEASE.

4 BY MS. JOHNSON:

5 \_\_\_\_\_ YES, YOUR HONOR. WE HAVE REQUESTED A HEARING  
6 ON THREE SPECIFIC ISSUES. FIRST, THE COMPUTATION OF  
7 THE CLAIMANT'S AVERAGE WEEKLY WAGE AND COMP RATE.  
8 IT IS THE CLAIMANT'S POSITION THAT THE AVERAGE  
9 WEEKLY WAGE SHOULD TAKE INTO ACCOUNT HIS CONCURRENT  
10 EMPLOYMENT WITH MCDONALD'S YIELDING AN AVERAGE  
11 WEEKLY WAGE OF -- A TOTAL AVERAGE WEEKLY WAGE --  
12 COMBINED AVERAGE WEEKLY WAGE OF \$750.79 WITH A  
13 CORRESPONDING COMPENSATION RATE OF \$500.55.  
14 SECONDARILY, WE ARE HERE ON THE SECOND ISSUE OF  
15 REINSTATEMENT OF BACK PAY OF THE CLAIMANT'S  
16 TEMPORARY TOTAL DISABILITY BENEFITS AND/OR TEMPORARY  
17 PARTIAL DISABILITY BENEFITS AND CONTEND THAT THE  
18 CLAIMANT IS ENTITLED TO IMMEDIATE REINSTATEMENT OF  
19 THOSE BENEFITS AND BE AWARDED BACK PAY BEGINNING  
20 WITH THE PERIOD MARCH 6TH, 2014, THROUGH CURRENT AND  
21 CONTINUING UNTIL SUCH TIME AS HE HAS BEEN FOUND TO  
22 BE AT M.M.I. AND FINALLY, WE ARE ALSO REQUESTING  
23 ADDITIONAL MEDICAL CARE THAT THE CLAIMANT IS IN NEED  
24 OF AND CONTEND THAT THAT MEDICAL CARE IS BORNE OUT  
25 BY THE MEDICAL RECORDS AS WELL AS THE WORKERS'

1           COMPENSATION APPOINTED PHYSICIAN, WHO HAS INDICATED  
2           A REFERRAL TO A NEUROSURGEON BACK IN APRIL OF 2014.

3           BY COMMISSIONER TAYLOR:

4           \_\_\_\_\_ ALL RIGHT. THANK YOU. MR. LEVENTIS.

5           BY MR. LEVENTIS:

6           YES, YOUR HONOR. THE A.W.W. COMP RATE POSITION  
7           OF THE EMPLOYER/CARRIER AS YOU STATED IN THE CALL OF  
8           THE CASE IS CORRECT. WE BELIEVE THAT UNDER 42-7-65,  
9           WHICH IS THE CONTROLLING STATUTE FOR THE FACT THAT  
10          THIS CASE IS COVERED UNDER WORKERS' COMPENSATION  
11          BENEFITS OR ANY ENTITLEMENT TO T.T. OR T.P.D. IN THE  
12          CASE AS WELL AS THE CASE OF *SMITH VERSUS BARNWELL*  
13          COUNTY ARE CONTROLLING AS TO WHETHER OR NOT WAGES --  
14          THERE'S AN EXCEPTIONAL REASON THAT PARTICULAR  
15          EXCEPTIONAL REASON FOR INCREASING THE COMP RATE  
16          WOULD BE THE STACKING OF WAGES. THE  
17          EMPLOYER/CARRIER'S POSITION IS THAT THAT WOULD NOT  
18          BE PERMISSIBLE. SECONDLY, AS TO TEMPORARY TOTAL OR  
19          TEMPORARY PARTIAL DISABILITY BENEFITS, THE  
20          EMPLOYER/CARRIER'S POSITION SIMILARLY IS THAT EVEN  
21          THOUGH THE CLAIMANT MAY NOT HAVE RETURNED BACK TO  
22          OTHER WORK OUTSIDE OF THE INTERNSHIP PROGRAM, TO  
23          MAKE A FINDING OF THE ONE AVERAGE WEEKLY WAGE BUT  
24          THEN TO AWARD TEMPORARY TOTAL OR TEMPORARY PARTIAL  
25          DISABILITY BENEFITS BASED ON THE OTHER JOB WOULD.

1 ESSENTIALLY EMASCULATE THE RULING OF *SMITH VERSUS*  
2 *BARNWELL* AND 42-7-65 IN THIS MATTER. LASTLY, AS TO  
3 FURTHER MEDICAL BENEFITS, THE EMPLOYER/CARRIER'S  
4 POSITION WOULD BE NUMBER ONE, THAT THERE WERE  
5 PREEXISTING CONDITIONS AND INJURIES TO THE CLAIMANT,  
6 WHICH HE TREATED FOR UP TO AND ONGOING AFTER THIS  
7 ACCIDENT, AND UNDER 42-9-35, THE BURDEN OF PROOF FOR  
8 THE AGGRAVATION INCLUDING BY MEDICAL EVIDENCE IS  
9 UPON THE CLAIMANT TO SHOW. THE DEFENDANTS' POSITION  
10 IS THAT THE CLAIMANT WAS IN EXTENSIVE PAIN  
11 MANAGEMENT PRIOR TO THIS. THE ONGOING TREATMENT  
12 RECOMMENDED IS ONGOING PAIN MANAGEMENT AS WELL AS  
13 POTENTIAL SURGERY, AND THAT THOSE WERE THE SAME  
14 RECOMMENDATIONS FOR TREATMENT OF THE CLAIMANT UP TO  
15 THE TIME OF THE ACCIDENT IN QUESTION.

16 BY COMMISSIONER TAYLOR:

17 \_\_\_\_\_ THANK YOU. MADAM COURT REPORTER, WILL YOU  
18 PLEASE SWEAR MR. FAUBERT.

19 BY THE COURT REPORTER:

20 SIR, IF YOU CAN RAISE YOUR RIGHT HAND.

21 \* \* \* \* \* \* \* \* \* \*

22 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE  
23 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE  
24 MATTER HEREIN:

25 JOHN FAUBERT

1 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

2 BY THE COURT REPORTER:

3 THANK YOU.

4 BY COMMISSIONER TAYLOR:

5 \_\_\_\_\_ MS. JOHNSON.

6 DIRECT EXAMINATION BY MS. JOHNSON:

7 Q. MR. FAUBERT, CAN YOU STATE YOUR FULL NAME FOR THE  
8 RECORD.

9 A. JOHN JONES MORRIS FAUBERT.

10 Q. AND WHERE DO YOU CURRENTLY LIVE?

11 A. 200 METROMONT DRIVE IN GREENVILLE.

12 Q. AND HOW LONG HAVE YOU LIVED THERE?

13 A. SEVEN OR EIGHT YEARS.

14 Q. WHO LIVES AT THAT HOME WITH YOU?

15 A. MY SPOUSE AND THREE OF MY CHILDREN.

16 Q. AND THE SPOUSE AND THREE CHILDREN LIVING WITH YOU,  
17 ARE YOU RESPONSIBLE AT ALL FOR PROVIDING FOR THEIR  
18 CARE?

19 A. YES.

20 Q. ARE YOU CURRENTLY EMPLOYED?

21 A. TECHNICALLY, YES, BUT NOT REALLY.

22 Q. AND WHO ARE YOU TECHNICALLY BUT NOT REALLY EMPLOYED  
23 WITH?

24 A. MCDONALD'S.

25 Q. AND WHY IS IT YOU DESCRIBE IT AS "TECHNICALLY BUT

1 NOT REALLY"?

2 A. BECAUSE THEY WON'T LET ME RETURN TO WORK UNTIL I GET  
3 A RELEASE FROM THE WORKMANS' COMP DOCTOR TO RETURN  
4 TO DUTY.

5 Q. AND SO, TO DATE, YOU HAVEN'T RECEIVED ANYTHING LIKE  
6 THAT FROM A WORKERS' COMP DOCTOR INDICATING THAT YOU  
7 CAN RETURN TO FULL DUTY AT MCDONALD'S?

8 A. NO.

9 Q. WHAT IS YOUR POSITION AT MCDONALD'S?

10 A. I AM A MANAGER.

11 Q. AND AS A MANAGER, WHAT ARE SOME OF THE THINGS THAT  
12 YOU DO ON A DAILY BASIS AT MCDONALD'S?

13 A. IT INVOLVES STANDING PREDOMINANTLY MOST OF THE  
14 SHIFT. THERE IS SOME PAPERWORK INVOLVED AND SOME  
15 MINOR SEDENTARY DUTIES. YOU'RE ON YOUR FEET RUNNING  
16 FOR A GOOD SEVEN HOURS-PLUS.

17 Q. AND IS YOUR SHIFT USUALLY SEVEN HOURS?

18 A. SHIFTS RANGE ANYWHERE FROM -- ARE USUALLY AROUND  
19 EIGHT HOURS, BUT THEY SOMETIMES ARE LONGER AND  
20 SOMETIMES SHORTER.

21 Q. WHEN WAS THE LAST TIME YOU WORKED AT MCDONALD'S?

22 A. THE FIRST OF -- TOWARD THE END OF JANUARY.

23 Q. AND AT THE END OF JANUARY, WHAT WAS YOUR LAST SHIFT  
24 AT MCDONALD'S LIKE?

25 A. I WORKED FOR A FEW HOURS AND WAS SENT HOME.

1 Q. AND WHY WERE YOU SENT HOME?

2 A. BECAUSE I WAS IN, AS THEY PUT IT, "OBVIOUS DISTRESS  
3 AND PAIN."

4 Q. WAS THIS BEFORE OR AFTER THE JANUARY 29TH ACCIDENT  
5 THAT WE'RE HERE ABOUT?

6 A. IT WAS AFTER.

7 Q. PRIOR TO THE FALL THAT WE'RE HERE ABOUT, WHAT WAS --  
8 HOW WOULD YOU DESCRIBE YOUR GENERAL STATE OF HEALTH?

9 A. DISABLED BUT STILL ABLE TO FUNCTION.

10 Q. AND WHEN YOU SAY "DISABLED," HAD YOU BEEN DECLARED  
11 DISABLED BY ANY DOCTOR OR AGENCY?

12 A. I HAVE M.S., WHICH CLASSIFIES ME AS HAVING A  
13 DISABILITY.

14 Q. AND M.S. IS?

15 A. MULTIPLE SCLEROSIS.

16 Q. AND WHEN WERE YOU FIRST DIAGNOSED WITH MULTIPLE  
17 SCLEROSIS?

18 A. 2007.

19 Q. NOW, SINCE YOUR DIAGNOSIS OF MULTIPLE SCLEROSIS IN  
20 2007, HAVE YOU HELD FULL-TIME EMPLOYMENT?

21 A. ORIGINALLY, I HAD TWO FULL-TIME JOBS AND THEN WENT  
22 TO ONE.

23 Q. AND THE TWO FULL -- WHEN DID YOU LAST HOLD TWO FULL-  
24 TIME JOBS?

25 A. LET ME REFER TO MY NOTES. IT WOULD HAVE BEEN THE



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SPRING OF 2010.

Q. SO, THREE YEARS AFTER YOUR DIAGNOSIS WITH M.S.?

A. YES, MA'AM.

Q. AND DESCRIBE FOR ME PRIOR TO THE FALL. YOU SAID YOU HAD MULTIPLE SCLEROSIS. WERE YOU ON ANY MEDICATIONS?

A. I WAS ON M.S. CONTIN FOR THE MULTIPLE SCLEROSIS, AND THEN I WAS ALSO ON NEXIUM FOR BARRETT'S ESOPHAGUS, WHICH IS REFLUX I GUESS, AND THEN I WAS ON PAIN MANAGEMENT MEDICATION.

Q. AND WHY WERE YOU ON PAIN MANAGEMENT MEDICATIONS?

A. BECAUSE I HAVE EXTENSIVE BACK ISSUES.

Q. AND WHERE DID THOSE EXTENSIVE BACK ISSUES ORIGINALLY DERIVE FROM?

A. I HAD AN ACCIDENT WHEN I WAS A TEENAGER.

Q. AND FOR HOW LONG HAVE YOU BEEN RECEIVING PAIN MANAGEMENT TREATMENT FOR THOSE BACK ISSUES?

A. SIX YEARS APPROXIMATELY.

Q. NOW, YOU'VE BEEN TAKING THE M.S. CONTIN, THE NEXIUM, AND YOU'VE BEEN ON PAIN MANAGEMENT SINCE. HAVE YOU BEEN TAKING ADVANTAGE OF ALL OF THOSE SINCE 2007?

A. THE PAIN MANAGEMENT MEDICINES INCREASED AND CHANGED OVER TIME. THE COPAXONE IS NOT THE ORIGINAL MEDICATION FOR M.S. I HAD A REACTION TO THE ORIGINAL MEDICINE, AND THEY CHANGED THE MEDICATION.

- 1 Q. BUT SINCE AT LEAST 2007, YOU'VE BEEN ON SOME SORT OF  
2 PAIN MEDICATION AND SOME MEDICATION FOR YOUR M.S.?
- 3 A. YES.
- 4 Q. AND YOU'VE BEEN DEALING WITH THESE BACK ISSUES AT  
5 LEAST SINCE 2007; IS THAT CORRECT?
- 6 A. YES.
- 7 Q. AND DESPITE ALL OF THESE ISSUES, YOU'VE STILL BEEN  
8 ABLE TO MAINTAIN FULL-TIME EMPLOYMENT SINCE 2007?
- 9 A. YES.
- 10 Q. YOU ARE CURRENTLY ENROLLED AT U.S.C. AND ARE  
11 PARTICIPATING IN AN INTERNSHIP PROGRAM?
- 12 A. YES.
- 13 Q. AND WHAT IS THAT A REQUIREMENT FOR?
- 14 A. A M.S.W. DEGREE.
- 15 Q. AND M.S.W. STANDS FOR?
- 16 A. MASTER OF SOCIAL WORK.
- 17 Q. AND FOR HOW LONG HAVE YOU BEEN PURSUING THAT?
- 18 A. THIS IS MY THIRD YEAR.
- 19 Q. AND HOW LONG BEFORE YOU'VE COMPLETED THAT PROGRAM  
20 ALTOGETHER?
- 21 A. IF I STAY ON TRACK, I SHOULD BE DONE IN MAY.
- 22 Q. AND YOU'RE PURSUING A MASTER'S, SO I'M ASSUMING THAT  
23 YOU HAVE A BACHELOR'S DEGREE?
- 24 A. YES, MA'AM.
- 25 Q. AND WHAT DO YOU HAVE A BACHELOR'S DEGREE IN?

1 A. HUMAN SERVICES.

2 Q. AND WHERE WAS THAT AWARDED?

3 A. SOUTHERN WESLEYAN THREE YEARS AGO -- TWO YEARS AGO.

4 Q. DO YOU HOLD ANY ASSOCIATE'S DEGREES?

5 A. I HAVE AN ASSOCIATE'S FROM GREENVILLE TECH.

6 Q. WHAT IS THAT IN?

7 A. HUMAN SERVICES.

8 Q. NOW, WHEN YOU WERE WORKING AT MCDONALD'S, IN ANY  
9 GIVEN DAY, HOW MUCH TIME DID YOU SPEND STANDING IN  
10 AN AVERAGE SHIFT?

11 A. SEVEN HOURS.

12 Q. AND AN AVERAGE SHIFT WAS HOW LONG?

13 A. EIGHT-PLUS HOURS.

14 Q. WERE THERE OTHER ACTIVITIES THAT YOU DID AT  
15 MCDONALD'S THAT YOU BELIEVE IN YOUR CURRENT POSITION  
16 YOU WOULDN'T BE ABLE TO DO?

17 A. THE JOB INVOLVES REPETITIVE ACTION AND MOVEMENTS OF  
18 LIFTING, BENDING OVER DEPENDING ON WHAT POSITION  
19 YOU'RE IN.

20 Q. ANY CLIMBING AT ALL?

21 A. HAVING TO PUT UP ADVERTISING MATERIALS, YOU HAVE TO  
22 CLIMB ON LADDERS OR...

23 Q. AND YOU SAID YOU LAST WORKED AT MCDONALD'S AT THE  
24 END OF JANUARY OF THIS YEAR; IS THAT CORRECT?

25 A. YES, MA'AM.

1 Q. AND WHAT WERE YOUR WAGES AT THAT TIME?

2 A. 11.30 PER HOUR.

3 Q. AND HOW MANY HOURS WERE YOU WORKING ON AN AVERAGE  
4 EACH WEEK?

5 A. ON AVERAGE, IT WAS 32 HOURS A WEEK.

6 Q. LET'S TALK ABOUT JANUARY 29TH OF 2014. THAT IS THE  
7 DAY OF THE ACCIDENT THAT WE ARE HERE ABOUT. CAN YOU  
8 TELL US HOW YOU GOT HURT.

9 A. I WAS ENTERING THE FACILITY, AND BECAUSE OF MY M.S.,  
10 ONE OF MY LEGS, MY RIGHT LEG TENDS TO DRAG, AND THE  
11 SLATE STONES HAVE CRACKS AND HAVE BEEN REPAIRED  
12 REPEATEDLY, AND SOME OF THEM ARE LOOSE, AND I -- MY  
13 FOOT CAUGHT ON ONE OF THE STONES, AND I FELL  
14 FORWARD.

15 Q. AND WHAT PART OF YOUR -- WHEN YOU SAY YOU FELL  
16 FORWARD, DID YOUR BODY COME IN CONTACT WITH THE  
17 CONCRETE?

18 A. WITH THE PAVEMENT, YES.

19 Q. AND WHAT PART OF YOUR BODY CAME IN CONTACT WITH THE  
20 PAVEMENT?

21 A. NECK DOWN (INDICATES), NECK, SHOULDER, RIGHT ARM,  
22 WRIST, RIGHT LEG AND KNEE.

23 Q. AND YOU SAID "NECK, SHOULDER, ARM, WRIST AND KNEE,"  
24 BUT YOU INDICATED YOUR RIGHT ARM. WAS THERE A  
25 SPECIFIC SIDE OF YOUR BODY THAT WAS AFFECTED MORE SO

1           THAN OTHERS?

2           A.   MY RIGHT SIDE HIT FIRST.

3           Q.   AND WERE YOU ABLE TO GET UP FROM THE PAVEMENT AFTER  
4           THE FALL?

5           A.   WITH ASSISTANCE.

6           Q.   AND WHO ASSISTED YOU?

7           A.   ONE OF THE TECHS AND A NURSE SAW ME LAYING ON THE  
8           GROUND AND CAME OUT TO HELP ME GET UP.

9           Q.   AND AFTER YOU WERE ABLE TO GET UP, WHAT DID YOU DO  
10          AT THAT POINT?

11          A.   THEY TOOK ME INTO THE ADMISSIONS WAITING AREA.

12          Q.   AND THE ADMISSIONS WAITING AREA OF WHAT FACILITY?

13          A.   MARSHALL PICKENS.

14          Q.   AND IS MARSHALL PICKENS -- WHAT WERE YOU DOING AT  
15          MARSHALL PICKENS THAT DAY?

16          A.   THAT'S WHERE I WAS DOING AN INTERNSHIP.

17          Q.   YOUR INTERNSHIP HOURS, WERE THEY ALL DONE AT  
18          MARSHALL PICKENS?

19          A.   YES, MA'AM.

20          Q.   AND HOW OFTEN A WEEK DID YOU GO TO MARSHALL PICKENS  
21          FOR THE INTERNSHIP?

22          A.   I WAS THERE TWO DAYS A WEEK?

23          Q.   AND FOR HOW MANY HOURS IN A WEEK?

24          A.   EIGHT TO TEN HOURS.

25          Q.   AND DURING THOSE EIGHT TO TEN HOURS THAT YOU WERE AT

1 MARSHALL PICKENS, WHAT DID YOU DO WITH RESPECT TO  
2 THE INTERNSHIP?

3 A. IT INVOLVED GROUP THERAPY SESSIONS, INDIVIDUAL  
4 THERAPY, ADMISSIONS EVALUATIONS.

5 Q. AND WHEN YOU SAY "GROUP THERAPY AND ADMISSIONS  
6 EVALUATIONS," ARE THESE SOME THINGS THAT YOU WOULD  
7 DO WITH PATIENTS COMING INTO THE FACILITY?

8 A. YES.

9 Q. AND DURING THE TIME THAT YOU'RE SPENDING, I GUESS,  
10 REGULATING THESE GROUP THERAPIES AND PARTICIPATING  
11 IN THESE ADMISSIONS EVALUATIONS, WHAT ARE YOU DOING  
12 PHYSICALLY?

13 A. WELL, IF IT WAS TEACHING, SOME OF IT WAS IN A SEATED  
14 POSITION; SOME OF IT WAS STANDING. IF WE'RE DOING  
15 AN EVALUATION OR AN ENTRANCE ADMISSION, IT WAS  
16 SEATED.

17 Q. AND AFTER THE ACCIDENT, TO WHOM AT MARSHALL PICKENS  
18 DID YOU REPORT IT?

19 A. TO MY IMMEDIATE SUPERVISOR.

20 Q. AND WHO WAS YOUR IMMEDIATE SUPERVISOR AT THE TIME?

21 A. MARTA CARVA-HALL.

22 Q. WHEN DID YOU INFORM MS. CARVA-HALL ABOUT THE INJURY  
23 OR THE FALL?

24 A. SHORTLY AFTER, SOMEBODY WENT AND GOT HER.

25 Q. NOW, ARE WE TALKING THE SAME DAY WHEN YOU SAY

1 "SHORTLY AFTER"?

2 A. MAYBE FIVE MINUTES AFTERWARDS SUBSEQUENTLY.

3 Q. SO, FIVE MINUTES LATER, MS. CARVA-HALL SHOWS UP, AND  
4 WHAT IS DONE AT THAT TIME?

5 A. THERE WAS A QUESTION OF WHETHER TO GO TO THE E.R.  
6 AND WHAT PAPERWORK TO FILL OUT.

7 Q. AND WHEN YOU SAY "QUESTION OF WHETHER TO GO TO THE  
8 E.R.," WHAT EXACTLY -- HOW DID THAT QUESTION COME  
9 ABOUT?

10 A. ONE OF THE NURSING STAFF SUGGESTED THAT I GO TO THE  
11 E.R. TO BE X-RAYED TO SEE IF ANYTHING WAS BROKEN.

12 Q. AND DID YOU DO THAT?

13 A. I DECLINED AT THE TIME.

14 Q. AND WHY WOULD YOU DECLINE TO GO TO THE E.R.?

15 A. COST.

16 Q. AT THE TIME THAT THEY SUGGESTED THAT YOU GO TO THE  
17 E.R., WAS THERE ANY DISCUSSION AS TO WHO WOULD PAY  
18 FOR THAT E.R. VISIT?

19 A. NO.

20 Q. AND THE PRECISE REASON YOU WERE BEING SENT TO THE  
21 E.R. WAS TO CONFIRM WHETHER OR NOT THERE WAS  
22 ANYTHING BROKEN?

23 A. YES, MA'AM.

24 Q. ANY OTHER REASONS OTHER THAN COST AS TO WHY YOU  
25 DECLINED TO GO TO THE E.R.?

1 A. NOT REALLY.

2 Q. YOU SAID THERE WAS ALSO A DISCUSSION AS TO WHAT  
3 PAPERWORK TO FILL OUT?

4 A. YES, MA'AM.

5 Q. DID YOU FILL OUT ANY PAPERWORK AT THAT TIME?

6 A. THEY HAD ME PARTIALLY FILL OUT THE HOSPITAL INJURY  
7 FORM AS IF I WAS A HOSPITAL EMPLOYEE.

8 Q. AND WHEN YOU SAY "PARTIALLY FILL OUT," DID YOU HAVE  
9 TO LEAVE OR SOMETHING? WHY WAS IT ONLY PARTIALLY  
10 FILLED OUT?

11 A. THEY DIDN'T KNOW WHAT I SHOULD FILL OUT. SO, I  
12 FILLED OUT WHAT INFORMATION I COULD, BASICALLY  
13 BIOGRAPHICAL INFORMATION AND WAS TOLD THAT SOMEONE  
14 ELSE WOULD FILL OUT THE REST OF IT WHEN THEY FIGURED  
15 OUT WHAT I WAS SUPPOSED TO BE FILLING OUT.

16 Q. WERE YOU EVER PROVIDED A COPY OF THE PAPERWORK?

17 A. NO.

18 Q. DO YOU KNOW WHETHER THAT PARTICULAR FORM WAS EVER  
19 COMPLETED?

20 A. NO.

21 Q. WERE YOU EVER PROVIDED ANY INFORMATION AS TO HOW YOU  
22 WOULD SEEK -- HOW YOU COULD SEEK MEDICAL CARE AT  
23 ALL?

24 A. NO.

25 Q. OKAY. HOW IS IT THAT YOU -- WELL, LET'S GO BACK.



- 1 WHEN DID YOU FIRST SEEK MEDICAL ATTENTION?
- 2 A. I'M NOT SURE OF THE DATES BUT TWO DAYS AFTERWARDS.
- 3 ON THAT FOLLOWING SATURDAY, I WENT TO SEE THE
- 4 DOCTOR.
- 5 Q. AND WHO SENT YOU TO THE DOCTOR?
- 6 A. I SENT MYSELF TO THE DOCTOR.
- 7 Q. AND WHAT DOCTOR DID YOU GO SEE?
- 8 A. DR. PATNAM AT GREENVILLE MEDICAL ASSOCIATES.
- 9 Q. AND HOW DID YOU ARRIVE AT DR. PATNAM?
- 10 A. I DROVE MYSELF I BELIEVE.
- 11 Q. WHY DR. PATNAM?
- 12 A. HE'S MY FAMILY PHYSICIAN.
- 13 Q. AND WHAT DID DR. PATNAM DO FOR YOU THAT DAY?
- 14 A. THEY TOLD ME COME BACK ON MONDAY BECAUSE THEY WANTED
- 15 TO X-RAY MY KNEE BECAUSE IT WAS STILL SWOLLEN, AND
- 16 THE X-RAY TECH DOESN'T WORK ON SATURDAYS.
- 17 Q. DID YOU GO BACK ON MONDAY?
- 18 A. I WENT BACK ON MONDAY.
- 19 Q. AND WHAT DID THEY DO FOR YOU ON MONDAY OTHER THAN X-
- 20 RAYING YOUR KNEE?
- 21 A. ADVISED ME TO FOLLOW UP WITH MY PAIN-MANAGEMENT
- 22 DOCTOR.
- 23 Q. AND WHEN YOU PRESENTED TO DR. PATNAM THAT FIRST
- 24 TIME, WHAT PROBLEMS WERE YOU HAVING?
- 25 A. MY KNEE WAS STILL SWOLLEN. I HAD SUBSEQUENT PAIN IN

1 MY RIGHT WRIST AND CONSIDERABLY MORE BACK PAIN.

2 Q. AND WHEN YOU SAY "CONSIDERABLY MORE BACK PAIN," WHAT  
3 DO YOU MEAN BY THAT?

4 A. MORE PAIN ON MY LEFT SIDE AND INCREASED PAIN ON MY  
5 LEFT SIDE AND PAIN ON MY RIGHT SIDE.

6 Q. AND ARE WE TALKING INCREASED TO WHAT YOU EXPERIENCED  
7 PRIOR TO THE FALL?

8 A. YES.

9 Q. SO, THAT MONDAY WHEN YOU WERE TOLD TO FOLLOW UP WITH  
10 YOUR PAIN-MANAGEMENT DOCTOR, DID YOU DO THAT?

11 A. YES.

12 Q. AND WHO IS YOUR PAIN MANAGEMENT DOCTOR?

13 A. LEBLOND.

14 Q. HOW LONG HAVE YOU BEEN SEEING DR. LEBLOND?

15 A. SIX YEARS MAYBE.

16 Q. AND YOU -- FOR THE SIX YEARS, WHAT IS YOUR -- HOW  
17 OFTEN DO YOU SEE HIM?

18 A. MONTHLY.

19 Q. AND WHEN YOU SEE HIM EACH MONTH, WHAT DOES HE  
20 NORMALLY DO FOR YOU?

21 A. WELL, PERSONALLY -- LET ME GO BACK. I DON'T  
22 PERSONALLY SEE HIM MONTHLY. I SEE HIM QUARTERLY,  
23 AND THEN I WILL EITHER SEE -- I BELIEVE IT IS A  
24 NURSE PRACTITIONER AND SUBSEQUENTLY ON ALTERNATE  
25 MONTHS, YOU GO IN JUST TO GET A REFILL OF YOUR

- 1           EXISTING MEDICATIONS IF THERE IS NO PROBLEM.
- 2           Q.   AND SO WHEN YOU GO SEE HIM MONTHLY, WHEN YOU GO TO
- 3               HIS OFFICE MONTHLY -- HE'S AT UPSTATE MEDICAL
- 4               REHABILITATION?
- 5           A.   YES, MA'AM.
- 6           Q.   SO, WHEN YOU GO THERE MONTHLY, WHAT IS DONE FOR YOU
- 7               EACH MONTH?
- 8           A.   REFILL OF MEDICATION, CHECKING ON THE CONDITION,
- 9               TRYING DIFFERENT MEDICATIONS TO SEE IF IT WORKS.
- 10          Q.   AND FOR HOW LONG HAVE YOU BEEN DOING THAT?
- 11          A.   SIX YEARS.
- 12          Q.   AND AFTER SEEING DR. LEBLOND THE FIRST TIME AFTER
- 13               THE INJURY, AFTER THE FALL, WHAT DID HE DO FOR YOU
- 14               AT THAT POINT THEN?
- 15          A.   THEY INCREASED MY -- ONE OF MY MEDICATIONS SINCE I'M
- 16               ALREADY ON A LARGE QUANTITY.
- 17          Q.   AND WHICH MEDICATION WAS THAT?
- 18          A.   HYDROCODONE.
- 19          Q.   AND WHAT IS THE HYDROCODONE PRESCRIBED FOR?
- 20          A.   BACK PAIN.
- 21          Q.   AND IT WAS INCREASED IN WHAT MANNER?
- 22          A.   IT WAS INCREASED TO FOUR PILLS TO FIVE PILLS.
- 23          Q.   AND YOU SAY FOUR TO FIVE, IS THAT PER DAY?
- 24          A.   PER DAY.
- 25          Q.   AND CURRENTLY, HOW MANY HYDROCODONE PILLS DO YOU

- 1 TAKE A DAY?
- 2 A. FIVE.
- 3 Q. AND SO YOU'VE BEEN TAKING FIVE PILLS A DAY SINCE
- 4 YOUR FIRST VISIT TO DR. LEBLOND AFTER THE FALL?
- 5 A. YES.
- 6 Q. AFTER YOU LEFT DR. LEBLOND THAT DAY, WHO WAS THE
- 7 NEXT DOCTOR YOU SAW FOR ANY REASON?
- 8 A. DR. POMERENKE I BELIEVE AT DOCTORS CARE.
- 9 Q. HOW DID YOU END UP AT DR. POMERENKE?
- 10 A. I THINK I WOULD HAVE TO LOOK AT MY CALENDAR, BUT I
- 11 INFORMED THE SCHOOL OF WHAT HAD HAPPENED AND THAT I
- 12 HAD GONE TO MY DOCTOR.
- 13 Q. AND WHEN YOU SAY YOU "INFORMED THE SCHOOL OF WHAT
- 14 HAD HAPPENED," YOU MENTIONED MS. CARVA-HALL WHO WAS
- 15 YOUR IMMEDIATE SUPERVISOR. DOES SHE NOT WORK FOR
- 16 THE SCHOOL?
- 17 A. SHE WORKS FOR MARSHALL PICKENS. WELL, ACTUALLY SHE
- 18 DOES WORK FOR THE SCHOOL. SHE'S AN ADJUNCT
- 19 PROFESSOR.
- 20 Q. AND SO THE FIRST TIME THAT YOU CALLED THE SCHOOL
- 21 WOULD HAVE BEEN DIRECTLY YOURSELF AFTER THE INCIDENT
- 22 AND AFTER INFORMING MS. CARVA-HALL WAS WHEN?
- 23 A. I BELIEVE IT WAS THE MONDAY FOLLOWING THE ACCIDENT.
- 24 Q. AND WHO DID YOU SPEAK WITH?
- 25 A. I SENT AN E-MAIL TO EVERYBODY RELATED AT THE SCHOOL:

1 THE DEAN, THE FIELD PLACEMENT INSTRUCTOR,  
2 SUPERVISOR, EVERYBODY ON THE LIST. I DON'T -- IT  
3 WAS A WIDE RANGE OF PEOPLE.

4 Q. AND WHAT WAS THE PURPOSE OF THAT E-MAIL?

5 A. TO INFORM THEM OF THE ACCIDENT AND THAT I WAS  
6 SEEKING MEDICAL -- MEDICAL CARE.

7 Q. AT THAT TIME, DID YOU REQUEST THAT THEY PROVIDE YOU  
8 WITH ANY MEDICAL CARE?

9 A. I DIDN'T REQUEST ANYTHING, BECAUSE I DIDN'T KNOW  
10 WHAT TO REQUEST, YOU KNOW, ASK WHAT THE POLICY WAS.

11 Q. SO, AFTER YOU INFORMED THE SCHOOL WHAT HAD HAPPENED,  
12 HOW SOON AFTER THAT MONDAY E-MAIL WERE YOU SENT TO  
13 DR. POMERENKE?

14 A. IT WAS ALMOST A MONTH.

15 Q. SO, BETWEEN THAT MONDAY E-MAIL AFTER THE ACCIDENT  
16 AND YOUR FIRST VISIT TO DR. POMERENKE ON FEBRUARY  
17 28TH, THE ONLY MEDICAL CARE YOU RECEIVED WAS MEDICAL  
18 CARE THAT YOU PERSONALLY SOUGHT?

19 A. YES.

20 Q. SO, A MONTH LATER, YOU VISIT DR. POMERENKE, WHAT  
21 DOES DR. POMERENKE DO FOR YOU?

22 A. HE SUGGESTS P.T. HE PUTS ME ON LIMITED TO -- THAT I  
23 CAN WORK AT MY FIELD PLACEMENT UP TO FOUR HOURS IF I  
24 CAN TOLERATE IT, AND I CAN GO TO SCHOOL UP TO FOUR  
25 HOURS IF I CAN TOLERATE IT, AND MCDONALD'S WAS OFF

1 THE TABLE.

2 Q. WERE THERE ANY FOLLOW-UP APPOINTMENTS WITH DR.  
3 POMERENKE?

4 A. SUBSEQUENTLY TWO WEEKS LATER, I SAW DR. KELLETT WHO  
5 WAS ALSO THERE.

6 Q. AND WHEN YOU SAY "THERE," WHERE ARE THEY?

7 A. AT DOCTORS CARE.

8 Q. OKAY. AND WHEN YOU PRESENTED TO DR. KELLETT, WHAT  
9 WERE YOU -- WHAT PROBLEMS WERE YOU HAVING?

10 A. THE SAME, THE SAME DIFFICULTIES.

11 Q. AND WHAT DIFFICULTIES WERE THOSE?

12 A. PRIMARY BACK PAIN, LEG PAIN.

13 Q. AND WERE THESE THE SAME PROBLEMS THAT YOU HAD  
14 INFORMED DR. POMERENKE ABOUT ---

15 A. YES.

16 Q. --- WHEN YOU SAW HIM ORIGINALLY? AND YOU MENTIONED  
17 EARLIER ABOUT SOME RIGHT WRIST PAIN AND SOME RIGHT  
18 ARM PAIN. WERE YOU -- DID YOU CONTINUE TO  
19 EXPERIENCE THAT TYPE OF PAIN WHEN YOU WENT TO SEE  
20 DR. POMERENKE ON THE 28TH OF FEBRUARY?

21 A. THAT FOR THE MOST PART HAD DIMINISHED ---

22 Q. AND WHICH ---

23 A. --- AND IN ADDITION TO THE SWELLING.

24 Q. AND WHICH PAIN HAD DIMINISHED BY THE TIME YOU GOT  
25 THERE ON THE 28TH, WHICH PAIN WAS GONE?

- 1 A. THE NECK PAIN AND SHOULDER PAIN WAS GONE, AND FOR  
2 THE MOST PART THE WRIST PAIN AND THE KNEE SWELLING.
- 3 Q. AND SO, WHEN YOU GET TO DR. POMERENKE, THE ONLY  
4 PROBLEMS THAT YOU CONTINUE TO HAVE ARE THE BACK PAIN  
5 AND THE LEG PAIN?
- 6 A. YES.
- 7 Q. AND WHICH LEG ARE WE TALKING ABOUT?
- 8 A. I MEAN, I HAD LEG PAIN IN BOTH LEGS AT THAT TIME,  
9 BUT...
- 10 Q. AS WE SIT HERE TODAY, DO YOU CONTINUE TO HAVE LEG  
11 PAIN IN BOTH LEGS?
- 12 A. YES.
- 13 Q. AND WHAT ABOUT YOUR BACK PAIN?
- 14 A. YES.
- 15 Q. AND IS YOUR BACK PAIN ANY DIFFERENT NOW THAN IT WAS  
16 PRIOR TO THE ACCIDENT?
- 17 A. PRIOR TO THE ACCIDENT?
- 18 Q. YES.
- 19 A. IT'S INCREASED.
- 20 Q. AND INCREASED IN WHAT WAY, IN FREQUENCY, DURATION,  
21 LEVEL?
- 22 A. ALL OF THE ABOVE.
- 23 Q. YOU SAW DR. KELLETT TWO WEEKS LATER PRESENTING WITH  
24 THE SAME DIFFICULTIES. WHAT DID HE -- WHAT DID HE  
25 ORDER FOR YOU AT THE CONCLUSION OF THAT VISIT?

1 A. AT THE CONCLUSION OF THAT VISIT, HE TOLD ME TO COME  
2 BACK IN TWO WEEKS, AND THAT HE DIDN'T AGREE WITH DR.  
3 POMERENKE, THAT I SHOULDN'T BE GOING TO SCHOOL OR MY  
4 INTERNSHIP AT ALL AND STILL NO MCDONALD'S.

5 Q. AND DID YOU RETURN IN TWO WEEKS?

6 A. YES.

7 Q. WHEN YOU RETURNED IN TWO WEEKS, WHICH DOCTOR DID YOU  
8 SEE?

9 A. AT THAT POINT, I SAW DR. POMERENKE AGAIN.

10 Q. AND WHAT WAS DR. POMERENKE'S OPINION AT THE  
11 CONCLUSION OF THIS THIRD VISIT BUT SECOND VISIT WITH  
12 HIM?

13 A. HE SAID THAT I COULD STILL MAINTAIN THE LIMITED  
14 SCHOOLING AND LIMITED INTERNSHIP, AND HE SUGGESTED  
15 AT THAT POINT THAT I NEEDED TO SEE A NEUROSURGEON,  
16 AND HE SAID TO COME BACK IN TWO WEEKS.

17 Q. AND THIS IS DR. POMERENKE?

18 A. DR. POMERENKE.

19 Q. AND YOU RETURNED IN TWO WEEKS, AND WHO DID YOU SEE?

20 A. I SAW DR. KELLETT AGAIN.

21 Q. AND WHAT WAS DR. KELLETT'S OPINION AT THE CONCLUSION  
22 OF THAT VISIT?

23 A. WELL, HIS FIRST OPINION WAS WHY AM I THERE. HE  
24 WASN'T AWARE THAT I WAS TOLD TO COME BACK EVEN  
25 THOUGH IT WAS WRITTEN ON THERE. HE WAS UNDER THE



1 UNDERSTANDING THAT I HAD BEEN REFERRED.

2 Q. AND REFERRED WHERE?

3 A. TO A NEUROSURGEON CONSULT.

4 Q. AND DID YOU HAVE ANY APPOINTMENTS AFTER THAT  
5 APPOINTMENT WITH DR. KELLETT AT DOCTORS CARE?

6 A. NO, BECAUSE HE SAID THAT I COULD NOT DO ANYTHING  
7 UNTIL I HAD A NEUROSURGEON CONSULT.

8 Q. AND DO YOU RECALL WHEN THAT VISIT WAS?

9 A. SPECIFICALLY, NO, BUT I CAN LOOK. IF I'M LOOKING AT  
10 THE CORRECT DATE, IT APPEARS TO BE APRIL 10TH.

11 Q. AND SINCE APRIL 10TH, HAVE YOU SEEN ANYONE AT  
12 DOCTORS CARE?

13 A. NO.

14 Q. YOU STATED BEFORE THAT AT YOUR INITIAL VISIT WITH  
15 DR. POMERENKE ON THE 28TH OF FEBRUARY THAT HE  
16 RECOMMENDED P.T. DID YOU PARTICIPATE IN P.T.?

17 A. I THINK I HAD TWO WEEKS WORTH OR MAYBE THREE. I HAD  
18 12 VISITS APPROVED.

19 Q. AND DID YOU ATTEND ALL VISITS?

20 A. YES.

21 Q. DID YOU PARTICIPATE IN THE IN-OFFICE EXERCISES?

22 A. I DID THE IN-OFFICE EXERCISES. I HAD DIFFICULTY  
23 DOING WHAT THEY REQUESTED THAT I DO OUTSIDE.

24 Q. AND WHEN YOU SAY YOU HAD DIFFICULTY DOING WHAT THEY  
25 REQUESTED THAT YOU DO OUTSIDE, WHAT DO YOU MEAN?

1 A. P.T. EXACERBATED THE PAIN, SO IT WAS DIFFICULT TO  
2 WALK MUCH LESS TRY TO DO EXERCISES.

3 Q. DID YOU ATTEMPT TO DO THE HOME EXERCISES THAT WERE  
4 RECOMMENDED?

5 A. ON A LIMITED BASIS.

6 Q. YOU INDICATED THAT ALTHOUGH DR. POMERENKE RETURNED  
7 YOU TO WORK ON A LIMITED BASIS, DR. KELLETT  
8 INDICATED THAT YOU COULDN'T PERFORM WORK; IS THAT  
9 CORRECT?

10 A. YES.

11 Q. BUT DID YOU RETURN AT LEAST TO YOUR FIELD PLACEMENT?

12 A. YES.

13 Q. AND WHEN DID YOU DO THAT?

14 A. I'M NOT SURE OF THE EXACT DATE OF THAT. I WOULD  
15 HAVE TO LOOK AT MY TIME SHEET. IT WAS -- I WAS OUT  
16 FOR A MONTH. SO, MARCH -- THE BEGINNING OF MARCH  
17 SOMETIME.

18 Q. AND DID YOU BELIEVE THAT YOU COULD PERFORM WHAT WAS  
19 REQUIRED OF THE INTERNSHIP AT THAT TIME?

20 A. ACTUALLY, I DIDN'T PERFORM WHAT WAS REQUIRED AT THE  
21 TIME.

22 Q. AND WHAT DO YOU MEAN BY THAT?

23 A. I COULD ONLY WORK ON A LIMITED BASIS, AND IN FACT  
24 HAD TO CONTINUE MY INTERNSHIP INTO THE SUMMER TO GET  
25 ALL OF THE HOURS REQUIRED FOR THE PROGRAM.

1 Q. AND WHY DID YOU RETURN TO THE INTERNSHIP?

2 A. BECAUSE IT COST ME \$2500.

3 Q. AND WHAT DO YOU MEAN BY THAT?

4 A. IT MEANS I'M HAVING TO PAY TUITION. TUITION IS  
5 EXPENSIVE, AND I CAN'T WALK AWAY FROM -- I MEAN,  
6 THERE WOULD BE NO RECOUPMENT OF IT IF I TOOK THE  
7 REST OF THE SEMESTER OFF.

8 Q. AS WE ARE HERE TODAY, YOU ARE STILL PARTICIPATING IN  
9 THAT INTERNSHIP?

10 A. YES.

11 Q. AND ARE YOU PARTICIPATING STILL ON A LIMITED BASIS?

12 A. YES.

13 Q. AND DESCRIBE WHAT YOU MEAN BY LIMITED BASIS?

14 A. I'M CURRENTLY GOING IN FOUR HOURS A DAY FOR FOUR  
15 DAYS.

16 Q. AND WHAT WERE YOU DOING PRIOR TO THE ACCIDENT?

17 A. I DON'T UNDERSTAND THE QUESTION.

18 Q. YOU SAID THAT YOU'RE WORKING ON A LIMITED BASIS AND  
19 YOU'RE DOING FOUR HOURS A DAY FOR FOUR DAYS. HOW IS  
20 THAT DIFFERENT FROM WHAT YOU WERE DOING ON A FULL  
21 BASIS PRIOR TO THE FALL?

22 A. I PUT IN AN EXTRA DAY TO SEE HOW WELL I COULD  
23 TOLERATE IT, BUT IT'S NOT GOING WELL.

24 Q. LET'S TALK ABOUT YOUR INCOME SINCE THE FALL. HOW IS  
25 YOUR INCOME DIFFERENT SINCE THE FALL IN JANUARY?

1 A. THERE IS NO INCOME.

2 Q. AND PRIOR TO THE FALL, WHAT INCOME WERE YOU  
3 RECEIVING?

4 A. I RECEIVED BI-WEEKLY MCDONALD'S PAYMENTS.

5 Q. AND LET'S TALK ABOUT THE PROBLEMS THAT YOU'RE  
6 CURRENTLY HAVING. CURRENTLY, YOU'VE INDICATED THAT  
7 YOU CONTINUE TO HAVE INCREASED BACK PAIN AND PAIN IN  
8 BOTH LEGS; IS THAT CORRECT?

9 A. YES, MA'AM.

10 Q. ANY OTHER PAIN THAT WE HAVEN'T DISCUSSED THAT YOU'RE  
11 HAVING THAT YOU CONTINUE TO HAVE AS A RESULT OF THAT  
12 FALL IN JANUARY?

13 A. OTHER THAN BACK, LEGS, GOING FROM BACK DOWN, NO.

14 Q. NOW, PRIOR TO THE FALL, YOU ALREADY HAD LOW BACK  
15 PAIN, CORRECT?

16 A. YES.

17 Q. AND WERE RECEIVING TREATMENT FOR THE LOW BACK PAIN?

18 A. YES.

19 Q. WHAT IS DIFFERENT -- I NEED YOU TO EXPLAIN WHAT IS  
20 DIFFERENT ABOUT THE LOW BACK PAIN NOW THAN PRIOR TO  
21 THE FALL?

22 A. THE POINT OF ORIGIN IS HIGHER. IT'S MID BACK  
23 INSTEAD OF LOW -- INSTEAD OF SPECIFICALLY LOWER  
24 BACK, AND IT INCLUDES BOTH LEGS NOW INSTEAD OF JUST  
25 THE LEFT LEG.

1 Q. SO, PRIOR TO THE FALL, YOU HAD ISSUES WITH YOUR LEFT  
2 LEG?

3 A. YES.

4 Q. AND HOW WOULD YOU DESCRIBE THE PAIN: DULL, SHARP,  
5 STABBING, BURNING?

6 A. IT'S SHARP, BURNING, CONSTANT.

7 Q. WAS IT SHARP PRIOR TO THE FALL?

8 A. NOT AS SEVERE.

9 Q. DID YOU HAVE A BURNING PAIN PRIOR TO THE FALL?

10 A. IN MY LEFT LEG, I HAD SOME.

11 Q. WHAT ABOUT IN YOUR RIGHT LEG?

12 A. NO.

13 Q. AND WHAT ABOUT IN YOUR BACK?

14 A. INTERMITTENT.

15 Q. AND WAS IT CONSTANT PRIOR TO THE FALL?

16 A. YES.

17 Q. NOW, LET'S TALK ABOUT THE LEVEL. PRIOR TO THE FALL,  
18 ON AVERAGE, WHAT WAS YOUR PAIN ON A LEVEL OF ONE TO  
19 TEN WITH TEN BEING THE WORST PAIN YOU'VE EVER FELT?

20 A. IT WAS DOWN TO A FOUR. I MEAN, IT WAS MANAGEABLE.

21 Q. AND SINCE THE FALL AND AS WE SIT HERE TODAY, ON A  
22 SCALE OF ONE TO TEN WITH TEN BEING THE WORST YOU'VE  
23 EVER FELT?

24 A. TODAY, IT'S ABOUT A NINE. IT'S USUALLY ABOUT AN  
25 EIGHT ON AVERAGE.

1 Q. ARE THERE ANY TYPE OF THINGS YOU ENGAGE IN TO EASE  
2 THE PAIN, THE BACK PAIN? LET'S TALK ABOUT THE BACK  
3 PAIN SPECIFICALLY.

4 A. CONSTANT MOVING AROUND, STANDING OR SITTING.

5 Q. AND WHAT ABOUT THE LEG PAIN?

6 A. STRETCH IT OUT, MOVE IT AROUND SOME.

7 Q. AND WERE THOSE METHODS THAT YOU EMPLOYED PRIOR TO  
8 THE FALL?

9 A. NOT AS MUCH BECAUSE I WAS FUNCTIONAL TO A POINT.

10 Q. AND I SEE YOU HAVE A CANE WITH YOU. DO YOU USE THAT  
11 CANE EVERY DAY?

12 A. I DO NOW.

13 Q. AND PRIOR TO THE FALL, HOW OFTEN DID YOU USE IT?

14 A. ONLY INTERMITTENTLY IF I KNEW I WAS GOING TO WALK  
15 FOR FIVE OR SIX HOURS, I WOULD NEED IT OR IF I DROVE  
16 FOR FIVE HOURS, I WOULD NEED IT.

17 Q. AND HAD YOU EVER USED IT AT YOUR INTERNSHIP?

18 A. NO.

19 Q. AND WHAT ABOUT AT YOUR JOB? AT MCDONALD'S, I'M  
20 SORRY.

21 A. NO.

22 Q. AND ALL OF THE DOCTORS WE'VE TALKED ABOUT: DR.

23 PATNAM AND DR. LEBLOND -- WELL, LET'S GO BACK. ARE

24 YOU STILL SEEING DR. PATNAM AND DR. LEBLOND?

25 A. YES.

1 Q. AND ARE YOU SEEING DR. LEBLOND ON A MONTHLY BASIS?

2 A. YES.

3 Q. AND WHAT ABOUT PATNAM, HOW OFTEN DO YOU SEE HIM?

4 A. WHENEVER I NEED TO GO. I SAW HIM YESTERDAY.

5 Q. NOW, PRIOR TO THE FALL, HAD DR. LEBLOND WRITTEN YOU  
6 OUT OF WORK BEFORE?

7 A. NOT THAT I RECALL.

8 Q. AND AFTER THE FALL, DID HE WRITE YOU OUT OF WORK?

9 A. YES.

10 Q. AND FOR HOW LONG DID HE WRITE YOU OUT OF WORK?

11 A. I STILL HAVE A WORK EXCUSE.

12 Q. SO, DR. LEBLOND HAS WRITTEN YOU OUT OF WORK SINCE  
13 YOU VISITED HIM AFTER THE FALL?

14 A. YES.

15 Q. AND DR. PATNAM, DID HE EVER WRITE YOU OUT OF WORK  
16 PRIOR TO THE FALL?

17 A. I'M SURE FOR PNEUMONIA OR THE FLU OR...

18 Q. WERE YOU EVER WRITTEN OUT OF WORK PRIOR TO THE FALL  
19 FOR ISSUES RELATED TO YOUR BACK PAIN?

20 A. NOT THAT I REMEMBER. I WAS OUT OF WORK WHEN I HAD A  
21 PREVIOUS ACCIDENT ON WORKERS' COMP.

22 Q. AND WHEN WAS THAT?

23 A. THAT ONE WAS SPRING 2010.

24 Q. AND WHO WERE YOU WORKING FOR AT THE TIME?

25 A. MCDONALD'S AND D.D.S.M.

1 Q. AND WHAT WERE YOUR INJURIES AS A RESULT OF THAT  
2 PREVIOUS WORKERS' COMP ACCIDENT?

3 A. I FURTHER EXACERBATED MY BACK CONDITION, MY WRIST.

4 Q. AND WHICH WRIST?

5 A. RIGHT WRIST.

6 Q. ANY OTHER INJURIES?

7 A. I SEEM TO RECALL KNEE AND CHEST PAINS WHERE THE  
8 STEERING WHEEL HIT NOW THAT I THINK ABOUT IT.

9 Q. WAS THERE A SPECIFIC KNEE?

10 A. MY RIGHT.

11 Q. WHEN WAS THE FIRST TIME YOU RECEIVED A WORKERS' COMP  
12 PAYMENT OF TEMPORARY TOTAL BENEFITS FROM -- OR ON  
13 BEHALF OF U.S.C.?

14 A. THE BEGINNING OF MARCH, 6TH, 7TH, SOMEWHERE IN.  
15 THERE.

16 Q. MARCH, YOU THINK, 6TH OR 7TH?

17 A. I WOULD HAVE TO LOOK AT THE CHECK STUB. IT WAS --  
18 IT MAY HAVE BEEN DATED THROUGH THE 6TH. SO, IT MAY  
19 HAVE BEEN LIKE MAYBE THE SECOND WEEK IN MARCH THAT I  
20 RECEIVED IT.

21 Q. AND WHEN DID YOU RECEIVE YOUR LAST?

22 A. THAT'S IT.

23 Q. AND HOW MUCH WAS THAT CHECK FOR?

24 A. TWELVE-HUNDRED AND CHANGE.

25 Q. AND SO SINCE MARCH -- THE SECOND WEEK IN MARCH,



1           YOU'VE RECEIVED NO DISABILITY PAYMENT BENEFITS FROM  
2           -- OR ON BEHALF OF U.S.C.?

3           A.   NO.

4           Q.   WE TALKED ABOUT DR. KELLETT'S REFERRAL TO YOU FOR A  
5           NEUROSURGICAL CONSULT BACK IN APRIL. DO YOU WANT TO  
6           HAVE THAT CONSULT?

7           A.   YES.

8           Q.   DO YOU BELIEVE THAT YOU ARE IN NEED OF FURTHER  
9           MEDICAL ATTENTION AS A RESULT OF YOUR FALL ON  
10          JANUARY 29TH?

11          A.   YES.

12          BY MS. JOHNSON:

13          \_\_\_\_\_ NO FURTHER QUESTIONS.

14          BY COMMISSIONER TAYLOR:

15          \_\_\_\_\_ AND, MR. LEVENTIS, I THINK IF WE COULD JUST  
16          ADDRESS THE PRE-SURGERY, THE SURGICAL CONSULT PRE-  
17          INJURY.

18          BY MR. LEVENTIS:

19          OKAY.

20          BY COMMISSIONER TAYLOR:

21          \_\_\_\_\_ I JUST DIDN'T KNOW IF YOU HAD PLANNED TO GO  
22          THROUGH THE WHOLE MEDICAL HISTORY, BUT ---

23          BY MR. LEVENTIS:

24          I WILL TRY TO SUMMARIZE AS MUCH AS POSSIBLE,  
25          YOUR HONOR.

1 BY COMMISSIONER TAYLOR:

2 \_\_\_\_\_ THAT'S FINE. THANK YOU.

3 BY MR. LEVENTIS:

4 OKAY.

5 CROSS EXAMINATION BY MR. LEVENTIS:

6 Q. \ MR. FAUBERT, ---

7 BY MR. LEVENTIS:

8 THIS IS PAGE 92 OF THE DEFENDANTS' APAs, YOUR  
9 HONOR.

10 CROSS EXAMINATION RESUMED BY MR. LEVENTIS:

11 Q. --- DID YOU HAVE AN M.R.I. DONE IN FEBRUARY 2014?

12 A. YES.

13 Q. OKAY. AND THE SECOND FINDING OF THAT M.R.I. NOTES  
14 THAT THE CONGENITAL NARROWING YOU HAD AT MULTIPLE  
15 LEVELS, QUOTE, "RESULTS IN SIGNIFICANT NEURAL  
16 IMPINGEMENT AT MULTIPLE LEVELS THROUGHOUT THE LUMBAR  
17 SPINE AS DESCRIBED ABOVE. THESE FINDINGS HAVE  
18 CHANGED VERY LITTLE UPON COMPARISON WITH THE STUDY  
19 OF MARCH 8TH, 2013." DID YOU EVER DISCUSS THAT WITH  
20 ANY OF YOUR PHYSICIANS, THAT FINDING FROM YOUR  
21 M.R.I.?

22 A. IT WAS NOT SPECIFICALLY DISCUSSED, BUT THE RESULTS  
23 WERE PROVIDED TO DR. KELLETT AND DR. POMERENKE  
24 BEFORE THEY RECOMMENDED A NEUROSURGEON CONSULT.

25 Q. OKAY. YOU RESPONDED TO YOUR ATTORNEY'S QUESTION

1            THAT YOU'VE BEEN EMPLOYED FULL TIME SINCE 2007; IS  
2            THAT ACCURATE?

3            A.    NO.    I'VE BEEN EMPLOYED FULL TIME PRETTY -- FOREVER.

4            Q.    OKAY.    WERE YOU -- DID YOU HAVE A WORKERS' COMP  
5            INJURY IN WHICH YOU HURT YOUR BACK IN APPROXIMATELY  
6            APRIL OF 2010?

7            A.    YES.

8            Q.    OKAY.    AND WERE YOU OUT OF WORK FOR APPROXIMATELY  
9            ONE YEAR DUE TO THAT INJURY?

10          A.    I WAS OUT OF WORK THEORETICALLY FROM D.D.S.M.    I  
11          STILL WORKED AT MCDONALD'S AT THE TIME.

12          Q.    OKAY.    SO, YOU WERE NOT OUT OF WORK FROM MCDONALD'S  
13          DURING THAT TIME?

14          A.    NO, I WAS STILL ABLE TO WORK AT MCDONALD'S.

15          Q.    OKAY.

16          BY MR. LEVENTIS:

17                    THIS IS PAGE 223 OF THE DEFENDANTS' APAs, YOUR  
18                    HONOR.

19          CROSS EXAMINATION RESUMED BY MR. LEVENTIS:

20          Q.    DID YOU ULTIMATELY SETTLE THAT CLAIM FOR  
21          APPROXIMATELY IN PART 20-PERCENT DISABILITY TO YOUR  
22          BACK, OR DO YOU RECALL?

23          A.    I DON'T RECALL THE EXACT DISABILITY RATINGS.

24          Q.    OKAY.    IF THAT'S WHAT IS REFLECTED IN YOUR AWARD OR  
25          AGREEMENT WITH THE STATE ACCIDENT FUND, ---

1 A. THAT WOULD BE IT.

2 Q. --- WOULD YOU DISPUTE IT?

3 A. NO.

4 Q. OKAY. I ASKED YOU DURING YOUR DEPOSITION IF YOU HAD  
5 EVER HAD RADIATING PAIN INTO YOUR RIGHT HIP OR  
6 THIGHS. DO YOU RECALL ME ASKING YOU THAT?

7 A. YES.

8 Q. OKAY. AND DO YOU RECALL WHAT YOUR ANSWER WAS IF YOU  
9 HAD RADIATING ---

10 A. NO.

11 Q. --- RADIATING PAIN INTO YOUR RIGHT HIP OR RIGHT LEG  
12 PRIOR TO THIS ACCIDENT?

13 A. I DON'T RECALL WHAT MY ANSWER WAS, WHETHER -- MY  
14 ANSWER NOW WOULD BE I DON'T REMEMBER.

15 Q. OKAY. I ASKED YOU MULTIPLE TIMES, AND YOUR ANSWER  
16 WAS NO, THAT YOU DID NOT, AND I EVEN ASKED YOU  
17 SPECIFICALLY IF MAYBE YOU HAD GOTTEN ---

18 BY MS. JOHNSON:

19 \_\_\_\_\_OBJECTION. YOUR HONOR, I BELIEVE THIS IS AN  
20 IMPROPER ATTEMPT AT IMPEACHMENT. HE DIDN'T ASK A  
21 QUESTION BEFORE TRYING TO IMPEACH HIM, SO.

22 BY MR. LEVENTIS:

23 OKAY.

24 BY COMMISSIONER TAYLOR:

25 \_\_\_\_\_SUSTAINED.

CROSS EXAMINATION RESUMED BY MR. LEVENTIS:

Q. SO, YOU DON'T RECALL WHAT YOUR ANSWER WAS AT YOUR DEPOSITION?

A. WELL, NO, ACTUALLY ---

BY MS. JOHNSON:

\_\_\_\_\_OBJECTION, YOUR HONOR. HE HASN'T ASKED HIM THE QUESTION.

CROSS EXAMINATION RESUMED BY MR. LEVENTIS:

Q. LET ME RESTATE IT ONE MORE TIME. PRIOR TO THIS ACCIDENT, DID YOU HAVE ANY RADIATING PAIN INTO YOUR RIGHT HIP OR RIGHT LEG?

A. NOT THAT I REMEMBER, NO.

Q. OKAY. DO YOU RECALL STATING TO ME DEFINITELY WHETHER YOU HAD HAD RADIATING PAIN INTO YOUR RIGHT HIP OR RIGHT LEG PRIOR TO THIS ACCIDENT AT YOUR DEPOSITION?

A. SPECIFICALLY WHAT I ANSWERED, NO. THAT WAS -- I DON'T RECALL.

Q. OKAY. DO YOU RECALL IF YOU GOT AN M.R.I. IN APPROXIMATELY FEBRUARY OF 2013 BASED ON INCREASED RIGHT HIP PAIN?

A. APPARENTLY I DID LOOKING THROUGH MY RECORDS. I DON'T RECALL THAT ONE, AND APPARENTLY I HAD ONE IN 2008 ALSO, WHICH I ALSO DON'T RECALL.

Q. OKAY. IN LOOKING THROUGH YOUR RECORDS, DID YOU SEE

1 OTHER TIMES THAT YOU MIGHT HAVE HAD RADIATING PAIN  
2 INTO YOUR RIGHT LEG AS WELL AS YOUR LEFT LEG PRIOR  
3 TO THIS ACCIDENT?

4 A. I SAW THE REFERENCE OF WHAT THE M.R.I. HAD BEEN  
5 ORDERED FOR. I HAD QUITE A FEW M.R.I.s, SO I DON'T  
6 SPECIFICALLY REMEMBER THAT.

7 Q. OKAY. WAS YOUR BACK PAIN INCREASING THROUGH THE  
8 YEAR OF 2013?

9 A. MY BACK PAIN WAS MANAGED TO THE POINT WHERE I WAS  
10 STILL ABLE TO BE FUNCTIONAL.

11 Q. OKAY. MY QUESTION TO YOU IS WAS YOUR BACK PAIN  
12 INCREASING; WAS IT GETTING PROGRESSIVELY WORSE IN  
13 2013?

14 A. I WOULD HAVE TO LOOK AT MY MEDICATION RECORDS.  
15 THERE WERE SUBSEQUENT ADJUSTMENTS TO MY MEDICAL  
16 LEVEL.

17 Q. OKAY. DO YOU RECALL EVER REPORTING THAT YOUR PAIN  
18 WAS POORLY CONTROLLED TO DR. -- YOUR BACK PAIN WAS  
19 POORLY CONTROLLED TO DR. LEBLOND IN 2013?

20 A. NO, I DON'T SPECIFICALLY REMEMBER THAT.

21 Q. OKAY.

22 BY MR. LEVENTIS:

23 I'M LOOKING AT PAGE 168, YOUR HONOR.

24 BY COMMISSIONER TAYLOR:

25 \_\_\_\_\_OKAY.

CROSS EXAMINATION RESUMED BY MR. LEVENTIS:

1 Q. YOU DON'T RECALL WHETHER YOU REPORTED THAT TO HIM OR  
2 NOT AT ANY VISITS?  
3

4 A. HONESTLY, AS MANY DOCTORS AS I SEE AND AS MANY TIMES  
5 AS I GO, WHAT A SPECIFIC DOCTOR CONVERSATION WAS A  
6 YEAR AGO, NO, I DON'T REMEMBER.

7 Q. OKAY. WHETHER YOU REPORTED TO A DOCTOR OR NOT, IS  
8 THAT SOMETHING THAT YOU HAD, PROGRESSIVE INCREASE IN  
9 PAIN IN 2013?

10 A. SURE, PROBABLY.

11 Q. OKAY.

12 A. AND IF THERE HAD BEEN -- IF MY RECORDS SHOW THAT  
13 THERE HAVE BEEN ADJUSTMENTS IN MEDICATION, THEN THAT  
14 WOULD INCLINE ONE TO BELIEVE THAT THERE HAD BEEN  
15 INCREASED PAIN OVER THAT TIME.

16 Q. OKAY. YOU MENTIONED PREVIOUSLY THAT YOU TOOK M.S.  
17 CONTIN BEFORE THIS ACCIDENT TOOK PLACE IN THE END OF  
18 JANUARY 2014; IS THAT CORRECT?

19 A. YES.

20 Q. OKAY. AND DID YOU ALSO TAKE PERCOCET AND NORCO  
21 PRIOR TO THIS ACCIDENT IN 2014?

22 A. I TOOK PERCOCET BRIEFLY.

23 Q. OKAY. AND DID YOU TAKE NEURONTIN PRIOR TO THIS  
24 ACCIDENT?

25 A. YES.

1 Q. OKAY. OTHER THAN THE INCREASE IN NORCO FROM FOUR  
2 PILLS A DAY TO FIVE PILLS A DAY THAT YOU TESTIFIED  
3 ABOUT EARLIER, HAS THERE BEEN ANY OTHER CHANGE TO  
4 YOUR PAIN MEDICATION AFTER THIS ACCIDENT?

5 A. THEY ATTEMPTED TO CHANGE ONE OF THEM TO PERCOCET,  
6 WHICH DIDN'T GO WELL, AND THEY ARE RELUCTANT TO  
7 INCREASE MY PAIN MEDICATION ANY MORE.

8 Q. OKAY. WAS THE CHANGE FROM NORCO TO PERCOCET ALSO  
9 SOMETHING THAT HAD HAPPENED IN 2013 AS WELL?

10 A. THIS IS I BELIEVE THE SECOND TIME THAT I TRIED IT.

11 Q. OKAY. WAS THE PRIOR TIME IN 2013 DUE TO POOR PAIN  
12 CONTROL?

13 A. I COULDN'T TELL YOU.

14 Q. OKAY. IF THAT'S WHAT'S REFLECTED IN YOUR MEDICAL  
15 RECORDS, WOULD YOU DISPUTE THAT?

16 A. PROBABLY NOT.

17 Q. OKAY. HAD YOU HAD SURGERY RECOMMENDED FOR YOUR LOW  
18 BACK PRIOR TO THIS ACCIDENT IN JANUARY 2013?

19 A. YES.

20 Q. IS THIS SOMETHING YOU TALKED TO DR. LEBLOND ABOUT  
21 PREVIOUSLY?

22 A. HIM SPECIFICALLY, I CAN'T RECALL. IT WAS DISCUSSED  
23 FIVE OR SIX YEARS PREVIOUSLY, I THINK, BEFORE I SAW  
24 DR. LEBLOND.

25 Q. OKAY. DID YOU DISCUSS IT WITH ANYBODY IN 2013?



1 A. WE HAVE DISCUSSED IT SUBSEQUENTLY, YES.

2 Q. OKAY. DID YOU THINK IF YOU HAD SURGERY ON YOUR BACK  
3 THAT DR. LEBLOND WOULD BE THE ONE WHO WOULD DO IT,  
4 OR DID YOU THINK HE WOULD REFER YOU TO A SPECIFIC  
5 SURGEON OR NEUROSURGEON TO DO THE SURGERY?

6 A. I REALLY HAVE NO IDEA.

7 Q. OKAY. DO YOU KNOW IF DR. LEBLOND IS A SURGEON OR  
8 NOT?

9 A. HE HAS DONE WHAT I WOULD CONSIDER SURGICAL  
10 PROCEDURES, SO I WOULD GUESS YES.

11 Q. OKAY. WHEN YOU SAY WHAT YOU WOULD CONSIDER SURGICAL  
12 PROCEDURES, ARE THOSE EPIDURAL STEROID INJECTIONS?

13 A. YEAH.

14 Q. IS THAT SOMETHING -- DID YOU HAVE EPIDURAL STEROID  
15 INJECTIONS TO YOUR BACK OR YOUR LOW BACK PRIOR TO  
16 THIS ACCIDENT IN 2014?

17 A. YES.

18 Q. OKAY. IS THAT SOMETHING THAT'S BEEN RECOMMENDED TO  
19 YOU SINCE THEN, SINCE YOUR ACCIDENT IN 2014?

20 A. NO, BECAUSE OF THE LIMITED BENEFIT FROM IT.

21 Q. OKAY. DO YOU RECALL IF DR. LEBLOND EVER TOLD YOU  
22 THAT SURGERY WOULD ULTIMATELY BE INEVITABLE?

23 A. POSSIBLY.

24 Q. OKAY. WHAT TYPE OF SURGERY WAS HE TALKING ABOUT  
25 WHEN HE TALKED TO YOU ABOUT HAVING SURGERY?

1 A. WHAT IT WAS SPECIFICALLY CALLED, I HAVE NO IDEA.

2 Q. OKAY. DID YOUR BACK PAIN INCREASE AFTER YOU HAD THE  
3 2010 ACCIDENT FROM WHAT IT HAD BEEN PRIOR TO THAT?

4 A. YES.

5 Q. DID THAT PAIN EVER GO BACK DOWN TO BASELINE AFTER  
6 THE 2010 ACCIDENT?

7 A. NO. IT EVOLVED INTO A NEW BASELINE.

8 Q. OKAY. IS SURGERY SOMETHING THAT YOU CURRENTLY WANT  
9 FOR YOUR BACK?

10 A. I WOULD HAVE TO SEE WHAT A CURRENT RECOMMENDATION IS  
11 OVER ONE THAT WAS SIX YEARS OLD, FIVE YEARS OLD.

12 Q. OKAY. WOULD YOU REFUTE THAT SURGERY HAD BEEN  
13 RECOMMENDED OR REFERENCED TO YOU IN 2013 THEN?

14 A. SPECIFICALLY, I COULDN'T TELL YOU. I MEAN, WE HAD  
15 TALKED ABOUT IT THROUGH THE COURSE OF TREATMENT.

16 Q. OKAY. AND IS THAT SOMETHING UP THROUGH JANUARY OF  
17 2014 THAT YOU WERE NOT INCLINED TO GET WAS A  
18 SURGICAL PROCEDURE ON YOUR BACK?

19 A. YES.

20 Q. OKAY. AND YOU'RE NOT SURE IF THAT IS SOMETHING THAT  
21 YOU WOULD WANT PRESENTLY?

22 A. I'M NOT SURE IF THERE ARE OTHER OPTIONS AVAILABLE AT  
23 THIS POINT OR DIFFERENT TYPES OF SURGICAL PROCEDURES  
24 AS OPPOSED TO WHAT WAS RECOMMENDED SIX YEARS AGO.

25 Q. OKAY. IS THAT THE SAME SURGERY THAT WAS RECOMMENDED

1 SIX YEARS AGO; WAS THAT WHAT WAS BEING RECOMMENDED  
2 TO YOU IN 2013?

3 A. I DON'T THINK SO. THEY WERE TALKING ABOUT -- THE  
4 RECENT THING THEY WERE TALKING ABOUT IS SOMETHING, A  
5 RHIZOTOMY, WHICH IS BASICALLY WHEN THEY GO IN AND  
6 CAUTERIZE THE NERVE.

7 Q. OKAY. ANY OTHER MEDICAL RECOMMENDATIONS THAT YOU'VE  
8 HAD OTHER THAN THE NEUROSURGICAL EVALUATION AND THE  
9 INCREASE IN PAIN MEDICATION THAT ARE DIFFERENT NOW  
10 THAN THEY WERE IN 2013?

11 A. DO YOU WANT TO REPHRASE THE QUESTION?

12 Q. ARE THERE ANY CURRENT MEDICAL RECOMMENDATIONS THAT  
13 YOU'RE AWARE OF NOW THAT YOU HAVE IN 2014 AFTER THIS  
14 ACCIDENT THAT YOU DID NOT HAVE PRIOR TO THE ACCIDENT  
15 OTHER THAN THE INCREASE IN ONE PER DAY IN YOUR NORCO  
16 AND THE NEUROSURGICAL EVALUATION?

17 A. NOT THAT I'M AWARE OF.

18 Q. OKAY.. DO YOU SEE A NEUROLOGIST FOR YOUR -- TO  
19 FOLLOW YOU FOR YOUR M.S.?

20 A. YES.

21 Q. DID THE -- DID THE NEUROLOGIST DO AN M.R.I. OF YOUR  
22 BRAIN NEAR THE END OR THE FALL OF 2013?

23 A. IT'S POSSIBLE. I'VE HAD ONE DONE FREQUENTLY.

24 Q. OKAY.

25 A. AS FAR AS I COULDN'T TELL YOU WHEN THE MOST RECENT

1 ONE WAS.

2 Q. HAS HE INDICATED TO YOU WITHIN THE PAST YEAR, THE  
3 NEUROLOGIST, THAT THE LESIONS FROM THE M.S. HAVE  
4 GOTTEN WORSE?

5 A. YES.

6 Q. HAVE YOU NOTICED THAT THE SYMPTOMS FROM YOUR M.S.  
7 HAVE GOTTEN WORSE OVER THE PAST YEAR?

8 A. YES.

9 Q. WHAT WAS THE BASIS FOR USING THE CANE PRIOR TO THIS  
10 INJURY?

11 A. AS PREVIOUSLY STATED WHEN I WOULD WALK, KNOW THAT I  
12 WOULD BE WALKING FOR AN EXTENDED PERIOD OF TIME AS  
13 IN IF I'M GOING TO THE GREEK FESTIVAL THIS YEAR AND  
14 I KNOW THAT I'M GOING TO BE THERE FOR FIVE HOURS,  
15 I'LL HAVE DIFFICULTY WALKING, OR IF I WERE TO DRIVE  
16 TO CHATTANOOGA, WHICH I'M NO LONGER ABLE TO DO, THEN  
17 I WOULD HAVE DIFFICULTY WALKING UPON ARRIVAL OF  
18 GETTING OUT OF THE CAR.

19 Q. OKAY. YOU PREVIOUSLY DESCRIBED YOUR WORK AT  
20 MCDONALD'S AS PRIMARILY SEDENTARY. OTHER THAN  
21 CLIMBING LADDERS TO PUT UP PROMOTIONAL MATERIAL,  
22 WOULD THAT BE YOUR DESCRIPTION OF IT AS SEDENTARY  
23 TYPE WORK?

24 A. NO, I BELIEVE THAT I SAID IT WAS ONLY SEDENTARY FOR  
25 AN HOUR OR AN HOUR-AND-A-HALF.

1 Q. OKAY. AND BEYOND THAT, HOW WOULD YOU DESCRIBE THE  
2 WORK?

3 A. IT'S CONSTANT MOVEMENT, BENDING, STANDING, CLIMBING  
4 LADDERS.

5 Q. AND DO YOU HAVE TO LIFT BOXES AT WORK?

6 A. YES.

7 Q. OKAY.

8 BY MR. LEVENTIS:

9 I DON'T HAVE ANY FURTHER QUESTIONS FOR THIS  
10 WITNESS, YOUR HONOR.

11 BY COMMISSIONER TAYLOR:

12 \_\_\_\_\_ OKAY. MS. JOHNSON?

13 BY MS. JOHNSON:

14 \_\_\_\_\_ I JUST HAVE ONE OR TWO.

15 RE-DIRECT EXAMINATION BY MS. JOHNSON:

16 Q. MR. FAUBERT, WHEN YOU WENT TO SEE DR. POMERENKE, DID  
17 YOU MAKE HIM AWARE OF YOUR PREVIOUS M.S. DIAGNOSIS?

18 A. YES.

19 Q. AND WHAT ABOUT YOUR THEN EXISTING OR PRIOR TO THE  
20 FALL EXISTING MEDICAL HISTORY?

21 A. DOCTORS CARE WAS INFORMED OF MY ENTIRE MEDICAL  
22 HISTORY, AND IN FACT, GIVEN MY RELEASE TO OBTAIN ANY  
23 RECORDS THEY SO CHOSE.

24 Q. AND THEY WERE ALSO AWARE OF THE MEDICATIONS THAT YOU  
25 WERE CURRENTLY TAKING AT THE TIME?

1 A. YES.

2 BY MS. JOHNSON:

3 \_\_\_\_\_ NO FURTHER QUESTIONS, YOUR HONOR.

4 BY COMMISSIONER TAYLOR:

5 \_\_\_\_\_ OKAY. MR. LEVENTIS?

6 BY MR. LEVENTIS:

7 NOTHING FURTHER FROM THE DEFENDANTS, YOUR  
8 HONOR.

9 BY COMMISSIONER TAYLOR:

10 \_\_\_\_\_ I BELIEVE THAT CONCLUDES THIS MATTER. THANK  
11 YOU VERY MUCH. \_\_\_\_\_

12 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS  
13 CONCLUDED AT THE HOUR OF 2:49 P.M.)

CERTIFICATE OF NOTARY PUBLIC  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
COLUMBIA, SOUTH CAROLINA  
WCC FILE NO. 1402080

EMPLOYEE/CLAIMANT: JOHN FAUBERT

EMPLOYER: UNIVERSITY OF SOUTH CAROLINA

INSURER: STATE ACCIDENT FUND

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 49 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF JOHN FAUBERT TAKEN ON THE 23RD DAY OF SEPTEMBER, 2014.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 1ST DAY OF JUNE, 2015.

---

JAN L. WHITWORTH  
NOTARY PUBLIC FOR SOUTH CAROLINA  
MY COMMISSION EXPIRES: 2-04-2024

\* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE # 1402080

|                          |   |              |
|--------------------------|---|--------------|
| JOHN FAUBERT,            | ) |              |
|                          | ) |              |
| CLAIMANT,                | ) | DEPOSITION   |
|                          | ) |              |
| VS.                      | ) | OF           |
|                          | ) |              |
| USC APPRENTICE STUDENTS, | ) | JOHN FAUBERT |
|                          | ) |              |
| EMPLOYER,                | ) |              |
|                          | ) |              |
| STATE ACCIDENT FUND,     | ) |              |
|                          | ) |              |
| CARRIER,                 | ) |              |
|                          | ) |              |
| DEFENDANTS.              | ) |              |

Deposition of John Faubert, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 10:59 a.m., Thursday, September 4, 2014, at the Law Firm of Zandra Johnson, LLC, 330 East Coffee Street, Greenville, South Carolina.

**COPY**

Reported by  
Barbara P. Scott, CVR-M

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Appearances

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For the Employer/  
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Columbia, SC 29202-7217

Reported By: Barbara P. Scott, CVR-M

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Exhibits

No exhibits marked.

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Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

John Faubert, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: John Faubert.

Examination

By Mr. Leventis:

Q Okay. Mr. Faubert, my name is Peter Leventis. I represent the State of South Carolina and the workers' compensation insurance carrier in this matter. Let me ask you, have you ever had your deposition taken before?

A No.

Q Okay. I'm going to ask you a series of questions. Ninety-five percent of them are questions I ask people in every case. Some of them are tailored specifically to you or your case. But I'm going to go through just some of your personal information,

1 familial relationships, your education, work  
2 background, your medical history, your injury, and  
3 your treatment since the injury, as well as some  
4 information about your claims background, and some  
5 of your vocational training. If you can, answer  
6 the questions fully and accurately, even if they  
7 don't seem to you to be directly related to your --  
8 to your workers' compensation claim. I'm not going  
9 to ask you about any communications that you've had  
10 with your attorney. That's protected information.  
11 However, if we take a break and come back to the  
12 deposition, I do want to just warn you ahead of  
13 time that if we take a break and you talk with your  
14 attorney or anybody during that period of time,  
15 when we come back in, I can ask you about that.  
16 So, I just want to let you know up front. None of  
17 the questions today are meant to trick you or trip  
18 you up on anything. If you don't understand a  
19 question that I ask, just ask me to rephrase the  
20 question. I'll state it in a way that you  
21 understand it so I can get the information that I'm  
22 looking for. If you need to take a break during  
23 the deposition for any reason, personal break, to  
24 stretch your legs, or whatever, just let me know.  
25 I may ask the questions quickly because I do it all

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1 the time. This is your first deposition. Don't  
2 feel like -- Don't feel any need to answer  
3 quickly. And if you misspeak or say something  
4 incorrectly, just let me know on the record and  
5 correct it, you know, say, oh, I said September, I  
6 meant, you know, March. Lastly, none of the  
7 questions are meant to embarrass you. Again, most  
8 of them are questions that I ask everybody in a  
9 deposition, for the most part. Let me start by  
10 asking you, what -- Actually, let me back up one  
11 second. On today's date, have you had any drugs or  
12 alcohol, whether prescription or otherwise?

13 A I had my normal medication.

14 Q Okay. Would any of those medications affect your  
15 ability to understand and accurately answer my  
16 questions today?

17 A No.

18 Q Okay. Is there any other reason you wouldn't be  
19 able to understand and accurately answer my  
20 questions today?

21 A No.

22 Q Okay. What is your current home address and  
23 telephone number?

24 A , Greenville, South Carolina,  
25 29607. And phone number is 864-297-3964.

1 Q Okay. And how long have you lived at that address  
2 for?

3 A Ten years maybe.

4 Q Okay. And were you living there at the time of  
5 this accident --

6 A Yes.

7 Q -- back in January of 2014? Okay. And, actually,  
8 two other kind of rules of the road for the  
9 deposition I usually tell people is, one, you may  
10 anticipate the question that I'm going to ask, but  
11 let me go ahead and finish asking it so we get a  
12 clean transcript and also so we're not talking over  
13 each other, and, also, if I cut you off before you  
14 finish answering a question or you don't feel like  
15 you've answered it fully, just let me know, and  
16 I'll let you finish answering whatever you want to  
17 tell me in response to the question. And the other  
18 thing is just if you can answer -- common habit to  
19 say uh-huh or uh-uh or nod or whatever, but the  
20 court reporter can't transcribe that. So, if you  
21 do that, even though I may understand what you're  
22 saying, I may say is that a yes. So, if you can  
23 try to remember to do that for me, as well. And  
24 who lives with you at that address?

25 A My wife and three children.

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- 1 Q Okay. And what are you children's names and ages?
- 2 A The ones that live at home, Nathan is twenty,
- 3 Matthew is nineteen, and Joshua is seventeen.
- 4 Q Okay.
- 5 A And then my wife is forty-nine.
- 6 Q Okay. And do you have any other children, other
- 7 than the three you just named?
- 8 A I have two other children.
- 9 Q Okay. And what are their names and ages?
- 10 A Hannah is twenty-four.
- 11 Q Okay. And does Hannah live on her own now?
- 12 A Yes.
- 13 Q Okay. And can you just tell me what city and state
- 14 she lives in?
- 15 A She lives in Clinton, --
- 16 Q Okay.
- 17 A -- South Carolina.
- 18 Q And your other child?
- 19 A Stephen.
- 20 Q Is that p-h-e-n or v-e-n?
- 21 A P-h.
- 22 Q Okay. And what is Stephen's age?
- 23 A Sixteen.
- 24 Q Okay. And where does Stephen live, and whom does
- 25 he live with?

1 A He's currently in Summerville.

2 Q Okay. And who does he live with or who is his  
3 guardian?

4 A I'm still his guardian.

5 Q Okay. Can you tell me who he lives with in  
6 Summerville?

7 A Stephen is in a mental institution currently.

8 Q Okay. All right. And the three children that do  
9 live with you, Nathan, Matthew, and Joshua, would  
10 you consider them financially dependent upon you  
11 for support, or do they pay rent or pay for their  
12 share of the groceries or power bill?

13 A No. They're dependent on me.

14 Q Okay. And what about Hannah?

15 A No.

16 Q Okay. Other than your spouse and Stephen, Nathan,  
17 Matthew, and Joshua, is there anyone else who could  
18 consider themselves, in your opinion, to be  
19 financially dependent upon you, such as a relative  
20 or a parent or anything like that?

21 A No.

22 Q Okay. Is there anybody that you are obligated to  
23 pay any court-ordered payments to, such as -- and  
24 these are just examples -- child support, alimony  
25 or tax liens?

- 1 A No.
- 2 Q Okay. Is there anybody, to your knowledge, that is
- 3 obligated to pay any court-ordered payments such as
- 4 the examples that I mentioned or any other type of
- 5 court-ordered payments to you at this time?
- 6 A No.
- 7 Q Okay. And how long have you and your spouse been
- 8 married for?
- 9 A Twenty-five and a half years.
- 10 Q Okay. Have you ever married any other times?
- 11 A No.
- 12 Q Okay. And other than these five children that we
- 13 talked about, you don't have any other children, to
- 14 your knowledge?
- 15 A No.
- 16 Q Okay. I want to ask you a little bit about your
- 17 educational background. How far did you go in
- 18 school?
- 19 A I'm at USC working on my master's.
- 20 Q Okay. Did you graduate high school?
- 21 A Yes.
- 22 Q And what year did you graduate high school, and
- 23 where?
- 24 A '82. That was in Cleveland, Tennessee.
- 25 Q Okay. And what year did you graduate college, and



1           what did you study?

2   A   Two years ago, and human services.

3   Q   Okay. And was that at USC, as well?

4   A   No. That was at Southern Wesleyan.

5   Q   Okay. And where is that located?

6   A   Central.

7   Q   Okay. And you're in the middle of your master's  
8       program?

9   A   Yes, sir.

10   Q   Okay. How many credit hours do you have to do  
11       until you finish, or semesters?

12   A   Eighteen. I have this semester and one more  
13       semester.

14   Q   And what did you say -- You might have mentioned a  
15       second ago. What are you getting your master's in?

16   A   Social work.

17   Q   Okay. Do you have any other formal education or  
18       job certifications or licenses?

19   A   I have an associate's degree from Greenville Tech.

20   Q   Okay. And what is that in?

21   A   That's in human services and addictions and mental  
22       health.

23   Q   Okay. And when did you obtain that degree?

24   A   About six years ago.

25   Q   Okay. And any other formal education or training

1           that you have?

2   A       No. Just work-related.

3   Q       Okay. Do you have any other certificates or

4           licenses or anything like that?

5   A       I'm an ordained minister.

6   Q       Okay.

7   A       So, I have a license, I guess you'd call it.

8   Q       Okay. And any other than that?

9   A       No.

10   Q       Okay. I want to talk with you a little bit about

11           your -- your work history. At the time of this

12           accident, were you working anywhere?

13   A       Yes.

14   Q       Okay. And where was that?

15   A       McDonald's.

16   Q       Okay. And what was your position or title with

17           McDonald's?

18   A       I was a department manager.

19   Q       Okay. And how long had you been in that position?

20   A       That position, probably a year.

21   Q       Okay. And what was your -- Were you paid by the

22           hour? Were you paid a base salary?

23   A       Hourly.

24   Q       Okay. And how much were you paid per hour?

25   A       11.30.

1 Q And when was your last raise?

2 A Six-ish months prior.

3 Q Okay. And, at that time, -- That six months  
4 prior, are you talking about the middle of 2013  
5 then?

6 A Yes.

7 Q Okay. And what were you making per hour at that  
8 time?

9 A 11.10.

10 Q Okay. And how many hours did you work per week on  
11 average with McDonald's?

12 A Upwards of 32.

13 Q Okay. And did you ever work more than 32 hours per  
14 week?

15 A There were some weeks when you'd work 45-plus  
16 hours.

17 Q Okay. And did you ever work less than 32?

18 A No.

19 Q Was it -- I know you said some weeks you may work  
20 45 or more hours, but was 32 kind of the standard?  
21 Was that your set schedule?

22 A For about the past four or five months, yes.

23 Q Okay. When you say the past four or five months,  
24 do you mean four or five months before the accident  
25 or five or five -- four or five months prior to

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1 today?

2 A Before the accident.

3 Q Okay. Have you worked there since -- worked at

4 McDonald's since this accident?

5 A No.

6 Q Okay. Have you tried to go back to work at

7 McDonald's since this accident?

8 A McDonald's will not allow me to come back at this

9 point.

10 Q Okay. And have they -- Have you been terminated

11 or are you on leave? What is your status at the

12 time?

13 A I'm on leave.

14 Q Okay. Is it paid leave? Do you have, like, built-

15 up vacation time?

16 A No. It's not paid leave.

17 Q Okay. What is the -- Have they sent you a written

18 letter or have you had communications with any

19 person or persons at McDonald's as to the basis why

20 they will not let you come back?

21 A On a regular basis I have contact with them.

22 Q Okay. And have they -- What have they indicated

23 to you as the reason they won't let you come back?

24 A They will not allow me to come back until I have a

25 full release --

1 Q Okay.

2 A -- from the workmen's comp doctor to return to  
3 work.

4 Q Okay. And is that to full duty or work regular  
5 duty?

6 A That's to work anything.

7 Q Okay. Just a full release to work at all?

8 A Mm-hmm. Yes, sir.

9 Q Okay. The work that you were doing at McDonald's  
10 prior to this accident, do you know if it was -- in  
11 your opinion, do you know if it would be considered  
12 light duty or modified duty, or was it full duty?

13 A It was full duty.

14 Q Okay. I notice you have a cane today. Did you use  
15 a cane prior to this accident?

16 A Periodically.

17 Q Okay. And was periodically -- was that multiple  
18 times per day, multiple times per week? What --

19 A It would be if I walked for an extended period of  
20 time.

21 Q Okay. And, in your opinion, what was an extended  
22 period of time, more than 30 minutes, more than a  
23 couple of hours?

24 A More than a couple of hours.

25 Q Would you ever use it when you worked at

- 1 McDonald's?
- 2 A No.
- 3 Q In your work at McDonald's, would you be on your  
4 feet for more than a couple of hours at a time?
- 5 A Yes.
- 6 Q But you would not need the cane?
- 7 A The work is predominantly stationary, confined  
8 within a small space.
- 9 Q Okay. So, when you say if you -- if you walk more  
10 than a couple of hours, -- So, standing a couple  
11 of hours wouldn't have generally required you to  
12 use the cane; is --
- 13 A No.
- 14 Q -- that correct? Okay. And what was the need for  
15 the cane, what condition or what -- like, pain in a  
16 particular area, buckling of the leg? What was it  
17 that led you -- or why did you need to use the cane  
18 prior to the accident?
- 19 A I have some difficulty walking.
- 20 Q Okay. But I mean, more specifically, is it because  
21 of knee pain, back pain, hip pain, leg cramps? I  
22 mean, what is the --
- 23 A Because of my medical issues. I have problems with  
24 my back, and I also have MS.
- 25 Q Okay.

- 1 A So, it's a combination of both.
- 2 Q Okay. And let me ask you, how long had you worked  
3 at McDonald's for?
- 4 A Seven and a half years.
- 5 Q Okay. And which McDonald's was this?
- 6 A It rotated between four, three in Simpsonville and  
7 the one in Mauldin.
- 8 Q And when you say it rotated, was that kind of  
9 constantly or was that, you know, you had worked at  
10 one for several months and then worked at another  
11 one for several months?
- 12 A They move people around every once in a while.
- 13 Q And is this all the same franchise owner?
- 14 A Yes, sir.
- 15 Q Okay. And do you know the name of the franchise or  
16 the individual that owns that franchise?
- 17 A Yes. John Kennedy owns the franchise.
- 18 Q Okay. And do you know if it has a particular name,  
19 such as McDonald's of Simpsonville or something --
- 20 A KenCorp, Inc.
- 21 Q Okay. And how long had you been in the position --  
22 the managerial position that you've been in?
- 23 A The one that you asked me about earlier?
- 24 Q Correct.
- 25 A About a year.

- 1 Q Okay. And what was your position or title prior to  
2 a year ago -- or a year and a half ago I guess?
- 3 A I was an assistant manager.
- 4 Q Okay. Did you work anywhere else while you were  
5 working at McDonald's?
- 6 A No.
- 7 Q Okay. And prior to starting with McDonald's, where  
8 had you worked?
- 9 A I worked at DDSN in Greenville.
- 10 Q Okay. And what was your position or title with  
11 DDSN?
- 12 A I was a living care specialist.
- 13 Q Okay. And can you tell me just briefly what your  
14 job responsibilities or duties were as a living  
15 care specialist?
- 16 A I worked at one of the group homes assisting  
17 residents with medication, personal care needs,  
18 cooking, transportation, just a variety of personal  
19 care skills.
- 20 Q And how long did you work there for?
- 21 A Four and a half years.
- 22 Q Okay. And did you work anywhere else  
23 contemporaneously while you worked there?
- 24 A Well, I worked -- I worked there and worked --  
25 started to work at McDonald's, and then I stopped



1 working there.

2 Q Okay. And about how long did that overlap for?

3 A A year.

4 Q Okay. And what was your reason for separating from  
5 employment with DDSN?

6 A To spend more time with my family.

7 Q Okay.

8 A I was working 80 hours a week plus.

9 Q Okay. And let me ask you -- You said DDSN, which  
10 is the South Carolina Department of Disabilities  
11 and Special Needs. Do you know if it was actually  
12 with a particular board, like one of the county  
13 boards, the --

14 A It was the Greenville County Disabilities and  
15 Special Needs Board.

16 Q Okay. And where did you work prior to starting  
17 there?

18 A Greenville County School District.

19 Q Okay. And what was your job or position with  
20 Greenville County School District?

21 A I was a substitute teacher.

22 Q Okay. And was -- You know, depending on the size  
23 of a school district or size of a school, that can  
24 be full-time or part-time. Were you kind of full-  
25 time employed as a substitute teacher?

- 1 A It varied. I specifically worked at Washington  
2 Center.
- 3 Q Okay. And did you have any other jobs or vocation  
4 while you were doing substitute teaching?
- 5 A No.
- 6 Q Okay. And how long were you doing substitute  
7 teaching for?
- 8 A About a year.
- 9 Q Okay. And prior to that, what were you doing?
- 10 A Prior to that, I was a missionary overseas --
- 11 Q Okay.
- 12 A -- for about three and a half years.
- 13 Q And was that through a particular -- a particular  
14 church or sect, like a denomination?
- 15 A Uh, --
- 16 Q Who was your employer --
- 17 A Well, we -- we would've been considered self-  
18 employed.
- 19 Q Okay. Did you -- I mean, did you have a  
20 particular income from it, though?
- 21 A We received support from a variety of sources, from  
22 churches --
- 23 Q Like to pay for housing and things like that?
- 24 A Or the cash. I mean, it's basic mission support  
25 from a variety of people.

- 1 Q Okay. And you said you did that for about three --  
2 three and a half years?
- 3 A About three and a half years.
- 4 Q And what did you do prior to that?
- 5 A Prior to that, I worked back at Greenville County  
6 School District at Washington Center.
- 7 Q Okay. And was that substitute teaching, or was  
8 that --
- 9 A No. That was full-time. I was a computer tech.
- 10 Q Okay. And how long were you a computer tech for  
11 with them?
- 12 A Twelve years.
- 13 Q Okay. And did you have any -- To be a computer  
14 tech, -- I'm sure you probably learned a lot on  
15 the job, but did you have any specific training or  
16 course that you took, either with them or with  
17 another institution or agency?
- 18 A No.
- 19 Q Okay. And do you have now, from doing that for 12  
20 years, any specialized computer skills as far as  
21 programming or anything like that?
- 22 A It's all outdated.
- 23 Q Okay. And when was the last -- When was the last  
24 year you worked doing computer tech work? Do you  
25 recall?

- 1 A 2000.
- 2 Q 2000. Okay. And -- So, that covers a lot of your  
3 work history. You'd be surprised the people that I  
4 depose and I ask them about their, like, past  
5 couple of jobs, and -- like two years ago, and  
6 they're like, uh, you know, they can't recall, so  
7 -- But other than the jobs that we've discussed,  
8 since you've been an adult, out of high school,  
9 what other types of jobs or vocations have you had?
- 10 A I've been a bartender, a bouncer. I've managed  
11 Hardee's, done construction work, worked at Peace  
12 Center. All kinds of things.
- 13 Q Okay. When you did construction work, were you,  
14 like, a foreman? Were you doing, like, framing?  
15 What type of --
- 16 A I was a grunt.
- 17 Q A grunt. Okay. And have you -- Have you ever had  
18 any other workers' compensation claims before?
- 19 A I had one with DDSN.
- 20 Q Okay. And can you tell me the -- What did you  
21 injure, or what were the circumstances of that?
- 22 A I injured my wrist, my right knee, and further  
23 injured my back.
- 24 Q Okay. Was it your low back?
- 25 A Lower back.

1 Q Okay. And were you out of work for any time period  
2 for that?  
3 A Yes.  
4 Q Okay. Were you paid wages while you were out of  
5 work or paid, like, workers' comp disability while  
6 you were out of work?  
7 A I received workmen's comp --  
8 Q Okay.  
9 A -- while I was out of work.  
10 Q About how long were you out of work? Do you  
11 recall?  
12 A That's hard to differentiate. I was on workmen's  
13 comp for a year, --  
14 Q Okay.  
15 A -- but I officially only worked for DDSN, after the  
16 injury, a week because I was fired.  
17 Q Okay. Well, my -- So, you were out for  
18 approximately 52 weeks when you got benefits; is  
19 that correct?  
20 A Yes.  
21 Q Okay. Did you have an attorney for that claim?  
22 A No.  
23 Q Okay. Did you -- Did you ever make a settlement  
24 or get -- receive an award from the workers' comp  
25 commission for that claim?

- 1 A Yes.
- 2 Q Okay. Do you recall the amount of the settlement  
3 or award?
- 4 A Either 45 or 47 thousand.
- 5 Q Okay. And you -- Just to -- You said you did not  
6 have an attorney; is that correct?
- 7 A No.
- 8 Q Okay. And was that -- Was that through a  
9 settlement agreement with the carrier, or was that  
10 from an award of the commission.
- 11 A That was award of the commission.
- 12 Q Okay. Do you remember what year that was?
- 13 A Specifically, no.
- 14 Q Okay. And that award, did it -- did you receive  
15 ongoing medical benefits from it, or did you just  
16 get that amount of money and no further medical  
17 treatment?
- 18 A No. It was -- That was the cap.
- 19 Q Okay. And did you have any ongoing issues --  
20 After you received your award and that case  
21 finished, did you have any ongoing issues with your  
22 -- your wrist, your right leg or your low back?
- 23 A I've had ongoing issues with my back.
- 24 Q Okay. What type of treatment did you get for your  
25 wrist in that case?

1 A I had PT for several months, I believe.  
2 Q Okay. And was that your right wrist?  
3 A Right wrist.  
4 Q Okay. And did you ever have surgery or anything  
5 else done for your right wrist?  
6 A No.  
7 Q Okay. And can you tell me for your right leg what  
8 type of treatment you had?  
9 A None.  
10 Q But that was something that you had pain or  
11 problems with --  
12 A Yes.  
13 Q -- from the injury? And can you tell me what you  
14 had for your low back?  
15 A They ended up sending me to a pain management --  
16 Q Okay.  
17 A -- doctor.  
18 Q And what was the name of the pain management doctor  
19 that you treated with?  
20 A LeBlond.  
21 Q Okay. And did you ever stop treating with LeBlond  
22 or did you continue treating with him?  
23 A I'm still with him.  
24 Q Okay. And do you recall if you ever received an  
25 impairment rating from any of your -- from a doctor

- 1 or doctors for your right wrist?
- 2 A I don't remember.
- 3 Q Okay. Do you recall if you ever received an
- 4 impairment rating for your right leg?
- 5 A No. I don't think so.
- 6 Q Okay. And how about for your low back or spine?
- 7 A Probably.
- 8 Q Okay. Did you ever have surgery on your low back
- 9 at that time for that injury?
- 10 A No.
- 11 Q Okay. And other than pain management, were you
- 12 treating with an orthopedist at any time for your
- 13 low back for that injury with the Disabilities and
- 14 Special Needs?
- 15 A No.
- 16 Q Okay. Let me ask you, have you had any other
- 17 workers' compensation claims, other than the one
- 18 we're here for today and this one we just talked
- 19 about with Disabilities and Special Needs?
- 20 A No.
- 21 Q Okay. Can you tell me what happened or what the
- 22 mechanism -- how you hurt yourself at that time,
- 23 with Disabilities --
- 24 A Previously?
- 25 Q -- and Special Needs? Correct.



1 A I had an automobile accident.

2 Q Okay. Were you driving a vehicle for the company  
3 at the time or driving somewhere for the company?

4 A I was driving a state vehicle.

5 Q Okay. Were you the at-fault driver or was somebody  
6 else?

7 A I was.

8 Q Okay. Did you have a third-party claim or make a  
9 settlement for the automobile accident with another  
10 carrier?

11 A No.

12 Q Okay. And whether you filed a workers'  
13 compensation claim or not, -- because I asked if  
14 you had any other claims other than that one and  
15 this one, and you said no. Whether you filed a  
16 claim or not, have you ever been injured at work  
17 before other than these two times?

18 A No.

19 Q Okay. And you mentioned that automobile accident  
20 just a moment ago. Have you ever been in any other  
21 motor vehicle accidents?

22 A Yes.

23 Q Okay. When was the most recent one?

24 A Three years ago.

25 Q Okay. And were you the driver at that time?

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- 1 A Yes.
- 2 Q And were you the at-fault driver?
- 3 A Yes.
- 4 Q Okay. Can you tell me what -- the circumstances of
- 5 what happened?
- 6 A I had pulled into the middle lane, and I was
- 7 driving a pickup truck, and my back end wasn't
- 8 completely out of the lane, and I was hit by an
- 9 oncoming vehicle.
- 10 Q Okay. What state and county was this in? Do you
- 11 recall?
- 12 A It was Greenville.
- 13 Q Okay. And did you have any injuries from that, any
- 14 physical injuries?
- 15 A No.
- 16 Q Okay. Did you go to the hospital to get checked
- 17 out?
- 18 A Yes.
- 19 Q Which hospital did you go to?
- 20 A I think St. Francis.
- 21 Q Okay. Do you know if it was St. Francis eastside
- 22 or downtown?
- 23 A It was the one off of Congaree.
- 24 Q Okay. Any other automobile accidents, other than
- 25 that one that you just discussed and the one that

1           happened with the Board of Disabilities and Special  
2           Needs?

3   A     I wrecked -- I wrecked my motorcycle like 30 years  
4           ago.

5   Q     Okay. Was that in South Carolina?

6   A     No. That was in Tennessee.

7   Q     Okay. Let me go back to the motor vehicle accident  
8           a few years ago. Other than going to Roper-St.  
9           Francis, did you have any follow-up after that for  
10          any injuries in that accident?

11   A     No.

12   Q     Okay. What type of problems were you having when  
13          you went to the hospital in that motor vehicle  
14          accident? What type of physical symptoms were you  
15          having?

16   A     My right wrist was in pain.

17   Q     Any other problems or issues that you recall that  
18          you went to the hospital for?

19   A     No.

20   Q     Okay. So, other than the two motor vehicle  
21          accidents and the motorcycle accident, have you  
22          ever been in any other car wrecks before?

23   A     No.

24   Q     Okay. Have you ever been in any other type of  
25          motor vehicle accident before, bus, ATV, airplane,

1           --

2   A    No.

3   Q    -- you know, boat, anything like that?

4   A    No.

5   Q    Okay. Have you ever been a party to a lawsuit

6           before, other than the two workers' compensation

7           claims that we discussed?

8   A    No.

9   Q    Okay. And I mean whether you retained an attorney

10           and sued somebody or whether or not somebody had

11           sued you.

12   A    No.

13   Q    Okay. Did the at-fault driver in the motor vehicle

14           accident a few years ago -- did not bring an action

15           against you that you recall?

16   A    No.

17   Q    Okay. I want to talk to you a little bit about

18           your medical history. I know you've had some

19           extensive treatment and a number of issues that

20           you've treated for, but let me start by asking,

21           have you had any surgeries previously?

22   A    To my back.

23   Q    Okay. Your low back?

24   A    Lower back.

25   Q    Okay. When was that surgery and where was it

1 performed?

2 A It was in Chattanooga, Tennessee, and it was 34  
3 years ago.

4 Q Was that in relation to the motorcycle accident or  
5 something else?

6 A Something else.

7 Q Okay. Can you tell me what precipitated the --

8 A I fell in a hole.

9 Q Okay. And do you remember the type of surgery they  
10 did for you?

11 A I have no idea.

12 Q After you had the surgery, did you have any further  
13 issues with your low back at that time?

14 A No.

15 Q Okay. Do you know if they placed any medical  
16 hardware devices in your back, such as screws,  
17 pins, plates, a PEEK cage or anything like that?

18 A No.

19 Q No, you don't know or no, they did not?

20 A They did not.

21 Q Okay. Other than the low back surgery, have you  
22 had any other surgeries that you're aware of?

23 A No.

24 Q Okay. And I don't just mean to your low back. I  
25 mean appendectomy, tonsils, --

- 1 A Yeah. Appendectomy. Tonsils.
- 2 Q Okay. Any other surgical procedures that you had?
- 3 A No. Stitches here and there.
- 4 Q Okay. Have you ever broken any bones before?
- 5 A I broke one of my arms like 40 years ago.
- 6 Q Okay. And have you ever had to stay overnight at a
- 7 hospital before, other than for the surgery?
- 8 A No.
- 9 Q Okay.
- 10 A Yeah, actually. Two years ago, they thought I had
- 11 a heart attack, and I was in for several days.
- 12 Q Okay. And what -- That was in 2012 you believe?
- 13 A '12 or '11.
- 14 Q Okay. And where was it that you treated for that?
- 15 A Simpsonville.
- 16 Q Okay. The hospital in Simpsonville?
- 17 A Yes.
- 18 Q Do you know the name of the --
- 19 A Hillcrest.
- 20 Q Okay. Let me ask you, what is your pharmacy where
- 21 you fill your medical prescriptions?
- 22 A Walgreens in Mauldin.
- 23 Q Okay. And how long has that been your primary
- 24 pharmacy?
- 25 A Ten years.

1 Q Okay. Do you have a family doctor that you see?

2 A Patnam.

3 Q And how long has Dr. Patnam been your family  
4 doctor?

5 A At least ten years.

6 Q Do you know his practice group?

7 A Greenville Medical Associates.

8 Q Have you ever had to visit the ER before for any  
9 other reason, other than the two comp accidents  
10 that we discussed, the motorcycle accident, and the  
11 motor vehicle accidents, and then the heart issue  
12 you had been in '11 or '12?

13 A As a patient?

14 Q As a patient, yes.

15 A No.

16 Q Okay. Are you currently on any prescription  
17 medications?

18 A Yes.

19 Q Okay. Can you tell me all the different  
20 medications that you're -- not over-the-counter but  
21 actual prescription medications?

22 A Copaxone.

23 Q Okay. And what do you take that for?

24 A MS.

25 Q Okay. And how long have you taken that for?

- 1 A Six years.
- 2 Q Okay.
- 3 A Nexium.
- 4 Q And what -- Some of these I do know, but I'm just  
5 going to ask you, so -- What do you take Nexium  
6 for?
- 7 A Reflux and Barrett's esophagus.
- 8 Q Okay. And how long have you taken that for?
- 9 A Six years.
- 10 Q Okay. And what other medications?
- 11 A MS Contin.
- 12 Q Okay. And what do you take that for?
- 13 A Pain management.
- 14 Q And what is your current dosage of MS Contin per  
15 day?
- 16 A I take three pills a day.
- 17 Q And do you know the dosage of the pills?
- 18 A Not off the top of my head, no.
- 19 Q Okay. And how long have you been on MS Contin at  
20 three pills per day?
- 21 A Several years.
- 22 Q Okay. Has that gone up or down over the past few  
23 years? And that would be dosage --
- 24 A It's gone up.
- 25 Q Okay. And what other medications?

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1 A Norco.

2 Q Okay. And do you know the dosage or the number of  
3 times per day that you take Norco?

4 A I take it five times a day.

5 Q And how long have you been on it at five times per  
6 day?

7 A At least five years.

8 Q Okay. And has that gone up or down --

9 A Maybe four.

10 Q Okay.

11 A But it's gone up.

12 Q Okay. When was the last time that it went up?

13 A A year ago.

14 Q Okay. And what other prescription medications do  
15 you currently take?

16 A Neurontin.

17 Q And do you know how many milligrams you take per  
18 day of that?

19 A No. I take five of those a day.

20 Q Do you know if they're maybe 100-milligram pills or

21 --

22 A (No response.)

23 Q It's okay. I'm just asking if you do know.

24 A I have a list at home. I don't know all the  
25 numbers.

- 1 Q That's okay. And how long have you taken Neurontin  
2 for?  
3 A Five years, --  
4 Q Okay. And what --  
5 A -- at least.  
6 Q What do you take it for?  
7 A Pain.  
8 Q Okay. For -- Is it -- Do you know specifically  
9 --  
10 A Back pain.  
11 Q Okay. Any other medications that you currently  
12 take?  
13 A No.  
14 Q Okay. I'm just going to go through them. Who  
15 prescribes the Copaxone for you?  
16 A Neurology Associates, Kistler.  
17 Q Okay. And who prescribes the Nexium for you?  
18 A Mazanec.  
19 Q And who is Dr. Mazanec with?  
20 A And I can't -- I can't think of the -- It's off of  
21 Heyward Road.  
22 Q Okay. And how about the MS Contin, the Norco and  
23 the Neurontin?  
24 A That's all LeBlond.  
25 Q Okay. Other than Kistler, Mazanec, LeBlond, and

1 Dr. Patnam, are there any other medical doctors or  
2 providers that you routinely see?

3 A No.

4 Q Okay. Let me ask you, since this accident took  
5 place, have you had any other accidents or  
6 injuries?

7 A No.

8 Q Okay. Any other times that you've fallen?

9 A No.

10 Q Okay. And have you worked at all since this  
11 accident anywhere?

12 A No.

13 Q Okay. Have you continued or started going to class  
14 again since this accident?

15 A On a limited basis.

16 Q Okay. And can you tell me -- When you say on a  
17 limited basis, can you explain that versus what you  
18 were doing before, kind of give me an idea of how  
19 many hours or how frequently?

20 A I have class on two different days, and they're  
21 approximately three hours a piece.

22 Q Okay. Is that -- Is that your schedule, that you  
23 have class on two different days that are about  
24 three hours long?

25 A That's my current schedule.

1 Q Okay. Was your schedule different prior to the  
2 accident?

3 A It was -- Previously, both classes were on one  
4 day.

5 Q Okay.

6 A So, I was able to make it through one class and  
7 would only make it through part of the second  
8 class.

9 Q After you had the accident?

10 A Yes.

11 Q Okay. So, is that an accommodation that the school  
12 made for you, to let you switch it to --

13 A They opened up a class during the week. For some  
14 reason, it was offered -- this semester was the  
15 first semester.

16 Q Okay. Okay. So, are you back to a -- I know a  
17 full load is usually considered more hours than  
18 that, but are you back to the full schedule that  
19 you were at prior to the accident, then, even  
20 though it's on two different days?

21 A I'm at the same amount of hours.

22 Q Okay. This question isn't meant embarrass you, but  
23 have you ever been arrested or convicted of any  
24 crimes in the past ten years?

25 A No.

1 Q Have you ever served in the military?

2 A No.

3 Q Okay. We mentioned some of the -- some of the  
4 medical conditions, I think, that you suffer from  
5 or have suffered from. You mentioned MS and  
6 Barrett's esophagus, I believe. Are you currently  
7 a smoker?

8 A No.

9 Q Have you ever been a smoker?

10 A Yes.

11 Q Okay. When did you last smoke?

12 A Five months ago.

13 Q Okay. How long had you been smoking up until about  
14 five months ago?

15 A This last time, I think about four years.

16 Q Okay. Do you -- Do you suffer from cardiovascular  
17 disease?

18 A No.

19 Q Okay. Do you suffer from GERD?

20 A No idea.

21 Q Okay.

22 A What is that?

23 Q It's a -- GERD is an acronym for an esophageal  
24 reflux disease, but I don't think it's the same as  
25 Barrett's esophagus. It's a --

1 A I've never heard the word.

2 Q Okay. Do you suffer -- Have you suffered from, in  
3 the past, deep vein thrombosis, DVT?

4 A What's that?

5 Q Deep vein thrombosis can lead to blood clots or can  
6 put you -- make you susceptible to blood-clotting.

7 A Yes.

8 Q Okay. You mentioned that you had an appendectomy  
9 and your tonsils. Have you had a leg vein surgery  
10 previously, as well?

11 A I've had -- Well, they don't strip them anymore.  
12 They, like, make a little incision and then pull --  
13 I don't know what it's called.

14 Q Okay.

15 A Yes, it's vein surgery. What it's called, I have  
16 no idea.

17 Q Okay. Do you -- Do you suffer from asthma?

18 A No.

19 Q Okay. Diabetes?

20 A No.

21 Q Okay. Any other -- Other than the ones that I've  
22 gone over, any other medical conditions that you  
23 know that you currently suffer from or have been  
24 diagnosed with?

25 A No.

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- 1 Q Okay. Have you ever had any embolisms, to your  
2 knowledge?
- 3 A No.
- 4 Q I want to talk to you about the accident itself.  
5 If you can, just tell me in your own words, you  
6 know, where you were and what took place.
- 7 A I was at Greenville Hospital System. I entered the  
8 building, and I tripped on the paving stones and  
9 fell.
- 10 Q It was inside of the building itself?
- 11 A It's in a causeway.
- 12 Q Okay. So, you're under a roof or you're kind of  
13 enclosed in the building?
- 14 A It's a courtyard thing.
- 15 Q Okay. I'm just trying to get an image in my mind  
16 of it, but -- Okay. And this was at Marshall  
17 Pickens of Greenville Hospital System?
- 18 A Yes.
- 19 Q Was it -- You know, a lot of hospitals will have,  
20 you know, kind of the main hospital and then, like,  
21 medical parks, you know, like maybe an OB-GYN and a  
22 mental health care at another place. Was it at a  
23 particular --
- 24 A Okay. (Drawing.) This is the main hospital.
- 25 Q Okay.

1 A There is a hill and a lot of space, and then you  
2 have Marshall Pickens. It's not connected  
3 specifically to the hospital. It's a separate  
4 building.

5 Q Okay.

6 A But the main part of the building is horseshoe-  
7 shaped, --

8 Q Okay.

9 A -- and the main entrance is a causeway going into  
10 the facility, so you have offices and treatment  
11 facilities on three sides.

12 Q But that's not the -- You said that's not the main  
13 hospital?

14 A That's not the main building, but that is the main  
15 -- that is Marshall Pickens.

16 Q Okay. And the one you were in, is that for -- is  
17 that for treatment of any particular, you know, --  
18 I mean, like, is that the psychological unit or --

19 A Yeah. It's what they now call the behavioral  
20 health unit.

21 Q Okay. And can you tell me -- You said you tripped  
22 on a paving stone?

23 A The entrance is paved with slate, --

24 Q Okay.

25 A -- and many of them -- They were irregular shapes.



- 1 Many of them are chipped.
- 2 Q Okay.
- 3 A Some of them are loose, and some of them have been  
4 repaired. Some of them have not been repaired.
- 5 Q Okay. And this was -- I saw in one report -- you  
6 might have mentioned it -- this was near the --  
7 They have a flag in the courtyard?
- 8 A No.
- 9 Q Okay. I thought maybe it was a flagstone. When  
10 you tripped, can you tell me what happened? Did  
11 you fall to your knees and fall on your hands? Did  
12 you fall over on your buttocks?
- 13 A I fall -- fell face-forward.
- 14 Q Okay.
- 15 A My right leg caught on one of the stones that's  
16 cracked, --
- 17 Q Okay.
- 18 A -- and I fell forward. I think my knee hit first,  
19 and then my arm. I was kind of protecting my head.
- 20 Q Okay. Was it your right knee, left knee or both  
21 knees?
- 22 A Right knee.
- 23 Q Okay. Did your left knee hit --
- 24 A It did, but, I mean, --
- 25 Q And did you put your hands out in front of you?

- 1 A I put my right hand out in front, --
- 2 Q Okay.
- 3 A -- kind of protecting my head as I went down.
- 4 Q And did you ultimately put both hands down onto the
- 5 ground?
- 6 A I don't remember.
- 7 Q Okay. Did your head hit the ground?
- 8 A No.
- 9 Q Okay.
- 10 A My head hit my arm.
- 11 Q Your right arm?
- 12 A My right arm.
- 13 Q Okay. Did you have your cane that day with you?
- 14 A No.
- 15 Q Okay. The back pain that you had prior to this,
- 16 did you ever have any radicular symptoms into your
- 17 hips or your legs?
- 18 A Yes.
- 19 Q Were you having -- Were you having any radicular
- 20 symptoms that day?
- 21 A Probably.
- 22 Q Okay. And after you fell to the ground, were you
- 23 able to -- were you able to get up of your own
- 24 accord? Did somebody have to give you assistance?
- 25 A I was assisted.

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- 1 Q Do you know the name of the person or --  
2 A No.  
3 Q Okay. Was anybody else there with you that -- any  
4 other witnesses that you knew or knew the names of?  
5 A No.  
6 Q No fellow students or anything like that?  
7 A No.  
8 Q Okay. And what were you going in for that day?  
9 Was it for the externship or part of the program  
10 that you're in?  
11 A It was. I had gone outside. It was midday I  
12 think.  
13 Q Is that where the classes are taught?  
14 A That's where the patients are housed.  
15 Q Okay. Well, -- And that's kind of what I'm  
16 getting at. I mean, I know you have classroom  
17 instruction -- is that correct -- in your program.  
18 A I don't understand your --  
19 Q In the -- the -- your master's program.  
20 A Okay. There's two separate places. I'm at school  
21 at a specific location, --  
22 Q Correct.  
23 A -- and then I go to Marshall Pickens, which is a  
24 separate location, for an internship.  
25 Q Correct. That's what I'm --

- 1 A Yeah.
- 2 Q That's kind of what I'm getting at. So, you were
- 3 -- you were participating in the internship on that
- 4 day?
- 5 A Correct.
- 6 Q Okay. And how -- how long was this internship
- 7 scheduled for, or how long had you been doing it at
- 8 that point, like a couple of weeks?
- 9 A The internship began in August, the previous
- 10 August.
- 11 Q Okay. Of '13?
- 12 A Yes.
- 13 Q Okay. And how frequent was it? Was it one day a
- 14 week, three days a week?
- 15 A It was two days a week.
- 16 Q Okay. And how many hours was it?
- 17 A That varied. The standard was 16 hours a week.
- 18 Q Okay. And were you participating 16 hours a week?
- 19 A At a minimum, yes.
- 20 Q Okay. And what at a maximum?
- 21 A Oh, sometimes ten hours.
- 22 Q Okay. So, 16 hours was the most that you would do?
- 23 A It would be two days -- two eight-hour days.
- 24 Q Okay.
- 25 A So, sometimes I would stay ten hours, give or take.

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- 1 Q What was the most you did in a week?
- 2 A -- There again, the first two weeks of the semester is
- 3 a 40-hour week, --
- 4 Q Okay.
- 5 A -- and then after the 40-hour week, then the
- 6 program goes to primarily a two-day -- two days a
- 7 week, eight hours a day.
- 8 Q Okay. And when you were onsite at Marshall
- 9 Pickens, did you have a supervisor or --
- 10 A Yes.
- 11 Q And who would have been your supervisor or would
- 12 have directed your activities there?
- 13 A The first one would have been Marta.
- 14 Q Do you know Marta's last name?
- 15 A Carvalhal, C-a-r-v-a-l-h-a-l.
- 16 Q Okay. And when you say the first one, you mean
- 17 when you started back in August --
- 18 A Yes.
- 19 Q -- of '13?
- 20 A Yes. And then her supervisor was Karen Cook.
- 21 Q Okay. And at the time that this accident took
- 22 place, who would have been your supervisor at that
- 23 time?
- 24 A Both of them.
- 25 Q Okay. And what was the next thing that took place?

1 After you tripped, you said somebody had assisted  
2 you in getting back up. What did you do at that  
3 point? Did you call an ambulance? Did you --

4 A. They helped me into the admissions office which was  
5 a few feet away.

6 Q Okay. And what did they -- what did they do for  
7 you there that day?

8 A. The nurse supervisor offered for me to go to the ER  
9 to have -- to see if I had anything broken.

10 Q And was that the ER that was across the way, the  
11 next building over?

12 A Yes.

13 Q Okay. And did you take her up on that? Did you --

14 A No, because I didn't believe I had anything broken  
15 --

16 Q Okay.

17 A -- at the time, and I was concerned about who would  
18 pay for it.

19 Q Okay. When was the first time you visited or  
20 discussed -- visited a doctor or discussed your  
21 treatment with a, you know, treatment care  
22 provider, whether it was a doctor or PA or  
23 whomever, from this injury?

24 A Several days -- Two days later, I went to my  
25 physician.

- 1 Q Okay. Which was --
- 2 A Well, I started with Dr. Patnam.
- 3 Q Okay. Your family doctor?
- 4 A My family doctor.
- 5 Q Okay. And what did you discuss with him, or what
- 6 did he tell you about it?
- 7 A He took x-rays, and he told me to -- that I needed
- 8 to follow up with my pain physician.
- 9 Q Okay. And did you do that?
- 10 A Yes.
- 11 Q And your pain physician was -- that was Dr.
- 12 LeBlond?
- 13 A Dr. LeBlond.
- 14 Q Okay. And when did you ultimately get to follow up
- 15 with Dr. LeBlond, about how many days after that?
- 16 A It probably would've been a couple of days.
- 17 Q Okay. Was this all the same week of the accident,
- 18 or were you in the following week at that point?
- 19 Do you recall?
- 20 A It was several days after. I mean, it was -- I
- 21 had initially gone to Dr. Patnam's office on a
- 22 Saturday -- on a Saturday --
- 23 Q Okay.
- 24 A -- and was told to come back on the following -- on
- 25 the following Monday because they didn't do x-rays

1 on the weekend, but I was told to stay home from  
2 work and not do anything.

3 Q Okay. And when -- when you did present at Dr.  
4 Patnam's office, what type of symptoms and problems  
5 were you having at that point?

6 A I had increased back pain and leg pain --

7 Q Okay.

8 A -- and pain in my wrist and in my right leg.

9 Q Which wrist?

10 A My right wrist.

11 Q And which -- Your right leg?

12 A Right leg.

13 Q Okay. You mentioned prior to this accident you did  
14 have low back pain but it was increased at that  
15 time; is that correct?

16 A Yes.

17 Q Okay. Did you have right leg pain prior to this  
18 accident?

19 A No.

20 Q Okay. Did you have any radicular symptoms into  
21 your right leg prior to this accident --

22 A No.

23 Q -- from your back? Okay. Did you have -- Prior  
24 to this accident, did you have any radicular  
25 symptoms into your left leg --



1 A Yes.

2 Q -- from your back? Okay. And prior to the  
3 accident, did you have any radicular symptoms into  
4 your right or left hip from your low back?

5 A No.

6 Q Okay. And, lastly, prior to the accident, did you  
7 have any -- I know, you know, years back you had  
8 right wrist pain that we talked about, the other  
9 comp claim. Prior to this accident, did you -- did  
10 you have -- I mean, like, leading up to this  
11 accident, did you have any right wrist pain?

12 A No.

13 Q Okay. Do you know if you've ever been diagnosed  
14 with carpal tunnel syndrome, or have you ever had  
15 any issue with carpal tunnel syndrome, --

16 A No.

17 Q -- to your knowledge? Okay. When you ultimately  
18 treated with -- presented with Dr. LeBlond after  
19 talking with Dr. Patnam, what did Dr. LeBlond do  
20 for you or discuss doing for you at that time?

21 A They increased my pain medication --

22 Q Okay.

23 A -- at that current time. They also recommended the  
24 possibility of PT, but then there was an issue of  
25 who was going to pay for it.

- 1 Q Okay. Dr. LeBlond recommended PT?
- 2 A Yes.
- 3 Q Okay. And what did they -- Do you recall what
- 4 they increased your medication -- on like which
- 5 scrip and how much they increased it?
- 6 A The Neurontin went up one pill.
- 7 Q Okay. And what about the Norco or the MS Contin?
- 8 A No, but there was an attempt to change medications,
- 9 which didn't go well.
- 10 Q When you say it didn't go well, did you have any
- 11 drug reaction or did it just not alleviate the
- 12 symptoms?
- 13 A It made me sick.
- 14 Q Okay. And what was that? Was that a new
- 15 medication they added?
- 16 A Percocet.
- 17 Q Okay. And you said it made you nauseous?
- 18 A Oh, yeah.
- 19 Q Okay. Did you ultimately go back to the -- to the
- 20 original level of Norco and MS Contin that you were
- 21 on?
- 22 A I went back to an increased level of the one.
- 23 Q Of which one?
- 24 A The Norco.
- 25 Q Okay. So, when we talked a moment ago, you said

1           you were taking, I believe, five Norco a day. At  
2           the time, were you taking maybe four or three,  
3           prior to the accident?

4   A    I was taking five Neurontin a day and four Norco a  
5           day.

6   Q    Okay. That's prior to the accident?

7   A    Prior to the accident.

8   Q    And then afterwards you went up on the --

9   A    They went up on the one to five a day.

10   Q   And the one, is that Norco?

11   A   Norco.

12   Q   Okay. So, is your Neurontin currently, you  
13           believe, at the level that it was prior to the  
14           accident?

15   A   Yes.

16   Q   Okay. As we sit here today, what type of symptoms  
17           are you having from this accident back in January  
18           that you were not having before? And if it's the  
19           same but it's increased, you can tell me that, but  
20           --

21   A   As far as the -- Before the accident, I was  
22           functional.

23   Q   Okay.

24   A   I had some issues, but I was able to function,  
25           work, go to school, do the internship. Now I can't

1 sit for long periods of time. Now I can't sit in  
2 one position. I don't sleep. I can't drive. I  
3 can only drive short distances. I can drive across  
4 Greenville.

5 Q Okay. Did you drive here today for the deposition?

6 A Yes.

7 Q And about how long is that of a drive?

8 A Well, I was at the hospital this morning, so, you  
9 know, right down the road, about five minutes, but

10 --

11 Q Were you at the hospital for treatment, or were you  
12 there for the internship?

13 A I'm doing -- back at the internship, --

14 Q Okay.

15 A -- but that's -- it's a different model that I've  
16 got worked out.

17 Q Okay. And what is the difference? Like, what's  
18 the different model, or what are the differences  
19 between the one you were doing and the one you're  
20 doing now?

21 A Oh. I'm doing four hours a day for four days  
22 because I can't do -- I can't do eight hours at a  
23 time.

24 Q Okay. Are you doing the same responsibilities you  
25 were doing before but just for a shorter shift?

1 A Yes and no. It's a different department, but it's  
2 the same type of work.

3 Q Okay. Can you tell me briefly what type of work  
4 you were doing originally with them during the  
5 eight-hour shifts?

6 A Assessment; admissions; therapy sessions, whether  
7 it's group or individual; --

8 Q Okay.

9 A -- lots of paperwork.

10 Q And is that the same kind of thing you're doing now  
11 but just in kind of half shifts?

12 A Now I'm doing more group sessions because it is a  
13 different program that I'm working in.

14 Q Okay. It's still at the same location?

15 A It's still the same facility.

16 Q Okay.

17 A It's in a different part of Marshall Pickens.

18 Q Is it a different building or a different part of  
19 the building? I know it's a large building.

20 A It's a different building.

21 Q Okay. And getting back to -- I know I kind of  
22 broke in with some questions. Getting back to --  
23 You mentioned you felt like your functionality was  
24 -- was down. You mentioned having to do the half  
25 shifts, issues with driving, you can't drive as

1 far, and also issues with sleep. Is that due to  
2 the increased pain?

3 A Increased pain.

4 Q Okay.

5 A I can't sit or stand for long periods.

6 Q Okay.

7 A I don't make it through a class without getting up,  
8 standing in the back of the class, walking around,  
9 which is disruptive to everybody else, but --

10 Q Is there anywhere that you're having pain now that  
11 you were not having pain before? We'll go over  
12 some of the others that have increased, but are  
13 there any body parts where you have pain or  
14 problems now that you were not having problems  
15 leading up to this?

16 A Since the accident, I have begun to have pain that  
17 radiates down my right side, my right hip and leg,  
18 --

19 Q Okay.

20 A -- whereas prior to the accident I had no issue on  
21 the right side.

22 Q You didn't have any radiation into your right hip  
23 or right leg prior to this accident?

24 A No.

25 Q Okay. Anywhere else where you're having symptoms

1 Q Okay. How about your thoracic spine area we think  
2 of, you know, kind of between the shoulder blades?

3 A No.

4 Q Okay. Your low back pain -- Were you in constant  
5 low back pain prior to this accident?

6 A Yes.

7 Q Okay. I'm assuming you're -- Are you still in  
8 constant low back pain now?

9 A Yes.

10 Q Okay. But according to your testimony a moment  
11 ago, the intensity is worse?

12 A Yes.

13 Q Okay. With your medications, on a scale of one to  
14 ten, prior to the accident, what would your general  
15 pain have been to your low back?

16 A The average was a four.

17 Q Okay. And not right after the accident but today,  
18 as we're sitting here for your deposition,  
19 September the 4th of 2014, with your medications,  
20 what would you say your average is for your back  
21 pain?

22 A It runs between eight and nine.

23 Q Okay. What would you say it's at now?

24 A About an eight and a half.

25 Mr. Leventis: We've been doing the

1 deposition for about -- a little over an hour  
2 now. Would you like to take a break?

3 The Deponent: I'm all right. I keep  
4 squirming around.

5 Mr. Leventis: Okay. Well, actually, if  
6 you don't mind, I'm going to take a quick  
7 break. I've got to answer one thing, and then  
8 we'll get back to it.

9 The Deponent: Okay.

10 [Off the record at 12:03 p.m.;  
11 back on the record at 12:09  
12 p.m.]

13 Mr. Leventis: We're back on the record.

14 Examination Continues

15 By Mr. Leventis:

16 Q We were discussing some of your increased pain and  
17 problems from this accident. Let me ask you, just  
18 prior to this accident and your last visit in  
19 December of 2013, do you recall reporting to the  
20 doctor that you were having increased right hip  
21 pain, or do you recall having increased right hip  
22 pain?

23 A The doctor and I discussed it.

24 Q Okay. Was it increasing at that time, just prior  
25 to this accident?



1 A No. It wasn't -- We discussed it after the  
2 accident. There was no increase -- Maybe I  
3 misunderstood your question.

4 Q Prior to the accident, did you have right hip pain?

5 A No.

6 Q You did not?

7 A No. None.

8 Q Okay. Do you recall whether you had it constantly  
9 or perhaps you had right hip or groin pain prior to  
10 the accident just at times periodically?

11 A No. It's only on the left side.

12 Q Okay. I asked you about different physical  
13 conditions before. Did you, prior to this  
14 accident, ever suffer from any psychological  
15 conditions, such as anxiety or depression?

16 A No.

17 Q Okay. Have you ever taken any medication or been  
18 diagnosed with any issues for anxiety or  
19 depression?

20 A No.

21 Q Okay. Do you feel you're suffering from any issues  
22 of anxiety or depression at this point in time?

23 A No.

24 Q Okay. Have you ever had to miss time at work from  
25 McDonald's due to any of the pain symptoms you were

1       having or any of the medical conditions you suffer  
2       from prior to January of 2014?

3       A     Occasionally.

4       Q     Okay. How often would that happen, once a month or  
5       more?

6       A     Once every six to eight months maybe.

7       Q     Okay. And when you missed time, was it -- are you  
8       talking about maybe a day or two or multiple days?

9       A     A day or two.

10      Q     Is that if like your MS would flare up?

11      A     A relapse.

12      Q     Okay. Prior to this accident, had you ever had a  
13      recommendation for surgery for your back?

14      A     There's always a recommendation for surgery. Yes.

15      Q     Had that been pending for a long time, that you've  
16      had a recommendation for surgery for your back?

17      A     That's been discussed periodically for years.

18      Q     Okay. What surgery -- Do you know what the  
19      procedure was or what they wanted to do for your  
20      back or why they wanted to do a surgery?

21      A     They talked about putting a plate in, putting  
22      screws in or taking out a vertebrae --

23      Q     Okay.

24      A     -- and cutting it up and putting it -- I don't  
25      know.

1 Q Is that something they're still recommending for  
2 your back, to your knowledge, or something that --

3 A That's always out there on the back burner.

4 Q Okay. Is that something that's been broached with  
5 you again since this accident?

6 A No.

7 Q Okay. What was the -- I mean, like I said, my  
8 questions today, none of them are to trick you or  
9 trip you up on anything, but what was your reason  
10 for not wanting to get that back surgery prior to  
11 January of 2014?

12 A Two reasons. The first reason is because of my bad  
13 experience with the first surgery.

14 Q Okay.

15 A And the second surgery is there is no guarantee  
16 that I would walk after said surgery.

17 Q Okay. And would it still be your position that if  
18 surgery is recommended for your back, for your low  
19 back, that's not something you'd want at this time?

20 A If the outcome or if there is a possibility that I  
21 will no longer be ambulatory, absolutely.

22 Q If there's a -- I just want to make sure I  
23 understand your answer. If there's a possibility  
24 that you would not be ambulatory afterwards, then  
25 the answer is still you would not want surgery?

1 A So long as I am able to walk currently, for me  
2 surgery is off the table.

3 Q Okay. Have you previously had epidural steroid  
4 injections for your low back pain?

5 A Yes.

6 Q Do you recall when the last one was or  
7 approximately when the last one was?

8 A Over a year ago, maybe two years ago.

9 Q Okay. And did that give you any relief?

10 A No.

11 Q Okay. You had said you did not have right hip pain  
12 prior to this. Do you recall getting an MRI due to  
13 right hip pain back in February of 2013?

14 A I had an MRI. It was ordered by Dr. Patnam.

15 Q Okay. And do you know why he ordered it or what  
16 the basis of getting the MRI was?

17 A To see if there was an increased problem as a  
18 result of the accident.

19 Q Okay. Now, I'm talking about an MRI back in 2013,  
20 not an MRI this year.

21 A I don't remember an MRI back -- I've had -- I  
22 have yearly MRIs, though.

23 Q Okay. You mentioned before that you'd -- you'd  
24 gone in for some heart issues or possible heart-  
25 related issues back in 2012. Is it possible it

1 might have been in May of 2013 or do you think you  
2 might have gone back in for heart issues in May of  
3 2013?

4 A Can't tell you.

5 Q Okay. Do you have any ongoing treatment for your  
6 heart or take any medications for your heart, or  
7 over-the-counter, such as aspirin?

8 A I have an aspirin regimen.

9 Q Okay. Other than the aspirin regimen, is there any  
10 other treatment that you do for --

11 A No.

12 Q -- for your blood or your heart?

13 A No.

14 Q Okay. Since this accident, have you applied for  
15 unemployment benefits?

16 A No.

17 Q Okay. And do you -- I think we talked before, but  
18 do you still consider yourself employed with  
19 McDonald's, even though you're on leave presently?

20 A The likelihood that I am actually going back to  
21 McDonald's is minimal at this point.

22 Q Okay. But my question is, do you still consider  
23 yourself employed with McDonald's, even though  
24 you're not currently working for them?

25 A I don't. McDonald's does.

- 1 Q Okay. Do you have health care through McDonald's?
- 2 A No.
- 3 Q Are there any benefits that you currently get, even
- 4 though you're not working with them?
- 5 A No.
- 6 Q Okay. Have you applied -- Other than for workers'
- 7 compensation benefits, have you applied for any
- 8 type of short-term or long-term disability benefits
- 9 of any kind?
- 10 A I've applied for long-term disability.
- 11 Q Okay. And who is that through? Is that through a
- 12 policy that you have?
- 13 A No. That's Social Security disability.
- 14 Q Okay. When did you apply for Social Security
- 15 disability?
- 16 A Initially, I believe it was May.
- 17 Q Of this year?
- 18 A Of this year.
- 19 Q And when you say initially, did you -- Well, let
- 20 me ask you first, did you apply on your own or did
- 21 you apply through an attorney?
- 22 A I applied on my own.
- 23 Q Okay. And when you say initially, did you receive
- 24 a response?
- 25 A We got a denial.

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1 Q Okay. When did that denial come?

2 A Three months ago maybe.

3 Q Okay. And did you either reapply or appeal that  
4 denial?

5 A I appealed the denial.

6 Q Okay. Is that appeal pending?

7 A Yes.

8 Q Okay. And do you have your paperwork and letters  
9 associated with the Social Security application?

10 A With me, no.

11 Q I mean is it something that you have in your  
12 possession?

13 A Yes.

14 Q I mean not at the moment but at your house or  
15 somewhere.

16 A Yes.

17 Q Okay. Did you -- Have you been to a hearing or  
18 had any hearings over the phone or anything like  
19 that, or has this all been through the mail or by  
20 the computer?

21 A It's been -- My paperwork is pending with DDS.

22 Q Okay. Since your accident, the increased pain and  
23 -- the increased radicular pain and in your low  
24 back, would you say it is better, worse or about  
25 the same as it was shortly after your accident in

- 1 January of 2014?
- 2 A It's worse.
- 3 Q It's worse? Has it gotten progressively worse
- 4 since January?
- 5 A Well, it's gotten progressively worse since PT.
- 6 Q Okay. And when did you finish PT?
- 7 A Let's see when I -- I went to PT the first week in
- 8 March, so -- I don't remember. That was several
- 9 weeks' worth. So, March -- mid to end of March.
- 10 Q Did you stop going to PT at some point of your own
- 11 accord, or --
- 12 A No.
- 13 Q -- did you finish the PT?
- 14 A I finished the PT.
- 15 Q Okay. Have you -- Do you receive any payment for
- 16 your internship, or was that something that you
- 17 were not actually paid for?
- 18 A No. I pay for the internship.
- 19 Q And when you say I pay for it, do you mean because
- 20 you pay tuition?
- 21 A Yes. I receive no stipend for the internship.
- 22 Q Okay. Is it your goal -- Is it your goal when you
- 23 finish the program to ultimately work in
- 24 counseling?
- 25 A Not necessarily. I will work somewhere in a social



1 work capacity.

2 Q Okay. Have you applied anywhere or spoken with any  
3 employers about working with them once you finish  
4 the program?

5 A No.

6 Q Okay. Do they have any type of job placement  
7 program or career services office within the  
8 program --

9 A Possibly --

10 Q -- that you have worked with?

11 A That I have worked with? No.

12 Q Okay. And are you currently receiving workers'  
13 compensation checks?

14 A No.

15 Q Okay. Have you received any workers' compensation  
16 checks during the time that you have been out of  
17 work?

18 A I received one check.

19 Q And when was that?

20 A I don't -- It was shortly after March. I don't  
21 remember. It's been -- March probably.

22 Q Okay. And do you remember the amount?

23 A \$1252 or 53 dollars.

24 Q Did it note with the check or was there any  
25 indication what that check was for, what time

1 period? Was it for several weeks, do you know, or  
2 just one week?

3 A It was for four weeks, I believe.

4 Q Okay. Do you still have in your -- Do you still  
5 have in your possession any of the records  
6 associated with the workers' comp award or orders  
7 or filings from the injury that you had with the  
8 Disabilities and Special Needs?

9 A No.

10 Q Okay. Do you recall what year that injury was?

11 A Not specifically.

12 Q Okay. You said you had gone back to -- to --  
13 Well, do you recall what year it resolved, what  
14 year you got the award in?

15 A Not specifically.

16 Q Okay. You said you'd been out for about a year and  
17 went back to work for approximately one week with  
18 --

19 A No.

20 Q -- DSN -- Okay.

21 A That's not what I said.

22 Q Okay. Can you clarify for me?

23 A I was in an automobile accident. They told me to  
24 take a week off --

25 Q Okay.

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1 A -- and sent me to the workmen's comp doctor at that  
2 time, ~~-----~~

3 Q Okay.

4 A -- and a week after the accident, I was terminated  
5 from DDSN.

6 Q Okay.

7 A However, I was still covered under workmen's comp.

8 Q Okay.

9 A So, the workmen's comp continued for a year, even  
10 though I was no longer officially employed with  
11 DDSN.

12 Q Okay. And I appreciate you clarifying that because  
13 I had misunderstood earlier. And about how long  
14 after that accident do you recall you received the  
15 award for benefits?

16 A It was over a year. It was several months after  
17 the year terminated, because then it went before  
18 the commissioner, and the commissioner threw out  
19 their case because they had failed to account for  
20 my McDonald's employment in addition to the DDSN  
21 employment. So, he gave them two more weeks to  
22 recalculate the amount, if I'm understanding this  
23 correctly, --

24 Q Okay.

25 A -- and then I had to go to wherever the

1 commissioner was at the time -- I believe it was  
2 Spartanburg --  
3 Q Okay.  
4 A -- for a subsequent hearing.  
5 Q One of the reasons I was unclear before is because  
6 when I asked the reason for separating from -- Did  
7 you ever go back to work with DDSN after --  
8 A No.  
9 Q Okay. One of the reasons I was unclear is because  
10 when I asked you before why you had left work with  
11 the Disabilities and Special Needs, do you recall  
12 -- did you go to McDonald's after that?  
13 A I was working at McDonald's -- there was an overlap  
14 for about a year -- at the same time.  
15 Q Okay.  
16 A And we discussed I was working for both --  
17 Q Right.  
18 A -- McDonald's and for DDSN.  
19 Q And I thought you had told me you left because you  
20 were working so many hours per week and wanted to  
21 spend more time with the family.  
22 A That's true. However, --  
23 Q Did you also leave because you were terminated  
24 after --  
25 A I was --

1 Q -- the accident?

2 A I was terminated after the accident.

3 Q Do you understand my confusion?

4 A No.

5 Q Okay. So, you chose to leave because you were  
6 working so many hours? That's why you chose to  
7 leave Disabilities and Special Needs; is that  
8 correct?

9 A I was planning to -- I was planning to leave.  
10 That's why I was going back to school.

11 Mr. Leventis: Okay. I don't have any  
12 further questions for you at this time. Would  
13 you answer any questions your attorney has for  
14 you at the moment, if any.

15 Ms. Johnson: I do not have any  
16 questions.

17 Mr. Leventis: Okay. That will conclude.  
18 (Whereupon the deposition was concluded at  
19 12:25 p.m.)

20 (Deponent has waived reading and signing.)

State of South Carolina    )  
                                  )                   Certificate  
County of Richland         )

Be it known that the foregoing deposition of John Faubert was taken before me;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 72 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Signed this 15th day of September 2014.

  
Barbara P. Scott

Notary Public for South Carolina  
My commission expires April 9, 2017.

Note: Recordings are retained for twelve (12) months from date of certification.

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